

Texas Health and Human Services Commission

HHSC List of Home and Community Support Services Agencies (HCSSA) with an Active License as of 2/8/2022

Sorted by: County, Agency City, Agency Name

County	ANDERSON	Region	04	Date Licensed	01/30/1995	<u>Owner Information</u>
License #	003546					PERSONAL HOME HEALTHCARE AGENCY LLC
Lic Expire	1/31/2023					2000 S ROYALL
Medicare 1:	458433 HHA-18					PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(903) 729-2201	Fax	(903) 729-3302			FAX:
Type:	Parent Agency	Administrator	BRANDY SIMMS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	ANDERSON	Region	04	Date Licensed		<u>Owner Information</u>
License #	017642					L S AND S S INC
Lic Expire	6/30/2022					1837 W MAIN
Medicare 1:						GUN BARREL CITY, TX 75156
Medicare 2:						PHONE:
Phone	(903) 480-6593	Fax	(903) 340-8527			FAX:
Type:	Alternate Delivery Site	Administrator	DANNY WEEMS			Services: Hospice In-Patient Hospice: NO

County	ANDERSON	Region	04	Date Licensed	10/08/2015	<u>Owner Information</u>
License #	017343					MEDICAL TEAM CORRECTIONAL MEDICAL SERVICES MANAGEMENT, LLC
Lic Expire	10/31/2021					6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:	679007 HHA-18					TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(903) 729-0801	Fax	(888) 638-9628			FAX:
Type:	Parent Agency	Administrator	MICHELLE RAYBURN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	ANDERSON	Region	04	Date Licensed	12/01/2012	<u>Owner Information</u>
License #	015333					LEGACY HOSPICE, LLC
Lic Expire	11/30/2022					6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:						TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(903) 729-0801	Fax	(888) 638-9528			FAX:
Type:	Alternate Delivery Site	Administrator	KATIE SANDLIN			Services: Hospice In-Patient Hospice: NO

County	ANDERSON	Region	04	Date Licensed	04/01/2009	<u>Owner Information</u>
License #	012564					AHM ACTION HOME HEALTH, LP
Lic Expire	3/31/2024					6688 N CENTRAL EXPRESSWAY STE 1300
Medicare 1:	678197 HHA-18					DALLAS, TX
Medicare 2:						PHONE:
Phone	903 7233991	Fax	903 7231440			FAX:
Type:	Parent Agency	Administrator	STEPHANIE REED			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	ANDERSON	Region	04	Date Licensed	09/12/2016	<u>Owner Information</u>
License #	015986					HEART TO HEART HOSPICE OF TYLER LTD
Lic Expire	10/31/2024					7240 CHASE OAKS BLVD.
Medicare 1:						PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(903) 729-0957	Fax	(903) 729-0959			FAX:
Type:	Alternate Delivery Site	Administrator	GINA DAUGHTRY			Services: Hospice; Alternative Delivery Site (ADS) In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ANDERSON	Region	04	Date Licensed	10/14/2013	Owner Information
License #	015975					HOME CARE NETWORK EAST INC
Lic Expire	10/31/2024					1701 N. HAMPTON ROAD, SUITE G
Medicare 1:	679086 HHA-18					DESOTO, TEXAS 75115
Medicare 2:						PHONE:
Phone	(972) 270-2000					FAX:
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator	SAUNDRA HILL			
County	ANDERSON	Region	03	Date Licensed	09/14/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(903) 723-3394					FAX:
Type:	Alternate Delivery Site					Services: Hospice
		Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO
County	ANDERSON	Region	03	Date Licensed	09/14/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 723-3394					FAX:
Type:	Alternate Delivery Site					Services: Hospice
		Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO
County	ANDERSON	Region	03	Date Licensed	09/14/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(903) 723-3394					FAX:
Type:	Alternate Delivery Site					Services: Hospice
		Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO
County	ANDERSON	Region	03	Date Licensed	08/21/2009	Owner Information
License #	007938					SOLARIS HOSPICE, INC
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400
Medicare 1:	45-1688					DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011					FAX:
Type:	Alternate Delivery Site					Services: Hospice
		Administrator	LEANNE PETERSON			In-Patient Hospice: NO
County	ANDREWS	Region	01	Date Licensed	07/22/2021	Owner Information
License #	020925					TX HOME CARE GROUP LLC
Lic Expire	7/22/2024					4811 HARDWARE DR NE
Medicare 1:						ALBUQUERQUE, NM 87109
Medicare 2:						PHONE:
Phone	505 3643454					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	LITINA GRIFFIN			
County	ANDREWS	Region	01	Date Licensed	06/06/2005	Owner Information
License #	003840					HOME HOSPICE OF ODESSAMIDLAND, LLC
Lic Expire	3/31/2023					619 N GRANT AVE STE 120
Medicare 1:						ODESSA, TX 79761
Medicare 2:						PHONE:
Phone	(432) 524-5139					FAX:
Type:	Alternate Delivery Site					Services: Hospice Alternative Delivery Site (ADS)
		Administrator	AMY DRUMM			In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ANDREWS** Region 01 Date Licensed 04/03/1984
License # 003115 PERMIAN REGIONAL MEDICAL CENTER HOME HEALTH
Lic Expire 4/30/2022 1801 NE MUSTANG DRIVE
Medicare 1: 457596 HHA-18;74 ANDREWS, TX 79714
Medicare 2:
Phone (432) 524-3637 Fax (432) 523-6023

Owner Information

ANDREWS COUNTY HOSPITAL DISTRICT
720 HOSPITAL DR
ANDREWS, TX 79714

PHONE: (432) 464-2101 FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator RHONDA WHEAT

County **ANGELINA** Region 04 Date Licensed 03/14/2008
License # 011928 A CARING TOUCH HOME HEALTH SERVICES & HOSPICE CARE
Lic Expire 6/30/2023 4000 SOUTH MEDFORD DRIVE SUITE 9W
Medicare 1: 747006 HHA-18 ; 9 LUFKIN, TEXAS 75901
Medicare 2:
Phone (936) 632-9400 Fax (936) 632-9425

Owner Information

VENTURE I INC
395 TILLMAN ROAD
LUFKIN, TX 75901

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator ROSE DE BOND

County **ANGELINA** Region 04 Date Licensed 05/04/2006
License # 010428 A COMPASSIONATE CARE HOME HEALTH SERVICES
Lic Expire 5/31/2023 5036 CHAMPIONS DRIVE
Medicare 1: 679505 HHA-18 LUFKIN, TX 75901
Medicare 2:
Phone (936) 875-9000 Fax (936) 875-9001

Owner Information

JOHNSON & JOHNSON INVESTMENTS LLC
PO BOX 154557
LUFKIN, TX 75915

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator JULIE TVRZ

County **ANGELINA** Region 04 Date Licensed 10/07/2010
License # 013616 A COMPASSIONATE CARE HOME HEALTH SERVICES OF ONALASKA
Lic Expire 10/31/2022 5036 CHAMPIONS DRIVE SUITE A
Medicare 1: 747664 HHA-18 LUFKIN, TEXAS 75901
Medicare 2:
Phone (936) 875-2030 Fax (936) 875-2082

Owner Information

JOHNSON & JOHNSON INVESTMENTS OF ONALASKA LLC
3458 TED TROUT DRIVE STE B
LUFKIN, TX 75904

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator JULIE TVRZ

County **ANGELINA** Region 04 Date Licensed 08/24/1992
License # 002409 A PINEYWOODS HOME HEALTH CARE INC
Lic Expire 8/31/2022 103D CARRIAGE DRIVE
Medicare 1: 677545 HHA-18 LUFKIN, TX 75904
Medicare 2:
Phone (936) 634-1617 Fax (936) 634-7967

Owner Information

A PINEYWOODS HOME HEALTH CARE INC
P.O. BOX 1743
LUFKIN, TEXAS 75902

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator KERRI GRIFFIN

County **ANGELINA** Region 04 Date Licensed 08/02/2000
License # 007379 A PINEYWOODS HOME SERVICES INC
Lic Expire 8/31/2022 103 B CARRIAGE DRIVE
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 634-7982 Fax (936) 634-1658

Owner Information

A PINEYWOODS HOME SERVICES, INC
P.O. BOX 1743
LUFKIN, TX 75904

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator GEORGIE FARR

County **ANGELINA** Region 04 Date Licensed 11/06/2019
License # 019684 ABUNDANT GRACE HOSPICE, LLC
Lic Expire 11/6/2021 1332 E DENMAN AVE, SUITE 103
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone (936) 632-6721 Fax (936) 632-9826

Owner Information

ABUNDANT GRACE HOSPICE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SHARON LAWRENCE

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ANGELINA	Region	04	Date Licensed	03/09/2011	Owner Information
License #	013942		AFFINITY HEALTH CARE			AFFINITY HOSPICE LLC
Lic Expire	3/31/2023		2708 S. MEDFORD DRIVE			2708 SOUTH MEDFORD DRIVE
Medicare 1:	671690 HOSPICE		LUFKIN, TEXAS 75901			LUFKIN, TX 75901
Medicare 2:						PHONE:
Phone	(936) 639-2626	Fax	(888) 659-2676			FAX:
Type:	Parent Agency	Administrator	QUINCY MARTINDALE			Services: Hospice In-Patient Hospice: NO
County	ANGELINA	Region	04	Date Licensed	05/04/2015	Owner Information
License #	016875		CHOICE HOMECARE			HERITAGE HOME HEALTH LLC
Lic Expire	5/31/2024		109 GASLIGHT BLVD			6760 OLD JACKSONVILLE HWY. SUITE 101
Medicare 1:	677220 HHA-18		LUFKIN, TEXAS 75904			TYLER, TEXAS
Medicare 2:						PHONE:
Phone	(800) 378-6489	Fax	(866) 434-1935			FAX:
Type:	Parent Agency	Administrator	MICHELLE RAYBURN			Services: Licensed and Certified Home Health Services
County	ANGELINA	Region	04	Date Licensed	12/01/2012	Owner Information
License #	015333		CHOICE HOSPICE			LEGACY HOSPICE, LLC
Lic Expire	11/30/2022		109 GASLIGHT BLVD			6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:			LUFKIN, TX 75904			TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(936) 225-5200	Fax	(936) 225-5202			FAX:
Type:	Alternate Delivery Site	Administrator	KATIE SANDLIN			Services: Hospice In-Patient Hospice: NO
County	ANGELINA	Region	03	Date Licensed	02/12/2018	Owner Information
License #	018748		DEDICATED HOME HEALTH			US CARENET HOLDINGS LLC
Lic Expire	2/28/2025		208 GASLIGHT BLVD., SUITE D			PO BOX 200
Medicare 1:	457702 HHA-18		LUFKIN, TX 75904			AUGUSTA, GA 30903-0200
Medicare 2:						PHONE:
Phone	(936) 465-9181	Fax	(936) 465-9787			FAX:
Type:	Parent Agency	Administrator	MELISSA BERRY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ANGELINA	Region	04	Date Licensed	10/02/2019	Owner Information
License #	019632		DOWN HOME CARE SERVICES, LLC			DOWN HOME CARE SERVICES, LLC
Lic Expire	10/2/2021		133 WHISPERING PINES LN.			
Medicare 1:			LUFKIN, TEXAS 75901			PHONE:
Medicare 2:						FAX:
Phone	(936) 208-5531	Fax	(936) 632-8556			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	STACY SELMAN			
County	ANGELINA	Region	04	Date Licensed	06/06/2009	Owner Information
License #	012693		ENCOMPASS HEALTH HOME HEALTH			PREFERRED HOME HEALTH, LP
Lic Expire	6/30/2023		1607 S. CHESTNUT, SUITE K			6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	679509 HHA-18		LUFKIN, TEXAS 75901			DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	936 6328877	Fax	936 6328911			FAX:
Type:	Parent Agency	Administrator	SCOTT BRACKIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ANGELINA	Region	04	Date Licensed	12/17/2017	Owner Information
License #	018587		EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES LLC			EXCEL COMPLETE HOME HEALTH & THERAPY SERVICES, LLC
Lic Expire	12/31/2023		529 GASLIGHT BLVD.			513 S. FIRST ST.
Medicare 1:	677957 HHA-18		LUFKIN, TX 75904			LUFKIN, TX 75901
Medicare 2:						PHONE:
Phone	(936) 634-1166	Fax	(936) 634-1571			FAX:
Type:	Parent Agency	Administrator	KIMBERLY STEVESON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ANGELINA	Region	04	Date Licensed	12/13/2012	Owner Information
License #	015266					HARBOR HOSPICE 26, LP
Lic Expire	12/31/2022					3406 COLLEGE STREET
Medicare 1:	741518 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(936) 632-5700	Fax	(936) 632-5710			FAX:
Type:	Parent Agency	Administrator	THERESA COUSINS			Services: Hospice In-Patient Hospice: NO
County	ANGELINA	Region	04	Date Licensed	04/19/2013	Owner Information
License #	015764					HEART TO HEART HOSPICE OF LUFKIN LLC
Lic Expire	4/30/2024					7240 CHASE OAKS BLVD.
Medicare 1:	671601 HOSPICE					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(936) 699-6001	Fax	(936) 699-6009			FAX:
Type:	Parent Agency	Administrator	CONNIE RUSSELL			Services: Hospice In-Patient Hospice: NO
County	ANGELINA	Region	04	Date Licensed	06/15/2005	Owner Information
License #	002060					HOSPICE IN THE PINES INC
Lic Expire	10/31/2022					1504 WEST FRANK AVENUE
Medicare 1:	45-1537					LUFKIN, TX 75904
Medicare 2:						PHONE:
Phone	(936) 632-1514	Fax	(936) 632-1582			FAX:
Type:	Alternate Delivery Site	Administrator	DEMETRESS HARRELL			Services: Hospice In-Patient Hospice: YES
County	ANGELINA	Region	04	Date Licensed	06/15/2005	Owner Information
License #	002060					HOSPICE IN THE PINES INC
Lic Expire	10/31/2022					1504 WEST FRANK AVENUE
Medicare 1:	45-1537					LUFKIN, TX 75904
Medicare 2:						PHONE:
Phone	(936) 632-1514	Fax	(936) 632-1582			FAX:
Type:	Alternate Delivery Site	Administrator	DEMETRESS HARRELL			Services: Hospice In-Patient Hospice: YES
County	ANGELINA	Region	04	Date Licensed	10/11/1989	Owner Information
License #	002060					HOSPICE IN THE PINES INC
Lic Expire	10/31/2022					1504 WEST FRANK AVENUE
Medicare 1:	451537 HOSPICE					LUFKIN, TX 75904
Medicare 2:						PHONE:
Phone	(936) 632-1514	Fax	(936) 632-1582			FAX:
Type:	Parent Agency	Administrator	DEMETRESS HARRELL			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	ANGELINA	Region	04	Date Licensed	10/11/1989	Owner Information
License #	002060					HOSPICE IN THE PINES INC
Lic Expire	10/31/2022					1504 WEST FRANK AVENUE
Medicare 1:	451537 HOSPICE					LUFKIN, TX 75904
Medicare 2:						PHONE:
Phone	(936) 632-1514	Fax	(936) 632-1582			FAX:
Type:	Parent Agency	Administrator	DEMETRESS HARRELL			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	ANGELINA	Region	04	Date Licensed	03/21/2017	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(936) 899-7123	Fax	(936) 899-7133			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ANGELINA** Region 04 Date Licensed 03/21/2017
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 1022 S JOHN REDDITT DR
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 899-7123 Fax (936) 899-7133
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANGELINA** Region 04 Date Licensed 03/21/2017
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 1022 S JOHN REDDITT DR
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 899-7123 Fax (936) 899-7133
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANGELINA** Region 04 Date Licensed 03/21/2017
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 1022 S JOHN REDDITT DR
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 899-7123 Fax (936) 899-7133
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **ANGELINA** Region 04 Date Licensed 01/03/2022
License # 021305 LOZANO SENIOR CARE LLC
Lic Expire 1/3/2025 286 WESTWOOD LOOP
Medicare 1: LUFKIN, TEXAS 75904
Medicare 2:
Phone (936) 875-9968 Fax
Type: Parent Agency Administrator PEDRO REYES

Owner Information
LOZANO SENIOR CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **ANGELINA** Region 04 Date Licensed 06/13/2006
License # 010530 PINECREST HOME HEALTH SERVICES
Lic Expire 6/30/2023 1302 TOM TEMPLE DRIVE, SUITE #A
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 633-1115 Fax (936) 633-1195
Type: Parent Agency Administrator ANGEL BRANCH

Owner Information
MRC PINECREST
1302 TOM TEMPLE DRIVE
LUFKIN, TX 75904
PHONE: (281) 363-2600 FAX: (281) 292-6360
Services: Licensed Home Health Services; Personal Assistance Services

County **ANGELINA** Region 04 Date Licensed 05/09/2017
License # 019139 PREMIER PEDIATRIC THERAPY
Lic Expire 8/31/2022 415 S 1ST STREET, SUITE 300A
Medicare 1: LUFKIN, TEXAS 75901
Medicare 2:
Phone (832) 539-1632 Fax (832) 539-1633
Type: Parent Agency Administrator CARLA MOON-DANIEL

Owner Information
A 2 Y INVESTMENTS LLC
3622 SHOREVIEW LANE
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed Home Health Services

County **ANGELINA** Region 04 Date Licensed 06/15/2009
License # 012656 RELIANT AT HOME
Lic Expire 6/30/2024 609 E LUFKIN AVENUE
Medicare 1: 747328 HHA-18 LUFKIN, TX 75901
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Parent Agency Administrator TIFFANY SNIDER

Owner Information
AGAPE HOME CARE SERVICES LLC
609 E LUFKIN AVENUE
LUFKIN, TX 75901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ANGELINA** Region 04 Date Licensed 06/20/2007
License # 011503 RELIANT AT HOME
Lic Expire 6/30/2022 136 OLD MILL CENTER
Medicare 1: 679719 HHA-18 LIVINGSTON, TEXAS 77351
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Parent Agency Administrator TIFFANY SNIDER

Owner Information

KAMCARE HOME HEALTH SERVICES LLC
171 OLD MILL CENTER
LIVINGSTON, TX 77351
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **ANGELINA** Region 04 Date Licensed 07/21/2017
License # 018190 STAY AT HOME HEALTH CARE
Lic Expire 7/31/2021 4104 SOUTH HWY 69
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone (936) 422-3339 Fax (936) 422-3542
Type: Parent Agency Administrator LINDA HAVARD

Owner Information

LINDA F HAVARD
16462 US HWY 69 S.
HUNTINGTON, TX 75949
PHONE: FAX:
Services: Personal Assistance Services

County **ANGELINA** Region 05 Date Licensed
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 2802 SOUTH FIRST STREET
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Branch Agency Administrator JOEY BAKER

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **ANGELINA** Region 05 Date Licensed
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 2802 SOUTH FIRST STREET
Medicare 1: LUFKIN, TX 75901
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Branch Agency Administrator JOEY BAKER

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **ANGELINA** Region 04 Date Licensed 12/03/2014
License # 014739 VISITING ANGELS
Lic Expire 2/28/2025 1410 TURTLE CREEK DRIVE
Medicare 1: LUFKIN, TX 75904
Medicare 2:
Phone (936) 622-0463 Fax (936) 622-0483
Type: Branch Agency Administrator JACKIE BRISSET

Owner Information

SJ HOMECARE INC
419 W HOUSTON ST
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **ARANSAS** Region 07 Date Licensed 07/22/2010
License # 013476 CORNERSTONE HOME HEALTH
Lic Expire 7/31/2022 110 HWY 35 NORTH, SUITE B
Medicare 1: 747863 HHA-18 ROCKPORT, TX 78382
Medicare 2:
Phone (361) 727-2131 Fax (361) 727-2179
Type: Parent Agency Administrator CYNTHIA RENEE WATKINS

Owner Information

JADRON LLC
P. O. BOX 2424
ROCKPORT, TX 78381
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **ARANSAS** Region 07 Date Licensed 08/05/2011
License # 014366 HARBOR HOSPICE OF GULF COAST LP
Lic Expire 8/31/2024 400 ENTERPRISE BLVD BUILDING C
Medicare 1: 671572 HOSPICE ROCKPORT, TX 78382
Medicare 2:
Phone (361) 727-1232 Fax (361) 727-1244
Type: Parent Agency Administrator SABINA DIEBEL

Owner Information

HARBOR HOSPICE OF GULF COAST LP
SAME
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	ARANSAS	Region	07	Date Licensed	05/11/2016	Owner Information
License #	017510					SILOE HOME HEALTH & INFUSION LLC
Lic Expire	5/31/2022					PO BOX 2553
Medicare 1:	679686 HHA-18					ROCKPORT, TEXAS 78381
Medicare 2:						PHONE:
Phone	361 2384999	Fax	888 2395887			FAX:
Type:	Parent Agency	Administrator	AARON PRIDGEOON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ATASCOSA	Region	07	Date Licensed	12/16/2015	Owner Information
License #	017325					ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 541-0131	Fax	(210) 541-0227			FAX:
Type:	Branch Agency	Administrator	SYLVIA MONTEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ATASCOSA	Region	07	Date Licensed	12/16/2015	Owner Information
License #	017325					ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 541-0131	Fax	(210) 541-0227			FAX:
Type:	Branch Agency	Administrator	SYLVIA MONTEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ATASCOSA	Region	07	Date Licensed	12/16/2015	Owner Information
License #	017325					ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 541-0131	Fax	(210) 541-0227			FAX:
Type:	Branch Agency	Administrator	SYLVIA MONTEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ATASCOSA	Region	07	Date Licensed	12/16/2015	Owner Information
License #	017325					ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 541-0131	Fax	(210) 541-0227			FAX:
Type:	Branch Agency	Administrator	SYLVIA MONTEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ATASCOSA	Region	07	Date Licensed	03/12/2021	Owner Information
License #	020601					EXCEPTIONAL PROVIDER SERVICE, LLC
Lic Expire	3/12/2023					PO BOX 632
Medicare 1:						LEMING, TEXAS 78050
Medicare 2:						PHONE:
Phone	(210) 579-0223	Fax				FAX:
Type:	Parent Agency	Administrator	DANIEL CASTILLO			Services: Licensed Home Health Services; Personal Assistance Services
County	ATASCOSA	Region	07	Date Licensed	03/01/2017	Owner Information
License #	017455					COSMOS HOSPICE OF SAN ANTONIO LLC
Lic Expire	1/31/2024					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(830) 268-4422	Fax	(830) 268-4705			FAX:
Type:	Alternate Delivery Site	Administrator	MARY PARKER			Services: Hospice In-Patient Hospice: NO
County	ATASCOSA	Region	07	Date Licensed	12/31/2008	Owner Information
License #	012459					JOURDANTON HOME CARE SERVICES, LLC
Lic Expire	12/31/2022					PO BOX 51266
Medicare 1:	677127 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	830 2818136	Fax	830 2818751			FAX:
Type:	Parent Agency	Administrator	DENISE POPE			Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	AUSTIN	Region	06	Date Licensed	10/25/2015	Owner Information
License #	017190					INTEGRATED MANAGEMENT SOLUTIONS, INC
Lic Expire	10/31/2023					PO BOX 529
Medicare 1:	679029 HHA-18					WHITESBORO, TX 76273
Medicare 2:						PHONE:
Phone	(979) 877-0900	Fax	(979) 885-4080			FAX:
Type:	Parent Agency	Administrator	SUZANNE BOZEMAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	AUSTIN	Region	05	Date Licensed		Owner Information
License #	019358					SOLACE HOSPICE CARE, LLC
Lic Expire	4/29/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(979) 270-5057	Fax	(979) 274-3021			FAX:
Type:	Alternate Delivery Site	Administrator	DANA ROWSE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	AUSTIN	Region	05	Date Licensed	07/01/2016	Owner Information
License #	013721					COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC
Lic Expire	11/30/2022					3833 S. TEXAS AVE., SUITE#200
Medicare 1:						BRYAN, TX 77802
Medicare 2:						PHONE:
Phone	(979) 232-2102	Fax	(979) 314-1127			FAX:
Type:	Alternate Delivery Site	Administrator	JOSHUA LASATER			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	AUSTIN	Region	06	Date Licensed	05/01/2020	Owner Information
License #	019907					HOLISTIC CARE MANAGEMENT, LLC
Lic Expire	5/1/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	979 2705020	Fax	979 2705019			FAX:
Type:	Parent Agency	Administrator	STEFANIE COPASS			Services: Personal Assistance Services
County	AUSTIN	Region	06	Date Licensed	08/07/2017	Owner Information
License #	018231					LCH STAFFING SOLUTIONS, INC
Lic Expire	8/31/2021					18 NORTH CUMMINGS
Medicare 1:						BELLVILLE, TX 77418
Medicare 2:						PHONE:
Phone	(979) 270-7300	Fax	(979) 270-5042			FAX:
Type:	Parent Agency	Administrator	KAMI FALK			Services: Personal Assistance Services
County	AUSTIN	Region	06	Date Licensed	06/18/2007	Owner Information
License #	008794					ONLEX HEALTHCARE INC
Lic Expire	12/31/2020					20501 KATY FREEWAY SUITE #234
Medicare 1:						KATY, TX 77450-1935
Medicare 2:						PHONE:
Phone	(979) 865-0600	Fax	(979) 865-0628			FAX:
Type:	Branch Agency	Administrator	HUMPHREY UZUEGBU			Services: Licensed Home Health Services; Personal Assistance Services
County	AUSTIN	Region	06	Date Licensed	08/13/2014	Owner Information
License #	016369					QUEEN TANE
Lic Expire	8/31/2020					12520 WESTHEIMER RD A-1 #201
Medicare 1:						HOUSTON, TX 77077
Medicare 2:						PHONE:
Phone	(713) 384-9665	Fax	(713) 583-0009			FAX:
Type:	Parent Agency	Administrator	QUEEN TANE			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BASTROP	Region	07	Date Licensed	11/06/2017	Owner Information	
License #	018542					ADVANCED HH, LLC	
Lic Expire	11/30/2023					113 N. MAIN	
Medicare 1:	67Q7247003					HALLETTSVILLE, TX 75038	
Medicare 2:						PHONE:	
Phone	(512) 308-9233	Fax	(512) 308-9250			FAX:	
Type:	Branch Agency	Administrator	KRISTEN SCHIEVELBEIN				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BASTROP	Region	05	Date Licensed	09/25/2018	Owner Information	
License #	019184					BLUEBONNET HOME HEALTH CARE OF TEXAS, INC	
Lic Expire	9/25/2022						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(512) 303-3912	Fax	(512) 303-0323			FAX:	
Type:	Parent Agency	Administrator	MICHELLE PETERSON				Services: Personal Assistance Services
County	BASTROP	Region	07	Date Licensed	12/01/2004	Owner Information	
License #	009490					HALLMARK HOMECARE, LP	
Lic Expire	11/30/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:						DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	
Phone	512 3213382	Fax	512 3213599			FAX:	
Type:	Branch Agency	Administrator	BEAU POLLARO				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BASTROP	Region	05	Date Licensed	09/30/2015	Owner Information	
License #	017058					IT'S STILL HOME LIFE CARE SERVICES LLC	
Lic Expire	9/30/2021					PO BOX 1120	
Medicare 1:						ELGIN, TX 78621	
Medicare 2:						PHONE:	
Phone	(512) 229-3838	Fax	(512) 985-9277			FAX:	
Type:	Parent Agency	Administrator	TRACI BOYLE				Services: Licensed Home Health Services; Personal Assistance Services
County	BASTROP	Region	05	Date Licensed	03/20/2014	Owner Information	
License #	016104					S & P GUPTA ENTERPRISE, LLC	
Lic Expire	3/31/2022					489 AGNES STREET SUITE 100	
Medicare 1:	74-1579 HOSPICE;					BASTROP, TX 78602	
Medicare 2:						PHONE: (512) 985-6107	
Phone	(512) 985-6107	Fax	(512) 379-7481			FAX: (512) 379-7481	
Type:	Parent Agency	Administrator	CHRISTOPHER BUCCELLI				Services: Hospice In-Patient Hospice: NO
County	BAYLOR	Region	01	Date Licensed	08/18/2008	Owner Information	
License #	012305					HOME HEALTH OF RURAL TEXAS, INC	
Lic Expire	8/31/2022					12900 FOSTER SUITE 400	
Medicare 1:	677421 HHA-18					OVERLAND PARK, KS 66213	
Medicare 2:						PHONE:	
Phone	(940) 888-3744	Fax	(940) 888-2609			FAX:	
Type:	Parent Agency	Administrator	SAMUEL WHATLEY				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BAYLOR	Region	01	Date Licensed	02/14/1994	Owner Information	
License #	002793					BAYLOR COUNTY HOSPITAL DISTRICT	
Lic Expire	2/28/2025					200 STADIUM DR	
Medicare 1:	458006 HHA-18					SEYMOUR, TX 76380	
Medicare 2:						PHONE: (940) 889-5572	
Phone	(940) 889-3755	Fax	(940) 889-2715			FAX: (940) 888-1983	
Type:	Parent Agency	Administrator	STORMIE CARRINGTON				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEE** Region 07 Date Licensed 09/26/2000
License # 007438 AMERICAN MEDICAL HOME HEALTH SERVICESMATHIS
Lic Expire 9/30/2022 206 W. CORPUS CHRISTI ST.
Medicare 1: 679063 HHA-18 BEEVILLE, TX 78102
Medicare 2:
Phone (361) 547-5655 Fax (361) 547-0304

Type: Parent Agency Administrator JESSICA MONTNEY

Owner Information

AMERICAN MEDICAL HOME HEALTH SERVICES LLC
506 VALLEY BROOK RD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEE** Region 07 Date Licensed 08/12/2011
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 810 NORTH ST. MARY'S STREET
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-8931 Fax (361) 358-2831

Type: Branch Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEE** Region 07 Date Licensed 08/12/2011
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 810 NORTH ST. MARY'S STREET
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-8931 Fax (361) 358-2831

Type: Branch Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEE** Region 07 Date Licensed 08/12/2011
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 810 NORTH ST. MARY'S STREET
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-8931 Fax (361) 358-2831

Type: Branch Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEE** Region 07 Date Licensed 02/29/2016
License # 017336 EXCLUSIVE HOME HEALTH AND HOSPICE INC
Lic Expire 2/28/2022 112 N. SAINT MARYS
Medicare 1: 458134 HHA-18 45 BEEVILLE, TEXAS 78102
Medicare 2:
Phone (361) 358-2468 Fax (361) 358-3861

Type: Parent Agency Administrator GERONIMO RODRIGUEZ

Owner Information

EXCLUSIVE HOME HEALTH AND HOSPICE INC
202 N ST. MARY'S
BEEVILLE, TX 78102
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

County **BEE** Region 07 Date Licensed 04/07/2006
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023 104 W. HUNTINGTON
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-4448 Fax (361) 358-2200

Type: Alternate Delivery Site Administrator AMBROSE HERNANDEZ

Owner Information

LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEE** Region 07 Date Licensed 02/10/2004
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023 104 W HUNTINGTON
Medicare 1: 45Q9433001 BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-4448 Fax (361) 358-2200

Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information

LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEE** Region 07 Date Licensed 02/01/2017
License # 017441 NEW CENTURY HOSPICE OF SOUTH TEXAS
Lic Expire 1/31/2025 1819 N FRONTAGE ROAD
Medicare 1: 4570646 BEEVILLE, TX 78102
Medicare 2:
Phone (361) 392-2535 Fax (844) 358-6608

Owner Information

COSMOS HOSPICE OF CORPUS CHRISTI, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator SCOTT DINKENS

County **BELL** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 2301 S. CLEAR CREEK #220
Medicare 1: 671552 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator CANDICE GOSWICK

County **BELL** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 2301 S. CLEAR CREEK #220
Medicare 1: 671552 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator CANDICE GOSWICK

County **BELL** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 2301 S. CLEAR CREEK #220
Medicare 1: 671552 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator CANDICE GOSWICK

County **BELL** Region 03 Date Licensed
License # 018034 AGELESS LIVING HOME HEALTH LLC
Lic Expire 12/31/2022 2010 SW HK DODGEN LOOP
Medicare 1: TEMPLE, TEXAS 76504
Medicare 2:
Phone (254) 598-7342 Fax (833) 214-0911

Owner Information

AGELESS LIVING HOME HEALTH LLC
431 WOLFE ROAD SUITE 102
SAN ANTONIO, TX 78216

PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator CHRISTINA BORREGO

County **BELL** Region 07 Date Licensed
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2023 5293 S 31ST STREET SUITE 131
Medicare 1: 451738 TEMPLE, TEXAS 765023575
Medicare 2:
Phone (254) 246-4169 Fax (866) 767-8836

Owner Information

AMEDISYS HOSPICE, LLC
3854 AMERICAN WAY, SUITE: A
BATON ROUGE, LOUISIANA

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator BERNADINE DAILEY

County **BELL** Region 05 Date Licensed 03/30/2021
License # 020659 ANDERSON ANGELS INHOME CARE, LLC
Lic Expire 3/30/2024 107 WICKIUP TRL
Medicare 1: HARKER HEIGHTS, TEXAS 76548
Medicare 2:
Phone (254) 290-0865 Fax (254) 294-4591

Owner Information

ANDERSON ANGELS INHOME CARE, LLC

PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator NELVA MARCH

County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	03	Date Licensed		Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	6102 W. ADAMS AVENUE, SUITE D			P O BOX 338	
Medicare 1:		TEMPLE, TEXAS 76502			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(254) 252-5757	Fax	(903) 532-1401		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGES			
County	BELL	Region	05	Date Licensed	12/23/2010	Owner Information
License #	013943	AVEANNA HEALTHCARE			PYRA MED HEALTH SERVICES LLC	
Lic Expire	12/31/2022	2125 S 61ST ST			400 INTERSTATE N PKWY S EAST SUITE 1600	
Medicare 1:		TEMPLE, TX 76504			ATLANTA, GA 30339	
Medicare 2:					PHONE:	FAX:
Phone	(254) 314-8580	Fax	(254) 774-9980		Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIE WEATHERBEE			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BELL	Region	05	Date Licensed	11/23/1983	Owner Information	
License #	001412					SCOTT & WHITE MEMORIAL HOSPITAL	
Lic Expire	11/30/2022					2401 SOUTH 31ST STREET	
Medicare 1:	451691 HOSPICE					TEMPLE, TX 76508	
Medicare 2:						PHONE:	FAX:
Phone	(254) 724-4090	Fax	(254) 215-9375			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GLEN LEBLANC				
County	BELL	Region	05	Date Licensed	06/01/2006	Owner Information	
License #	010501					SMITH WALTER COMPANY LLC	
Lic Expire	5/31/2022					4016 S 31ST SUITE 100	
Medicare 1:						TEMPLE, TX 76502	
Medicare 2:						PHONE:	FAX:
Phone	(254) 780-9864	Fax	(254) 899-9864			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VICKIE SMITH				
County	BELL	Region	05	Date Licensed	10/13/2015	Owner Information	
License #	017075					DISABILITY SERVICES OF THE SOUTHWEST, INC	
Lic Expire	10/31/2021					6243 IH 10 WEST, STE. 375	
Medicare 1:						SAN ANTONIO, TX 78201	
Medicare 2:						PHONE:	FAX:
Phone	(254) 776-6600	Fax	(877) 463-1310			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMES LANE				
County	BELL	Region	05	Date Licensed	04/26/2017	Owner Information	
License #	018188					TEXAS HOME HEALTHCARE PARTNERS, LP	
Lic Expire	4/30/2023					700 HIGHLANDER SUITE 160	
Medicare 1:	HHA 45Q7661002					ARLINGTON, TX 76015	
Medicare 2:						PHONE:	FAX:
Phone	(254) 554-3500	Fax	(254) 554-3458			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	HEIDI TINCH				
County	BELL	Region	05	Date Licensed	12/18/2009	Owner Information	
License #	013095					HALLMARK HOMECARE, LP	
Lic Expire	12/31/2024					6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:	673127 HHA-18					DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	FAX:
Phone	254 7737740	Fax	254 7737745			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CATHERINE IVINS				
County	BELL	Region	05	Date Licensed		Owner Information	
License #	018275					ENTRUSTED PEDIATRIC HOME CARE	
Lic Expire	8/31/2024					7600 CHEVY CHASE DR BLDG 2 STE 300	
Medicare 1:						AUSTIN, TX 78752	
Medicare 2:						PHONE:	FAX:
Phone	(254) 935-0450	Fax	(254) 261-1631			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	NICHOLAS NORWOOD				
County	BELL	Region	05	Date Licensed	03/04/2012	Owner Information	
License #	014760					FIRST ATLANTIC HOMECARE SERVICES CORPORATION	
Lic Expire							
Medicare 1:	741653 HOSPICE						
Medicare 2:						PHONE:	FAX:
Phone	(254) 773-6020	Fax	(254) 773-6080			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ROSELYNE NWABUKO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BELL** Region 05 Date Licensed 01/04/2005
License # 009511 FIRST ATLANTIC HEALTHCARE SYSTEM
Lic Expire 1/31/2022 619 N. 3RD STREET
Medicare 1: 457947 HHA-18 TEMPLE, TEXAS 76501
Medicare 2:
Phone (254) 773-6020 Fax (512) 773-6080

Owner Information

FIRST ATLANTIC HOMECARE SERVICES CORPORATION
P O BOX 218
TEMPLE, TX 76503

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator ROSELYNE NWABUKO

County **BELL** Region 05 Date Licensed 11/30/2007
License # 011758 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 3009 SAULSBURY, SUITE 1
Medicare 1: TEMPLE, TEXAS 765042273
Medicare 2:
Phone (254) 778-4210 Fax (254) 778-4284

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LAURA THOMAS

County **BELL** Region 05 Date Licensed 11/30/2007
License # 011758 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 3009 SAULSBURY, SUITE 1
Medicare 1: TEMPLE, TEXAS 765042273
Medicare 2:
Phone (254) 778-4210 Fax (254) 778-4284

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LAURA THOMAS

County **BELL** Region 05 Date Licensed 12/03/2015
License # 017160 HEART OF TEXAS HOSPICE
Lic Expire 12/31/2023 4003 W STAN SCHLUETER LOOP, SUITE 2
Medicare 1: 741715 HOSPICE KILLEEN, TX 76549
Medicare 2:
Phone (254) 313-9840 Fax (254) 320-0078

Owner Information

HEART OF TEXAS HOSPICE HILL COUNTRY LLC
18568 FORTY SIX PKWY, SUITE 3001B
SPRING BRANCH, TEXAS 78070

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator AMBERLEY JACKSON

County **BELL** Region 05 Date Licensed 10/08/2013
License # 015952 HEART TO HEART HOSPICE OF AUSTIN LTD
Lic Expire 10/31/2023 990 MARLANDWOOD ROAD
Medicare 1: 671529 TEMPLE, TX 76502
Medicare 2:
Phone (254) 493-8448 Fax (254) 488-5569

Owner Information

HEART TO HEART HOSPICE OF AUSTIN LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator SHARON FISCHER

County **BELL** Region 05 Date Licensed 05/08/2004
License # 009082 HEIGHTS HOME HEALTH
Lic Expire 5/31/2023 333 INDIAN TRAIL
Medicare 1: HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 953-4702 Fax (254) 953-4708

Owner Information

HEIGHTS SUPPORT SERVICES INC
PO BOX 2416
HARKER HEIGHTS, TX 76548

PHONE: (254) 953-4702 FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator DENISE MILLER

County **BELL** Region 05 Date Licensed 05/23/2019
License # 019388 HINENI HOME HEALTH SERVICES
Lic Expire 5/23/2023 3504 SANDS LN
Medicare 1: KILLEEN, TX 76549
Medicare 2:
Phone (254) 458-4639 Fax

Owner Information

HINENI HOME HEALTH SERVICES LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator AMANDA WILLIS

County **BELL** Region 05 Date Licensed 10/01/2013
License # 015921 HOME INSTEAD SENIOR CARE
Lic Expire 9/30/2023 3513 SW HK DODGEN LOOP STE 203
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 771-0041 Fax (254) 231-0267
Type: Parent Agency Administrator BRANDY CASTILLO

Owner Information

BREMILEE SENIOR SERVICES INC
3513 SW HK DODGEN LOOP SUITE#203
TEMPLE, TX 76502
PHONE:
FAX:
Services: Personal Assistance Services

County **BELL** Region 05 Date Licensed 07/21/2009
License # 012848 INTEGRITY HOME HEALTH
Lic Expire 7/31/2023 5302 JANELLE STREET
Medicare 1: 457949 HHA-18 KILLEEN, TX 76549
Medicare 2:
Phone (254) 628-7900 Fax (254) 628-7905
Type: Parent Agency Administrator JEANICE MITCHELL

Owner Information

IR HOME HEALTH LLC
P O BOX 10340
KILLEEN, TX 76549
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BELL** Region 05 Date Licensed 06/15/2007
License # 011589 INTERIM HEALTHCARE
Lic Expire 6/30/2022 6428 S. GENERAL BRUCE DRIVE
Medicare 1: 457247 HHA-18 TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 771-4131 Fax (254) 771-0752
Type: Parent Agency Administrator LAURA WATERS

Owner Information

BAYOU HOMECARE LP
3305 101ST STREET SUITE 100
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BELL** Region 05 Date Licensed 10/28/2003
License # 008716 INTERIM HEALTHCARE OF AUSTIN
Lic Expire 10/31/2022 6428 SOUTH GENERAL BRUCE DRIVE, STE A
Medicare 1: TEMPLE, TEXAS 76501
Medicare 2:
Phone (254) 771-4131 Fax (254) 771-0752
Type: Parent Agency Administrator LAURA WATERS

Owner Information

CAPITAL HOMECARE, LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BELL** Region 05 Date Licensed 12/30/2011
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2023 6428 S GENERAL BRUCE DRIVE SUITE A
Medicare 1: 677694 TEMPLE, TX 76501
Medicare 2:
Phone (254) 771-4131 Fax (254) 771-0752
Type: Branch Agency Administrator LAURA WATERS

Owner Information

CENTRAL TEXAS HOMECARE, LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BELL** Region 05 Date Licensed 12/17/2014
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 6428 S GENERAL BRUCE DRIVE, STE B
Medicare 1: 67-1795 TEMPLE, TX 76502
Medicare 2:
Phone (254) 598-7297 Fax (254) 774-6880
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 12/17/2014
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 6428 S GENERAL BRUCE DRIVE, STE B
Medicare 1: 67-1795 TEMPLE, TX 76502
Medicare 2:
Phone (254) 598-7297 Fax (254) 774-6880
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BELL** Region 05 Date Licensed 12/17/2014
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 6428 S GENERAL BRUCE DRIVE, STE B
Medicare 1: 67-1795 TEMPLE, TX 76502
Medicare 2:
Phone (254) 598-7297 Fax (254) 774-6880

Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 12/17/2014
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 6428 S GENERAL BRUCE DRIVE, STE B
Medicare 1: 67-1795 TEMPLE, TX 76502
Medicare 2:
Phone (254) 598-7297 Fax (254) 774-6880

Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 01/09/2019
License # 019463 JOL HEALTHCARE
Lic Expire 1/9/2023 1 EAST CENTRAL AVENUE, SUITE 207
Medicare 1: 747913 TEMPLE, TEXAS 76501
Medicare 2:
Phone (512) 786-4198 Fax (512) 597-0883

Type: Parent Agency Administrator CAROL ANN RAY

Owner Information
JOL HOME HEALTH TEMPLE, LLC
800 CRYSTAL FALLS PKWY, BLDG 1
LEANDER, TX 78641
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 05 Date Licensed 06/01/2008
License # 012075 KINDRED AT HOME
Lic Expire 6/30/2022 2626 SOUTH 37TH STREET, SUITE 102
Medicare 1: 457096 HHA-18 TEMPLE, TX 76504
Medicare 2:
Phone (254) 778-6334 Fax (254) 778-6524

Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 05 Date Licensed 06/01/2008
License # 012075 KINDRED AT HOME
Lic Expire 6/30/2022 2626 SOUTH 37TH STREET, SUITE 102
Medicare 1: 457096 HHA-18 TEMPLE, TX 76504
Medicare 2:
Phone (254) 778-6334 Fax (254) 778-6524

Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 05 Date Licensed 06/01/2008
License # 012075 KINDRED AT HOME
Lic Expire 6/30/2022 2626 SOUTH 37TH STREET, SUITE 102
Medicare 1: 457096 HHA-18 TEMPLE, TX 76504
Medicare 2:
Phone (254) 778-6334 Fax (254) 778-6524

Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 05 Date Licensed 06/01/2008
License # 012075 KINDRED AT HOME
Lic Expire 6/30/2022 2626 SOUTH 37TH STREET, SUITE 102
Medicare 1: 457096 HHA-18 TEMPLE, TX 76504
Medicare 2:
Phone (254) 778-6334 Fax (254) 778-6524

Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	BELL	Region	05	Date Licensed	10/31/1995	Owner Information
License #	004135					FAMILY HOSPICE LTD
Lic Expire	10/31/2024					PO BOX 4060, ATTN: REGULATORY
Medicare 1:	451542 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(254) 742-2000	Fax	(254) 742-2023			FAX:
Type:	Parent Agency	Administrator	LISA BROWN			Services: Hospice In-Patient Hospice: NO
County	BELL	Region	05	Date Licensed	05/14/2009	Owner Information
License #	012601					SHANNONS HOME HEALTH INC
Lic Expire	5/31/2023					6 WEST FRENCH
Medicare 1:	459300 HHA-18					TEMPLE, TX 76501
Medicare 2:						PHONE:
Phone	(254) 742-1884	Fax	(254) 742-1852			FAX:
Type:	Parent Agency	Administrator	CANDICE HAMILTON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BELL	Region	05	Date Licensed	02/22/2013	Owner Information
License #	015387					ADVANCE HI TECH NURSING, INC
Lic Expire	2/28/2023					6243 IH 10 WEST, SUITE 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(877) 434-3153	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	LIBBY HERRERA			Services: Licensed Home Health Services; Personal Assistance Services
County	BELL	Region	05	Date Licensed	06/30/2015	Owner Information
License #	016946					SH THIRTYFIVE OPCO TEMPLE MERIDIAN LLC
Lic Expire	6/30/2024					6737 W WASHINGTON STSTE 2300
Medicare 1:						MILWAUKEE, WI 53214
Medicare 2:						PHONE:
Phone	(254) 773-0444	Fax	(254) 771-3425			FAX: (949) 407-0800
Type:	Parent Agency	Administrator	BEVERLY HUNTSMAN			Services: Personal Assistance Services
County	BELL	Region	05	Date Licensed	02/20/2017	Owner Information
License #	017517					ANGEL HEART HOSPICE, LLC
Lic Expire	1/31/2022					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(254) 680-5500	Fax	(254) 680-5300			FAX:
Type:	Alternate Delivery Site	Administrator	ANDRES GONZALES			Services: Hospice In-Patient Hospice: NO
County	BELL	Region	05	Date Licensed	09/22/2006	Owner Information
License #	007810					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	11/30/2022					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(254) 690-1868	Fax	(254) 953-1340			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	ANDREA AGUILERA			Services: Licensed Home Health Services; Personal Assistance Services
County	BELL	Region	05	Date Licensed	11/28/2001	Owner Information
License #	007810					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	11/30/2022					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	254 6901868	Fax	254 9531340			FAX: (972) 792-6739
Type:	Parent Agency	Administrator	ANDREA AGUILERA			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BELL	Region	05	Date Licensed	05/21/2020	Owner Information	
License #	019956						GREEN MOUNTAIN PERSONALIZED CARE, INC
Lic Expire	5/21/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 696-1539	Fax	(210) 641-7881				
Type:	Parent Agency	Administrator	AMBER KENO			Services:	Personal Assistance Services
County	BELL	Region	05	Date Licensed	09/01/2016	Owner Information	
License #	017609						PHOENIX PROVIDER SERVICES,LLC
Lic Expire	8/31/2022						PO BOX 2347
Medicare 1:							HARKER HEIGHTS, TX 76542
Medicare 2:						PHONE:	FAX:
Phone	(254) 220-3322	Fax	(254) 630-1999				
Type:	Parent Agency	Administrator	JAMIE BURGESS			Services:	Personal Assistance Services
County	BELL	Region	05	Date Licensed	09/01/2021	Owner Information	
License #	021018						ROBINSON GIANG LLC
Lic Expire	9/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 477-4009	Fax					
Type:	Parent Agency	Administrator	SPENCER ROBINSON			Services:	Personal Assistance Services
County	BELL	Region	03	Date Licensed	09/29/2015	Owner Information	
License #	007938						SOLARIS HOSPICE, INC
Lic Expire	3/31/2023						2250 S FM 51 SUITE 400
Medicare 1:	45-1688						DECATUR, TX 76234
Medicare 2:						PHONE:	FAX:
Phone	(940) 627-1011	Fax	(940) 627-3160				
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			Services:	Hospice In-Patient Hospice: NO
County	BELL	Region	05	Date Licensed	09/08/2008	Owner Information	
License #	012292						SHHSTANDARDS HOME HEALTH INC
Lic Expire	9/30/2022						111 WEST 2ND STREET
Medicare 1:	458194 HHA-18						CAMERON, TEXAS 76520
Medicare 2:						PHONE:	FAX:
Phone	(254) 778-7000	Fax	(254) 778-7002				
Type:	Parent Agency	Administrator	RICKY GARCIA			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	BELL	Region	05	Date Licensed	10/22/2021	Owner Information	
License #	021145						SUPREME HOME HEALTH CARE
Lic Expire	10/22/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(254) 345-1953	Fax					
Type:	Parent Agency	Administrator	TAN'EE WINFREE			Services:	Personal Assistance Services
County	BELL	Region	05	Date Licensed	02/17/2011	Owner Information	
License #	013904						TENDER MERCIES MANAGEMENT, INC
Lic Expire	2/28/2023						P.O. BOX 1045
Medicare 1:							SALADO, TX 76571
Medicare 2:						PHONE:	FAX:
Phone	254 8992400	Fax	254 5662831				
Type:	Parent Agency	Administrator	CHRIS GLENN			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BELL** Region 05 Date Licensed 08/01/2017
License # 018252 TEXAS HOME HEALTH GROUP OF TEMPLE LLC
Lic Expire 7/31/2023 3809 SOUTH GENERAL BRUCE DRIVE, SUITE 105B
Medicare 1: 457443 HHA-18 TEMPLE, TEXAS 76502
Medicare 2:
Phone 254 2187070 Fax 254 2159375
Type: Parent Agency Administrator JANELLE TRAYES

Owner Information

TEXAS HOME HEALTH GROUP OF TEMPLE, LLC
5701 AIRPORT ROAD
TEMPLE, TX 76502
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **BELL** Region 07 Date Licensed 01/14/2015
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 8/31/2023 2301 S. CLEAR CREEK #220
Medicare 1: 451779 KILLEEN, TX 76549
Medicare 2:
Phone (254) 998-5001 Fax (254) 519-1849
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 02/08/2005
License # 009578 TEXMED HOME HEALTH INC
Lic Expire 2/28/2023 1711 E CENTRAL TEXAS EXPRESSWAY #309
Medicare 1: 457922 HHA-18 KILLEEN, TX 76541
Medicare 2:
Phone (254) 526-8188 Fax (254) 526-8120
Type: Parent Agency Administrator MARC GOHL

Owner Information

TEXMED HOME HEALTH INC
SAME
KILLEEN, TX 76541
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BELL** Region 05 Date Licensed 11/01/2016
License # 017864 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 2305 BIRDCREEK TERRACE
Medicare 1: TEMPLE, TEXAS 76502
Medicare 2:
Phone (254) 771-0852 Fax (254) 771-0861
Type: Branch Agency Administrator IDALIA ARAGUZ, RN

Owner Information

FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE:
FAX:
Services: Licensed Home Health Services

County **BELL** Region 05 Date Licensed 09/03/2020
License # 020145 TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
Lic Expire 9/3/2022 200 E CENTRAL AVENUE STE A
Medicare 1: 971656 BELTON, TEXAS 76513
Medicare 2:
Phone (512) 649-2274 Fax (512) 651-1851
Type: Parent Agency Administrator JAMES IGO

Owner Information

TRUE HEART HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BELL** Region 05 Date Licensed 03/08/2004
License # 008089 VISITING ANGELS
Lic Expire 8/31/2022 2213 BIRDCREEK TERRACE
Medicare 1: TEMPLE, TX 76502
Medicare 2:
Phone (254) 899-9400 Fax (254) 899-9401
Type: Branch Agency Administrator JACOB NEUBERT

Owner Information

NICKSTER LLC
1514 AUSTIN AVENUE
WACO, TX 76710
PHONE:
FAX:
Services: Personal Assistance Services

County **BELL** Region 05 Date Licensed 09/18/2020
License # 020184 VONESTI HOME HEALTH
Lic Expire 9/18/2022 5904 VETERANS MEMORIAL BLVD SUITE 2
Medicare 1: KILLEEN, TEXAS 76543
Medicare 2:
Phone (254) 598-0828 Fax
Type: Parent Agency Administrator VENESHA GRINNER

Owner Information

VONESTI HOME HEALTH, LLC
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BELL	Region	05	Date Licensed	07/02/2019	Owner Information	
License #	019465					ZOHTEG HOME HEALTHCARE LLC	
Lic Expire	10/29/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(254) 350-0386	Fax	254 5985498			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHANE JACKSON				
County	BEXAR	Region	07	Date Licensed	09/20/2010	Owner Information	
License #	013564					1 WORLD HOME CARE LLC	
Lic Expire	9/30/2022					3819 SW MIITARY DR	
Medicare 1:						SAN ANTONIO, TX 78211	
Medicare 2:						PHONE:	FAX:
Phone	(210) 315-3669	Fax	(210) 648-0007			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANN AGUAYO				
County	BEXAR	Region	07	Date Licensed	12/01/2010	Owner Information	
License #	013879					A & AMAZING HOME CARE LLC	
Lic Expire	11/30/2022					1325 N. FLORES SUITE 114	
Medicare 1:						SAN ANTONIO, TX 78212	
Medicare 2:						PHONE:	FAX:
Phone	(210) 979-6022	Fax	(210) 979-6025			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IRMA VINTON				
County	BEXAR	Region	07	Date Licensed	05/04/2012	Owner Information	
License #	014779					A BLISS CARE INC	
Lic Expire	5/31/2022					4007 MCCULLOUGH AVE. NO. 259	
Medicare 1:	741562 HOSPICE					SAN ANTONIO, TEXAS 78212	
Medicare 2:						PHONE:	FAX:
Phone	(210) 822-0577	Fax	(210) 822-0544			Services: Hospice	
Type:	Parent Agency	Administrator	AVELINA BRENNAN			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	04/17/2019	Owner Information	
License #	019331					JADE DKR, LLC	
Lic Expire	4/17/2021					26115 HIGH TIMBER PASS	
Medicare 1:						SAN ANTONIO, TEXAS 78260	
Medicare 2:						PHONE:	FAX:
Phone	(210) 385-9500	Fax	na			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KIMBERLEY WINN				
County	BEXAR	Region	07	Date Licensed	05/21/2009	Owner Information	
License #	007529					A PLUS FAMILY CARE LLC	
Lic Expire	1/31/2022					9514 CONSOLE DR #201	
Medicare 1:						SAN ANTONIO, TEXAS 78229	
Medicare 2:						PHONE:	FAX:
Phone	(210) 706-9111	Fax	(210) 308-9004			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	MOHAMED GHANNAM				
County	BEXAR	Region	07	Date Licensed	01/18/2001	Owner Information	
License #	007529					A PLUS FAMILY CARE LLC	
Lic Expire	1/31/2022					9514 CONSOLE DR #201	
Medicare 1:	679082 HHA-18					SAN ANTONIO, TEXAS 78229	
Medicare 2:						PHONE:	FAX:
Phone	(210) 530-9111	Fax	(210) 366-9042			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHAEL THIEL			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	03/16/2005	Owner Information
License #	009636					A PLUS FAMILY CARE LLC
Lic Expire	3/31/2023					9514 CONSOLE DR #201
Medicare 1:						SAN ANTONIO, TEXAS 78229
Medicare 2:						PHONE:
Phone	(210) 342-2819	Fax	(210) 348-7038			FAX:
Type:	Parent Agency	Administrator	MOHAMED GHANNAM			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed		Owner Information
License #	015347					AMOR HOME HEALTH LLC
Lic Expire						8901 EF LOWRY EXPWY STE A
Medicare 1:						TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(361) 933-0101	Fax				FAX:
Type:	Branch Agency	Administrator	THOMAS HERMANN			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	12/30/2015	Owner Information
License #	017321					AA SENIOR CARE SERVICES LLC
Lic Expire	12/31/2023					8546 BROADWAY STE# 109
Medicare 1:						SAN ANTONIO, TX 78217
Medicare 2:						PHONE:
Phone	(210) 236-5582	Fax	(210) 501-0302			FAX:
Type:	Branch Agency	Administrator	HELEN TROWSDALE			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/15/2017	Owner Information
License #	018451					PASCO HEALTH SERVICES LLC
Lic Expire	11/30/2023					7333 BARLITE BLVD. SUITE 250
Medicare 1:						SAN ANTONIO, TEXAS
Medicare 2:						PHONE:
Phone	(210) 923-0055	Fax	(210) 923-0027			FAX:
Type:	Parent Agency	Administrator	MICHELLE LUBIANSKI			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/15/2014	Owner Information
License #	016567					ABIDING HOME HEALTH LLC
Lic Expire	9/30/2022					1011 WESTLAKE DRIVE, STE. 201
Medicare 1:	679145 HHA-18					AUSTIN, TX 78746
Medicare 2:						PHONE:
Phone	(210) 403-0901	Fax	(210) 403-3123			FAX:
Type:	Parent Agency	Administrator	MARTHA CASE BURGESS			Services: Licensed and Certified Home Health Services
County	BEXAR	Region	07	Date Licensed	12/18/2009	Owner Information
License #	013050					ABILITY HOMECARE, INC
Lic Expire	12/31/2023					10609 IH 10 WEST, STE 105
Medicare 1:						SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(210) 344-5437	Fax	(210) 340-1259			FAX:
Type:	Parent Agency	Administrator	PAMELA GOBLE			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/18/2012	Owner Information
License #	014877					ABOVE AND BEYOND CAREGIVING INC
Lic Expire	6/30/2022					1100 NW LOOP 410 #700
Medicare 1:						SAN ANTONIO, TEXAS 78213
Medicare 2:						PHONE:
Phone	(210) 320-3659	Fax	(210) 320-1243			FAX:
Type:	Parent Agency	Administrator	YVETTE ALLAN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	11/07/2019	Owner Information	
License #	019687					ABUNDANT HOSPICE	
Lic Expire	11/7/2023						
Medicare 1:	971593 Hospice						
Medicare 2:							
Phone	(210) 760-0892	Fax	(210) 855-6118			PHONE:	FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LISA BUTLER				
County	BEXAR	Region	07	Date Licensed	04/08/2021	Owner Information	
License #	020684					ACACIA HOSPICE LLC	
Lic Expire	4/8/2024						
Medicare 1:							
Medicare 2:							
Phone	(210) 729-6922	Fax	(210) 729-7305			PHONE:	FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	VANESSA LUNA				
County	BEXAR	Region	07	Date Licensed	05/09/2002	Owner Information	
License #	007949					TEXAS HOME HEALTH SKILLED SERVICES, LP	
Lic Expire	5/31/2022						
Medicare 1:	679174 HHA-18						
Medicare 2:							
Phone	(210) 349-7355	Fax	(210) 349-7385			PHONE:	FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTINA MAYA-CRUZ				
County	BEXAR	Region	07	Date Licensed	03/09/2001	Owner Information	
License #	007592					TEXAS HOME HEALTH OF AMERICA, LP	
Lic Expire	3/31/2023					17855 N. DALLAS PKWY, SUITE 200	
Medicare 1:						DALLAS, TEXAS 75287	
Medicare 2:							
Phone	(210) 349-7240	Fax	(210) 680-5554			PHONE:	FAX:
						Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LEONARD REYES				
County	BEXAR	Region	07	Date Licensed	10/03/2018	Owner Information	
License #	019033					ACCESS ORGANIZATION INC	
Lic Expire	10/3/2020					8741 GRISSOM ROAD SUITE 101	
Medicare 1:						SAN ANTONIO, TX 78251	
Medicare 2:							
Phone	(210) 451-8940	Fax	(210) 547-6867			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ERIC AKUTA				
County	BEXAR	Region	07	Date Licensed	11/18/2014	Owner Information	
License #	016687					ACP PRIMARY HOME CARE INC	
Lic Expire	11/30/2022					7038 ECKHERT ROAD, STE D	
Medicare 1:						SAN ANTONIO, TX 78238-1223	
Medicare 2:							
Phone	(210) 558-9480	Fax	(210) 680-1977			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALMA PEREZ				
County	BEXAR	Region	07	Date Licensed	10/30/2020	Owner Information	
License #	020280					ACTIVE PROVIDER SERVICE LLC	
Lic Expire	10/30/2022						
Medicare 1:							
Medicare 2:							
Phone	(210) 233-8363	Fax	(210) 783-9454			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOANN GOMEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County BEXAR	Region 07	Date Licensed 05/27/2016	Owner Information
License # 017426	ACTS OF KINDNESS HOMECARE		BARBARA ANN RODRIGUEZ
Lic Expire 5/31/2022	8026 VANTAGE DR SUITE 125		P. O BOX 592318
Medicare 1:	SAN ANTONIO, TX 78230		SAN ANTONIO, TX 78259
Medicare 2:			PHONE:
Phone (210) 417-4480	Fax (210) 384-2582		FAX:
Type: Parent Agency	Administrator BARBARA RODRIGUEZ		Services: Personal Assistance Services
County BEXAR	Region 07	Date Licensed 09/24/2009	Owner Information
License # 013014	ADAPTIVE HEALTH SERVICES LLC		ADAPTIVE HEALTH SERVICES, LLC
Lic Expire 9/30/2024	8700 CROWNHILL BOULEVARD STE#300		8700 CROWNHILL BLVD., STE#300
Medicare 1:	SAN ANTONIO, TX 78209		SAN ANTONIO, TX 78209
Medicare 2:			PHONE:
Phone (210) 824-5530	Fax (210) 824-5323		FAX:
Type: Parent Agency	Administrator JESSICA JACKSON		Services: Licensed Home Health Services
County BEXAR	Region 07	Date Licensed 07/05/2012	Owner Information
License # 014912	ADAPTIVE HEALTHCARE SERVICES LLC		ADAPTIVE HEALTHCARE SERVICES, LLC
Lic Expire 7/31/2022	8700 CROWNHILL BLVD SUITE 300		700 LAVACA SUITE 1400-2321
Medicare 1:	SAN ANTONIO, TEXAS 78209		AUSTIN, TX 78701
Medicare 2:			PHONE:
Phone (281) 586-5000	Fax (210) 824-5323		FAX:
Type: Parent Agency	Administrator ERAYNA BRANCHE		Services: Licensed Home Health Services
County BEXAR	Region 07	Date Licensed 06/09/2014	Owner Information
License # 016251	ADEPT HOME HEALTH CARE INC		ADEPT HOME HEALTH CARE INC
Lic Expire 6/30/2022	9514 CONSOLE DR #101		9514 CONSOLE DR # 101
Medicare 1:	SAN ANTONIO, TEXAS 78229		SAN ANTONIO, TEXAS 78229
Medicare 2:			PHONE:
Phone (210) 593-4100	Fax (210) 593-4102		FAX:
Type: Parent Agency	Administrator MOHAMED GHANNAM		Services: Licensed Home Health Services; Personal Assistance Services
County BEXAR	Region 07	Date Licensed 01/29/2019	Owner Information
License # 019555	ADMT SOLUTIONS LLC		ADMT SOLUTIONS LLC
Lic Expire 8/27/2024	8645 FREDERICKSBURG RD		1150 N LOOP 1604 W, SUITE 108-510
Medicare 1: 747988	SAN ANTONIO, TEXAS 78240		SAN ANTONIO, TX 78248
Medicare 2:			PHONE:
Phone (210) 729-1252	Fax (210) 469-4026		FAX:
Type: Parent Agency	Administrator MINA WOODARD		Services: Licensed and Certified Home Health Services; Personal Assistance Services
County BEXAR	Region 07	Date Licensed 11/06/2017	Owner Information
License # 018542	ADVANCED HH LLC		ADVANCED HH, LLC
Lic Expire 11/30/2023	1860 NACOGDOCHES RD		113 N. MAIN
Medicare 1: 67Q7247002	SAN ANTONIO, TEXAS 78209		HALLETTSVILLE, TX 75038
Medicare 2:			PHONE:
Phone (210) 444-2022	Fax (210) 610-5117		FAX:
Type: Branch Agency	Administrator KRISTEN SCHIEVELBEIN		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County BEXAR	Region 07	Date Licensed 04/17/2020	Owner Information
License # 019881	ADVANCED HOSPICE OF TEXAS		ALLY HOSPICE LLC
Lic Expire 4/17/2022	1856 NACOGDOCHES		
Medicare 1: 971634	SAN ANTONIO, TX 78209		
Medicare 2:			PHONE:
Phone (210) 898-8533	Fax (210) 610-5214		FAX:
Type: Parent Agency	Administrator PAULA SLOAN		Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 11/17/2008
License # 012460 ADVENTIA HEALTHCARE ASSOCIATES INC
Lic Expire 11/30/2022 4025 E. SOUTHCROSS BLVD, BUILDING 4, SUITE 24
Medicare 1: 679553 HHA-18 SAN ANTONIO, TEXAS 78222
Medicare 2:
Phone (210) 579-4892 Fax (210) 308-8577
Type: Parent Agency Administrator JAMES GUERRERO

Owner Information

ADVENTIA HEALTHCARE ASSOCIATES, INC
1923 CULEBRA ROAD STE D
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/19/2003
License # 008332 ADVOCATE HOME CARE
Lic Expire 2/28/2023 2819 NW LOOP 410, SUITE B
Medicare 1: 679312 HHA-18 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 521-1244 Fax (210) 521-7324
Type: Parent Agency Administrator KIMBERLEY WINN

Owner Information

VALLIC TEXAS INC
5752 WURZBACH ROAD
SAN ANTONIO, TX 78238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/28/2017
License # 018136 AFFINITY PEDIATRIC HOME HEALTHCARE
Lic Expire 6/30/2024 1600 NE LOOP 410, STE 104A
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 824-1140 Fax (210) 824-1170
Type: Parent Agency Administrator TERESA GUTIERREZ

Owner Information

CLJ HOME HEALTHCARE LLC
10336 SHADOWY DUSK
SCHERTZ, TX 78154
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 08/18/2015
License # 016973 AFFORDABLE VENTURE HOME HEALTHCARE
Lic Expire 8/31/2023 8626 TESORO DRIVE SUITE 205G
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 290-9310 Fax (210) 562-3474
Type: Parent Agency Administrator ALICE ENYONG

Owner Information

AFFORDABLE VENTURE HOME HEALTHCARE LLC
8626 TESORO DR STE 205 G
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed
License # 018034 AGELESS LIVING HOME HEALTH LLC
Lic Expire 12/31/2022 4207 GARDENDALE STE B-104
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 582-5840 Fax (833) 214-0911
Type: Branch Agency Administrator CHRISTINA BORREGO

Owner Information

AGELESS LIVING HOME HEALTH LLC
431 WOLFE ROAD SUITE 102
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/14/2006
License # 010535 AIM CARE HOME HEALTH INC
Lic Expire 6/30/2022 8632 FREDERICKSBURG RD STE # 201
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 733-7885 Fax (210) 733-7896
Type: Parent Agency Administrator AHMED AHMED

Owner Information

AIM CARE HOME HEALTH INC
4204 GARDENDALE SUITE 208
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/21/2017
License # 018266 AIP HOSPICE LLC
Lic Expire 8/31/2024 5962 DANNY KAYE DRIVE BUILDING 4
Medicare 1: 74-1740 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 260-0000 Fax (210) 463-9791
Type: Parent Agency Administrator FORTUNATO MARTIN

Owner Information

AIP HOSPICE LLC
10410 PARRIGIN RAOD
HELOTES, TX 78023-5221
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/30/2008	Owner Information
License #	011848					ALAMO COMPANION SERVICES LLC
Lic Expire	1/31/2023					11218 WOODRIDGE PATH
Medicare 1:						SAN ANTONIO, TX 78249
Medicare 2:						PHONE:
Phone	(210) 558-0356	Fax	(210) 558-0356			FAX:
Type:	Parent Agency	Administrator	JONATHAN STEINER			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/29/2008	Owner Information
License #	012175					ALAMO AREA HOME HOSPICE, LP
Lic Expire	7/31/2022					6303 COWBOYS WAY, SUITE 600
Medicare 1:	671540 HOSPICE					FRISCO, TEXAS 75034
Medicare 2:						PHONE:
Phone	(210) 444-2244	Fax	(210) 444-1144			FAX:
Type:	Parent Agency	Administrator	GEORGETTE ROBBINS			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/24/2017	Owner Information
License #	011712					ALEGRE HOME HEALTH CARE, LLC
Lic Expire	11/30/2022					3400 N MCCOLL RD STE B2
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE:
Phone	(210) 200-8781	Fax	(210) 569-6366			FAX:
Type:	Branch Agency	Administrator	ALICIA DE LEON			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	04/24/2017	Owner Information
License #	011712					ALEGRE HOME HEALTH CARE, LLC
Lic Expire	11/30/2022					3400 N MCCOLL RD STE B2
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE:
Phone	(210) 200-8781	Fax	(210) 569-6366			FAX:
Type:	Branch Agency	Administrator	ALICIA DE LEON			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed		Owner Information
License #	010951					ALEGRIA PRIMARY HOME CARE INC
Lic Expire	12/31/2023					SAME AS PHYSICAL ADDRESS
Medicare 1:						SAN JUAN, TX 78589
Medicare 2:						PHONE:
Phone	726 2040300	Fax	210 6641135			FAX:
Type:	Branch Agency	Administrator	FRANCISCO J NINO			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/12/2020	Owner Information
License #	019931					ALL SAINTS HOSPICE CARE INC
Lic Expire	5/12/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 307-4121	Fax	(210) 783-1523			FAX:
Type:	Parent Agency	Administrator	ALFRED PEREZ			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	02/07/2011	Owner Information
License #	013870					A+ ABUNDANT CARE HOME HEALTH LLC
Lic Expire	2/28/2023					1106 TRANQUIL TRAIL
Medicare 1:	747821 HHA-18					SAN ANTONIO, TX 78232
Medicare 2:						PHONE:
Phone	(210) 767-3867	Fax	(210) 729-7616			FAX:
Type:	Parent Agency	Administrator	GEOFF COLACINO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 05/21/2007
License # 011343 ALL YOUR HOME HEALTH INCORPORATED
Lic Expire 5/31/2022 6233 EVERS ROAD, SUITE 3
Medicare 1: 747065 HHA-18 SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 308-5511 Fax (210) 308-5522

Owner Information

ALL YOUR HOME HEALTH, INC
711 MESA RIDGE
SAN ANTONIO, TX 78258

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CLETUS OGBONNA

County **BEXAR** Region 07 Date Licensed 08/11/2001
License # 008105 ALLCARE
Lic Expire 8/31/2022 4606 CENTERVIEW DR SUITE 165
Medicare 1: 679062 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 348-8805 Fax (210) 348-8861

Owner Information

WAGGONER & THOMAS ALLCARE INC
4606 CENTERVIEW DRIVE, STE#165
SAN ANTONIO, TX 78228

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator HASKELENE THOMAS

County **BEXAR** Region 07 Date Licensed 05/13/2002
License # 007930 ALMAMIA HEALTH SERVICES INC
Lic Expire 9/30/2021 1825 W OLMOS
Medicare 1: SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 438-9151 Fax (210) 736-4486

Owner Information

ALMAMIA HEALTH SERVICES INC
1300 WEST AVENUE
SAN ANTONIO, TX 78201

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LISA LEAL

County **BEXAR** Region 07 Date Licensed 06/16/2016
License # 017632 ALOMEGA HOME HEALTH CARE LLC
Lic Expire 6/30/2022 4241 PIEDRAS DR E STE 251
Medicare 1: 457099 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (832) 512-9212 Fax (979) 704-6254

Owner Information

ALOMEGA HOME HEALTH CARE LLC
P O BOX 11304
COLLEGE STATION, TX 77845

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHRISTINA VASQUEZ

County **BEXAR** Region 07 Date Licensed 05/18/2017
License # 018235 ALOMEGA HOSPICE SERVICES LLC
Lic Expire 5/31/2021 4241 PIEDRAS DR E STE 251
Medicare 1: 671771 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 949-0256 Fax (210) 949-0411

Owner Information

ALOMEGA HOSPICE SERVICES, LLC
P. O. BOX 11304
COLLEGE STATION, TX 77845

PHONE: FAX:

Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

Type: Parent Agency Administrator ANNABELLE GONZALEZ

County **BEXAR** Region 07 Date Licensed 08/06/2021
License # 020968 ALON HOME CARE LLC
Lic Expire 8/6/2024 1777 NE LOOP 410, SUITE 600
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 372-8786 Fax (210) 714-5954

Owner Information

ALON HOME CARE, LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JAMES VINALL

County **BEXAR** Region 07 Date Licensed 11/05/2009
License # 012963 ALPHA CARE HOME HEALTH
Lic Expire 6/30/2022 8632 FREDERICKSBURG SUITE 220
Medicare 1: 747435 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 320-6417 Fax (210) 858-5459

Owner Information

LOVING CARE LLC
8632 FREDERICKSBURG RD, STE#220
SAN ANOTNIO, TX 78240

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator OLALEKAN R SANNI

County	BEXAR	Region	07	Date Licensed	06/22/2015	Owner Information
License #	016982					ALTIMA HOME HEALTH CARE, INC
Lic Expire	6/30/2023					218 RENNER DRIVE
Medicare 1:	459049 HHA-18					SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(210) 888-2625	Fax	(210) 888-1399			FAX:
Type:	Parent Agency	Administrator	STACY SAIZ			Services: Licensed and Certified Home Health Services
County	BEXAR	Region	07	Date Licensed	02/01/2019	Owner Information
License #	019749					ENVOY HOSPICE, LLC
Lic Expire	10/25/2021					500 FAULCONER DRIVE, STE. 200
Medicare 1:	741642 (HOSPICE)					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(210) 405-4742	Fax	(855) 723-4949			FAX:
Type:	Parent Agency	Administrator	ANDREW SILVA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/15/2020	Owner Information
License #	019877					BYXA INC
Lic Expire	4/15/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 633-6699	Fax	(210) 600-4018			FAX:
Type:	Parent Agency	Administrator	XENIA BUENO			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/17/2017	Owner Information
License #	018060					KRZ4BAMA LLC
Lic Expire	5/31/2023					18122 LISCUM HILL
Medicare 1:						SAN ANTONIO, TX 78258
Medicare 2:						PHONE:
Phone	(210) 772-2277	Fax	(210) 855-5620			FAX:
Type:	Parent Agency	Administrator	WENDY O'KANE			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/28/2015	Owner Information
License #	016940					AGELESS HEARTS INC
Lic Expire	7/31/2023					16607 BLANCO RD STE 801
Medicare 1:						SAN ANTONIO, TX 78232
Medicare 2:						PHONE:
Phone	(210) 960-4304	Fax	(210) 960-4741			FAX:
Type:	Parent Agency	Administrator	JOHANNA PASCHAL			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/28/2016	Owner Information
License #	017329					ASPIRE HEALTHCARE INC
Lic Expire	3/31/2022					25515 MESA RANCH
Medicare 1:						SAN ANTONIO, TX 78258
Medicare 2:						PHONE:
Phone	(210) 551-0355	Fax	(210) 446-0046			FAX:
Type:	Parent Agency	Administrator	RICHARD STOCKTON			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	10/02/2015	Owner Information
License #	017064					AMAZING GRACE PRIMARY HOME CARE
Lic Expire	10/31/2024					266 MEADOW GLEN DRIVE
Medicare 1:						SAN ANTONIO, TX 78227
Medicare 2:						PHONE:
Phone	(210) 445-2738	Fax	(210) 375-3562			FAX:
Type:	Parent Agency	Administrator	JOSEPHINE GARCIA			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 08/25/2015
License # 016997 AMEDIA HOSPICE LLC
Lic Expire 8/31/2023 1800 N.E. LOOP 410 SUITE 400
Medicare 1: 741632 HOSPICE SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 858-3384 Fax (210) 377-3447

Owner Information

AMEDIA HOSPICE LLC
6323 SOVEREIGN ROAD, SUITE#290
SAN ANTONIO, TX 78229-5138

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator DEMECIO CASTILLEJA

County **BEXAR** Region 07 Date Licensed 05/01/2017
License # 018046 AMEDISYS HOME HEALTH
Lic Expire 4/30/2024 5430 FREDERICKSBURG RD, STE 130
Medicare 1: 679002 HHA-18 SAN ANTONIO, TX 782293539
Medicare 2:
Phone (210) 558-9606 Fax (210) 558-6934

Owner Information

AMEDISYS TEXAS, LLC
3854 AMERICAN WAY, SUITE A
BATON ROUGE, LA 70816-4013

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator JESSICA RACKLEY

County **BEXAR** Region 07 Date Licensed 12/31/2009
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2023 5410 FREDRICKSBURG ROAD, BLDG. A, STE.310
Medicare 1: 451738 HOSPICE SAN ANTONIO, TX 782293576
Medicare 2:
Phone (210) 541-0922 Fax (210) 541-9118

Owner Information

AMEDISYS HOSPICE, LLC
3854 AMERICAN WAY, SUITE: A
BATON ROUGE, LOUISIANA

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator BERNADINE DAILEY

County **BEXAR** Region 07 Date Licensed 10/25/2004
License # 009369 AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC
Lic Expire 10/31/2024 4241 WOODCOCK DR. STE B101-A
Medicare 1: 457907 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 735-6225 Fax (210) 736-5379

Owner Information

AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC
506 VALLEY BROOK RD, STE 201

MCMURRAY, PA 15317

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator JESSICA MONTNEY

County **BEXAR** Region 07 Date Licensed 06/12/2015
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 6/30/2023 4241 WOODCOCK DR. STE B101-B
Medicare 1: 741619 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 812-5709 Fax (210) 812-5703

Owner Information

AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK RD, STER 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CHARLES ROY

County **BEXAR** Region 07 Date Licensed 06/12/2015
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 6/30/2023 4241 WOODCOCK DR. STE B101-B
Medicare 1: 741619 HOSPICE SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 812-5709 Fax (210) 812-5703

Owner Information

AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK RD, STER 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CHARLES ROY

County **BEXAR** Region 07 Date Licensed 12/17/2020
License # 020411 AMERICAN MEDICAL HOSPICE CARE SAN ANTONIO LLC
Lic Expire 12/17/2022 4241 WOODCOCK DR, STE B 101-C
Medicare 1: SAN ANTONIO, TX 782281379
Medicare 2:
Phone (210) 812-5709 Fax (210) 812-5703

Owner Information

AMERICAN MEDICAL HOPSICE CARESAN ANTONIO LLC
506 VALLEY BROOK RD. STE 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CHARLES ROY

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 11/14/2001
License # 007791 AMICARE IN HOME CARE INC
Lic Expire 11/30/2023 4730 SHAVANO OAK SUITE 201
Medicare 1: 679146 HHA-18 SAN ANTONIO, TX 782494029
Medicare 2:
Phone (210) 447-2273 Fax (210) 408-0699
Type: Parent Agency Administrator LINDA TRAINA

Owner Information

AMERICARE INHOME CARE INC
PO BOX 781327
SAN ANTONIO, TX 78278
PHONE: (210) 825-7575 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/27/2017
License # 015230 AMICARE NURSING SERVICE
Lic Expire 5/31/2022 9033 AERO STREET SUITE #204B
Medicare 1: SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 332-5455 Fax (210) 369-9581
Type: Branch Agency Administrator JORGE ARANGO

Owner Information

AMERICARE NURSING SERVICES PLLC
1103 N RAUL LONGORIA ROAD
SAN JUAN, TX 78589
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/18/2003
License # 008558 AMERICAS MEDICAL TEAM INC
Lic Expire 7/31/2021 123 HOLMAN
Medicare 1: 679427 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 431-3643 Fax (210) 431-0028
Type: Parent Agency Administrator DIANNE AGUINAGA

Owner Information

AMERICAS HEALTH TEAM INC
123 HOLMAN
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/08/2017
License # 018044 AMERITA
Lic Expire 5/31/2024 6015 RANDOLPH BLVD
Medicare 1: SAN ANTONIO, TEXAS 78233
Medicare 2:
Phone (210) 930-7200 Fax (210) 930-7235
Type: Parent Agency Administrator HEATHER SHELTON

Owner Information

AMERITA INC
4001 W SAM HOUSTON PKY N STE 120
HOUSTON, TX 77043-1237
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 01/14/2003
License # 008287 AMISTAD HOMECARE INC
Lic Expire 4/30/2022 3519 PAESANOS PARKWAY SUITE 101
Medicare 1: 679307 HHA-18 SAN ANTONIO, TX 78231
Medicare 2:
Phone (210) 474-0037 Fax (210) 474-0067
Type: Parent Agency Administrator CHERYL HARDEN

Owner Information

AMISTAD HOMECARE, INC
1026 CENTRAL PARKWAY SOUTH
SAN ANTONIO, TX 78232
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/12/2018
License # 018650 AMOUR HEALTHCARE SERVICES LLC
Lic Expire 3/31/2022 21720 HARDY OAK BLVD. SUITE 106
Medicare 1: SAN ANTONIO, TEXAS 78258
Medicare 2:
Phone (830) 714-9292 Fax (830) 714-9293
Type: Parent Agency Administrator LYZETE TALLA

Owner Information

AMOUR HEALTHCARE SERVICES, LLC
3846 SWEET OLIVE
SAN ANTONIO, TX 78261
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 08/31/2020
License # 020132 ANCHOR HOME INFUSION SERVICES LLC
Lic Expire 8/31/2022 12235 VANCE JACKSON ROAD, #726
Medicare 1: SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 683-2558 Fax
Type: Parent Agency Administrator MELINDA SALAZAR

Owner Information

ANCHOR HOME INFUSION SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services

County	BEXAR	Region	07	Date Licensed	05/29/2019	Owner Information
License #	019395	ANCHORAGE HOSPICE, INC			ANCHORAGE HOSPICE INC	
Lic Expire	5/29/2024	3201 CHERRY RIDGE DRIVE, SUITE B-206				
Medicare 1:	971545 (HOSPICE)	SAN ANTONIO, TEXAS 78230				
Medicare 2:					PHONE:	FAX:
Phone	(210) 239-7519	Fax	(210) 817-8616	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	ERNESTO GONZALEZ			
County	BEXAR	Region	07	Date Licensed	10/19/2012	Owner Information
License #	015144	ANEW HEALTHCARE INC			ANEW HEALTH CARE INC	
Lic Expire	10/31/2022	4606 CENTERVIEW DR #221B			4606 CENTERVIEW DRIVE #221B	
Medicare 1:	457843 HHA-18	SAN ANTONIO, TX 78228			SAN ANTONIO, TX 78228	
Medicare 2:					PHONE:	FAX:
Phone	(210) 359-0251	Fax	(210) 359-0251	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	REBECCA CANEDO			
County	BEXAR	Region	07	Date Licensed		Owner Information
License #	017602	ANGELES DIVINOS HOME HEALTH CARE, INC			ANGELES DIVINOS HOME HEALTH CARE INC	
Lic Expire	8/31/2022	4335 W. PIEDRAS DRIVE SUITE 177			SAME AS PHYSICAL ADDRESS	
Medicare 1:		SAN ANTONIO, TX 78228			HARLINGEN, TX 78550	
Medicare 2:					PHONE:	FAX:
Phone	210 6187102	Fax	956 4357228	Services: Personal Assistance Services		
Type:	Branch Agency	Administrator	OSCAR BURKHOLDER			
County	BEXAR	Region	03	Date Licensed	01/28/2011	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	2040 BABCOCK ROAD SUITE 304			P O BOX 338	
Medicare 1:		SAN ANTONIO, TX 78229			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS			
County	BEXAR	Region	03	Date Licensed	01/28/2011	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	2040 BABCOCK ROAD SUITE 304			P O BOX 338	
Medicare 1:		SAN ANTONIO, TX 78229			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS			
County	BEXAR	Region	03	Date Licensed	01/28/2011	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	2040 BABCOCK ROAD SUITE 304			P O BOX 338	
Medicare 1:		SAN ANTONIO, TX 78229			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS			
County	BEXAR	Region	03	Date Licensed	01/28/2011	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC	
Lic Expire	8/31/2022	2040 BABCOCK ROAD SUITE 304			P O BOX 338	
Medicare 1:		SAN ANTONIO, TX 78229			HOWE, TX 75459	
Medicare 2:					PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	03	Date Licensed	01/28/2011	<u>Owner Information</u>	
License #	010691					AOC TX, LLC	
Lic Expire	8/31/2022					P O BOX 338	
Medicare 1:						HOWE, TX 75459	
Medicare 2:						PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGERS				
County	BEXAR	Region	03	Date Licensed	01/28/2011	<u>Owner Information</u>	
License #	010691					AOC TX, LLC	
Lic Expire	8/31/2022					P O BOX 338	
Medicare 1:						HOWE, TX 75459	
Medicare 2:						PHONE:	FAX:
Phone	(210) 731-9570	Fax	(903) 532-1401			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HEATHER RODGERS				
County	BEXAR	Region	07	Date Licensed	06/27/2011	<u>Owner Information</u>	
License #	014187					ANGELS OF COMFORT INC	
Lic Expire	6/30/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						RIO GRANDE CITY, TX 78582	
Medicare 2:						PHONE:	FAX:
Phone	(956) 600-9341	Fax	(210) 455-2027			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PEDRO ANDRES TREVINO				
County	BEXAR	Region	07	Date Licensed	06/09/2020	<u>Owner Information</u>	
License #	019988					LARIZA GARZA	
Lic Expire	6/9/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 902-6524	Fax	(210) 783-9295			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LARIZA GARZA				
County	BEXAR	Region	07	Date Licensed	07/11/2013	<u>Owner Information</u>	
License #	015643					ANOINTED ANGELS CAREGIVERS INC	
Lic Expire	7/31/2023					3700 FREDERICKSBURG RD STE 216	
Medicare 1:						SAN ANTONIO, TX 78201	
Medicare 2:						PHONE:	FAX:
Phone	(210) 375-5589	Fax	(210) 375-5588			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALMA HERRERA				
County	BEXAR	Region	07	Date Licensed	12/16/2015	<u>Owner Information</u>	
License #	017265					YRRL INC	
Lic Expire	3/31/2022					4910 GOLDEN QUAIL #170	
Medicare 1:	673111 HHA-18					SAN ANTONIO, TX 78240	
Medicare 2:						PHONE:	FAX:
Phone	(210) 541-0131	Fax	(210) 541-0227			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SYLVIA MONTEZ				
County	BEXAR	Region	07	Date Licensed	05/01/2016	<u>Owner Information</u>	
License #	017808					TEXAS HEALTH QUEST LLC	
Lic Expire	4/30/2022					5726 W HAUSMAN ROAD STE 100	
Medicare 1:	679417 HHA-18					SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(210) 349-0096	Fax	(210) 349-0097			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY GARZA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/01/2012	Owner Information
License #	014728					ACCESS QUALITY THERAPY SERVICES, LLC
Lic Expire	12/31/2023					5726 W. HAUSMAN RD. STE. 100
Medicare 1:	679423 HHA-18					SAN ANTONIO, TEXAS 78249
Medicare 2:						PHONE:
Phone	(210) 349-0096	Fax	(210) 349-0097			FAX:
Type:	Parent Agency	Administrator	MARY GARZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	11/14/2014	Owner Information
License #	016527					BLUE RIVER HEALTH SYSTEM LLC
Lic Expire	11/30/2022					8800 THATCH DRIVE
Medicare 1:						SAN ANTONIO, TEXAS 78240
Medicare 2:						PHONE:
Phone	(210) 530-4788	Fax	(210) 281-4028			FAX:
Type:	Parent Agency	Administrator	LORENA ROIG			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	02/17/2006	Owner Information
License #	010297					ASCENSIA HOME HEALTH INC
Lic Expire	2/28/2022					6323 SOVEREIGN SUITE 222
Medicare 1:	679559 HHA-18					SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(210) 521-0575	Fax	(210) 521-0574			FAX:
Type:	Parent Agency	Administrator	ADRIANA BROWN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	04/08/2021	Owner Information
License #	020683					ASH HOSPICE LLC
Lic Expire	4/8/2024					8746 WURZBACH RD STE 201-G
Medicare 1:						SAN ANTONIO, TEXAS 78240
Medicare 2:						PHONE:
Phone	(210) 729-6922	Fax	(210) 729-7305			FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/25/2019	Owner Information
License #	019314					ASSISTANT HEALTHCARE, LLC
Lic Expire	4/25/2024					2136 BANDERA RD
Medicare 1:						SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	210 5385305	Fax	210 6931113			FAX:
Type:	Parent Agency	Administrator	MANSOOR BERENJI			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/18/2003	Owner Information
License #	008652					SYNERGY HOMECARE MANAGEMENT CORPORATION
Lic Expire	9/30/2022					1600 NE LOOP 410 STE 104
Medicare 1:	453158 HHA-18					SAN ANTONIO, TX 78209
Medicare 2:						PHONE:
Phone	(210) 541-8707	Fax	(210) 541-8777			FAX:
Type:	Parent Agency	Administrator	TERESA GUTIERREZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/13/2017	Owner Information
License #	013878					PYRA MED HEALTH SERVICES LLC
Lic Expire	12/31/2022					400 INTERSTATE N PKWY S EAST SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE:
Phone	(210) 377-3742	Fax	(210) 377-3744			FAX:
Type:	Branch Agency	Administrator	CARLOS ORTIZ			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	04/22/2014	Owner Information
License #	013878					PYRA MED HEALTH SERVICES LLC
Lic Expire	12/31/2022					400 INTERSTATE N PKWY S EAST SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE:
Phone	(210) 226-9536	Fax	(210) 924-3376			FAX:
Type:	Branch Agency	Administrator	CARLOS ORTIZ			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	12/23/2010	Owner Information
License #	013878					PYRA MED HEALTH SERVICES LLC
Lic Expire	12/31/2022					400 INTERSTATE N PKWY S EAST SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE:
Phone	(210) 245-4701	Fax	(210) 318-4096			FAX:
Type:	Parent Agency	Administrator	CARLOS ORTIZ			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	07/20/2010	Owner Information
License #	013470					CHILD'S PLAY THERAPEUTIC HOMECARE INC
Lic Expire	7/31/2022					400 INTERSTATE NORTH PARKWAY SE, SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE:
Phone	(210) 348-7529	Fax	(210) 348-7527			FAX:
Type:	Parent Agency	Administrator	IDA COLUNGA			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/18/2021	Owner Information
License #	021215					EPIC HEALTH SERVICES INC
Lic Expire	11/18/2024					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(210) 591-1782	Fax	(210) 672-2989			FAX:
Type:	Parent Agency	Administrator	IDA COLUNGA			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	05/07/2007	Owner Information
License #	011314					AVIONN HOME HEALTH CARE, LLC
Lic Expire	5/31/2024					8603 CROWNHILL BLVD STE 7
Medicare 1:						SAN ANTONIO, TX 78209
Medicare 2:						PHONE:
Phone	(210) 826-2776	Fax	(210) 826-2796			FAX:
Type:	Parent Agency	Administrator	VESTA FLAGGERT			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	04/17/2020	Owner Information
License #	019880					AXIOM HOME HEALTH INC
Lic Expire	4/17/2022					5002 WEST AVE
Medicare 1:	741568 HOSPICE					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 524-8111	Fax	(210) 366-1132			FAX:
Type:	Parent Agency	Administrator	JUANITA LOZANO			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	06/26/2019	Owner Information
License #	019446					AXIOM HOME HEALTH INC
Lic Expire	6/26/2021					5002 WEST AVE
Medicare 1:						SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 366-1125	Fax	(210) 366-1132			FAX:
Type:	Parent Agency	Administrator	MOHAMED GHANNAM			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	10/31/2013	Owner Information
License #	010629					AXIOM HOME HEALTH INC
Lic Expire	7/31/2022					5002 WEST AVE
Medicare 1:						SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 366-1125	Fax	(210) 366-1132			FAX:
Type:	Branch Agency	Administrator	TORRIE COMMERFORD			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/20/2006	Owner Information
License #	010629					AXIOM HOME HEALTH INC
Lic Expire	7/31/2022					5002 WEST AVE
Medicare 1:	747169 HHA-18					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 366-1125	Fax	(210) 366-1132			FAX:
Type:	Parent Agency	Administrator	MOHAMED GHANNAM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/08/2007	Owner Information
License #	011379					AXYB INC
Lic Expire	6/30/2022					120 N. MESQUITE STREET
Medicare 1:	679774 HHA-18					SAN ANTONIO, TX 78202
Medicare 2:						PHONE:
Phone	(210) 223-4933	Fax	(210) 223-3788			FAX:
Type:	Parent Agency	Administrator	XENIA BUENO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/12/2021	Owner Information
License #	020898					BALSAM HOSPICE LLC
Lic Expire	7/12/2024					8746 WURZBACH RD STE 201-M
Medicare 1:						SAN ANTONIO, TEXAS 78240
Medicare 2:						PHONE:
Phone	(210) 729-1448	Fax	(210) 729-7305			FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	10/03/2013	Owner Information
License #	015794					HARBOR HOSPICE OF CENTRAL SAN ANTONIO LP
Lic Expire	10/31/2024					3406 COLLEGE STREET
Medicare 1:						BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(210) 481-0500	Fax	(210) 481-0504			FAX:
Type:	Parent Agency	Administrator	DARLEEN PARK			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	10/06/2011	Owner Information
License #	014399					HARBOR HOSPICE OF SAN ANTONIO LP
Lic Expire	10/31/2021					3406 COLLEGE STREET
Medicare 1:	671747 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(210) 481-0500	Fax	(210) 481-0504			FAX:
Type:	Parent Agency	Administrator	DARLEEN PARKER			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	12/04/2012	Owner Information
License #	015252					HARBOR HOSPICE OF NORTH SAN ANTONIO LP
Lic Expire	12/31/2022					3406 COLLEGE STREET
Medicare 1:	741555 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(210) 481-0500	Fax	(210) 481-0504			FAX:
Type:	Parent Agency	Administrator	DARLEEN PARK			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 02/20/2013
License # 015377 BEACON HOSPICE OF SOUTH SAN ANTONIO
Lic Expire 2/28/2023 15714 HUEBNER ROAD, SUITE 2B2
Medicare 1: 741573 HOSPICE SAN ANTONIO, TEXAS 782480997
Medicare 2:
Phone (210) 481-0500 Fax (210) 481-0504
Type: Parent Agency Administrator DARLEEN PARK

Owner Information
HARBOR HOSPICE OF SOUTH SAN ANTONIO, LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/07/2019
License # 019413 BEE AT HOME CARE
Lic Expire 6/7/2023 12521 NACOGDOCHES RD SUITE 202
Medicare 1: SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 655-5500 Fax (210) 437-4553
Type: Parent Agency Administrator IRAJ JOHN GHANBAR

Owner Information
BEE AT HOME CARE LLC
31 CHAMPIONS RUN
SAN ANTONIO, TEXAS 78258
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/11/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 10/5/2025 9514 CONSOLE DR. SUITE 203
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 853-5885 Fax
Type: Branch Agency Administrator MICHAEL THIEL

Owner Information
FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/11/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 10/5/2025 9514 CONSOLE DR. SUITE 203
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 853-5885 Fax
Type: Branch Agency Administrator MICHAEL THIEL

Owner Information
FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/11/2013
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 10/5/2025 9514 CONSOLE DR. SUITE 203
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 853-5885 Fax
Type: Branch Agency Administrator MICHAEL THIEL

Owner Information
FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/12/2019
License # 019249 BELOVED HOSPICE SERVICES
Lic Expire 2/12/2023 4538 CENTERVIEW DR., STE. 144
Medicare 1: 97-1521 (Hospice) SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone 210 4449776 Fax 210 6105009
Type: Parent Agency Administrator GRACELIA VILLARREAL

Owner Information
BELOVED HOSPICE SERVICES, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 01/17/2003
License # 008293 BEST CARE HOME HEALTH
Lic Expire 1/31/2025 104 SUNFLOWER
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 525-0179 Fax (210) 342-7477
Type: Parent Agency Administrator MARK PINSON

Owner Information
MARK D PINSON
104 SUNFLOWER
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/20/2003
License # 008367 BEXAR CARE HOME HEALTH INC
Lic Expire 3/31/2022 1534 W CONTOUR SUITE #201
Medicare 1: 679318 HHA-18 SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 822-2048 Fax (210) 822-2848
Type: Parent Agency Administrator TINA R ROMERO

Owner Information

BEXAR CARE HOME HEALTH INC
639 EAST MANDALAY
OLMOS PARK, TX 78212
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/24/2019
License # 019492 BEXAR HOME HEALTH
Lic Expire 7/24/2021 6923 W. LOOP 1604 N. ACCESS RD. SUITE 206
Medicare 1: SAN ANTONIO, TX 78254
Medicare 2:
Phone (210) 315-1172 Fax 210 4746057
Type: Parent Agency Administrator AVIS PERKINS

Owner Information

BEXAR SURGICAL ASSISTANTS, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/26/2021
License # 020649 BIRCH HOSPICE LLC
Lic Expire 3/26/2024 8746 WURZBAH RD STE 201
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax (210) 729-7305
Type: Parent Agency Administrator VANESSA LUNA

Owner Information

BIRCH HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 04/05/2019
License # 019315 BLUE HORIZONS HOSPICE OF NORTH SA
Lic Expire 4/5/2024 3201 CHERRY RIDGE SUITE 208-A
Medicare 1: 971540 SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 679-1476 Fax (210) 679-1486
Type: Parent Agency Administrator ERICA SANDOVAL

Owner Information

TXCARDREF INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 03/11/2019
License # 019296 BLUE HORIZONS HOSPICE OF SOUTH S A
Lic Expire 3/11/2024 1945 LOCKHILL SELMA RD SUITE 204
Medicare 1: 97-1538 (HOSPICE) SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (833) 467-7123 Fax (833) 467-7123
Type: Parent Agency Administrator EDNA PATTERSON

Owner Information

HEXAGON ALLIANCE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 05 Date Licensed 11/17/2019
License # 019581 BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC
Lic Expire 9/6/2021 100 N EDWARD GARY STREET SUITE 113
Medicare 1: SAN MARCOS, TEXAS 78666
Medicare 2:
Phone (512) 400-8330 Fax
Type: Parent Agency Administrator SHEILA COOPER SHAW

Owner Information

BRANDON'S TOTAL LOVING CARE HOME CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 01 Date Licensed 08/11/2017
License # 018243 BRIDGE HOSPICE LLC
Lic Expire 8/31/2021 8212 ITHACA W2
Medicare 1: 97-1510 (HOSPICE) LUBBOCK, TX 79423
Medicare 2:
Phone (806) 993-3900 Fax (806) 993-3899
Type: Parent Agency Administrator TAMMIE WARE

Owner Information

ENLIGHTENED HEIGHTS HOSPICE LLC
8212 ITHACA W2
LUBBOCK, TEXAS 79423
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 06/08/2017
License # 018302 BRIDGE OF LIFE HOSPICE
Lic Expire 6/30/2023 7400 LOUIS PASTEUR DR. STE. 105
Medicare 1: 741713 HOSPICE SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 442-8175 Fax (210) 442-8089
Type: Parent Agency Administrator WINIFRED WALKER

Owner Information
ADVENT DIVINE, INC
8618 KIRKHAM
SAN ANTONIO, TEXAS 78239
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 07/05/2013
License # 015675 BRIGHTSTAR CARE
Lic Expire 7/31/2024 7710 WEST IH 10
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 377-3355 Fax (210) 377-3356
Type: Parent Agency Administrator MATTHEW WONG

Owner Information
PJW HEALTH SERVICES, LLC
7710 WEST IH 10
SAN ANTONIO, TX 78230
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/25/2015
License # 017163 BRITTEX NURSING SERVICES INC
Lic Expire 9/30/2023 4204 GARDENDALE ST., SUITE 203
Medicare 1: SAN ANTONIO, TEXAS 782293139
Medicare 2:
Phone (210) 733-3246 Fax (210) 731-6151
Type: Parent Agency Administrator CORINNE QUINTANILLA

Owner Information
BRITTEX NURSING SERVICES INC
6655 FIRST PARK TEN BLVD STE 102
SAN ANTONIO, TX 78213
PHONE:
FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 09/25/2015
License # 017165 BRITTEX NURSING SERVICES INC
Lic Expire 9/30/2024 4204 GARDENDALE ST., SUITE 203
Medicare 1: 679016 HHA-18 SAN ANTONIO, TEXAS 782293139
Medicare 2:
Phone (210) 733-3246 Fax (210) 731-6163
Type: Parent Agency Administrator CORINNE QUINTANILLA

Owner Information
BRITTEX NURSING SERVICES INC
6655 FIRST PARK TEN BLVD STE 102
SAN ANTONIO, TX 78213
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 02/26/2008
License # 012015 BROOKDALE HOME HEALTH SAN ANTONIO
Lic Expire 2/28/2022 140 HEIMER ROAD STE 120A
Medicare 1: 679424 HHA-18 SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 248-3081 Fax (210) 499-0320
Type: Parent Agency Administrator LADONNA PACK

Owner Information
INNOVATIVE SENIOR CARE HOME HEALTH OF SAN ANTONIO LLC
111 WESTWOOD PLACE SUITE 400
BRENTWOOD, TN 37027
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 07/01/2021
License # 021058 BROOKDALE HOSPICE SAN ANTONIO
Lic Expire 7/1/2024 140 HEIMER ROAD, STE 120B
Medicare 1: 671700 SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (210) 998-2966 Fax (210) 499-0329
Type: Parent Agency Administrator LIZA DEL VILLAR

Owner Information
HEALTH AT HOME HOSPICE SAN ANTONIO, LLC
111 WESTWOOD PLACE
BRENTWOOD, TN 37027
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 07/01/2007
License # 011522 BST HOME HEALTH AND HOSPICE
Lic Expire 6/30/2023 12455 FREEDOM WAY
Medicare 1: 671624 HOSPICE SAN ANTONIO, TX 78245
Medicare 2:
Phone (210) 838-6340 Fax (210) 838-6312
Type: Parent Agency Administrator JAMES BALLARD

Owner Information
ALZHEIMERS CARE AND RESEARCH CENTER FOUNDATION
12455 FREEDOM WAY
SAN ANTONIO, TX 78245
PHONE: (210) 838-6300 FAX: (210) 838-6310
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/23/2013
License # 015729 CAPITOL HOME HEALTH
Lic Expire 12/30/2023 7800 IH-10 WEST SUITE 800
Medicare 1: 747928 HHA-18 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 538-9090 Fax (210) 538-9099

Type: Parent Agency Administrator MELISSA ARNETTE

Owner Information

KTS PARTNERS INC
9015 MOUNTAIN RIDGE DR STE 250
AUSTIN, TX 78759

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/11/2018
License # 018704 CAPITOL HOSPICE
Lic Expire 4/30/2022 7800 IH-10 W STE 800
Medicare 1: 97-1527 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 538-9090 Fax (210) 538-9099

Type: Parent Agency Administrator BRYAN WEIL

Owner Information

KTS HOSPICE INC
9015 MOUNTAIN RIDGE DR STE 250
AUSTIN, TX 78759

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 02/28/1994
License # 002798 CAPROCK HOME HEALTH SERVICES, INC
Lic Expire 2/28/2023 6603 INGRAM ROAD
Medicare 1: 458001 HHA-18 SAN ANTONIO, TEXAS 78238
Medicare 2:
Phone (210) 225-7003 Fax (210) 225-7760

Type: Parent Agency Administrator ADRIANE RUMFIELD

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/12/2009
License # 012595 CARDINAL SENIOR CARE
Lic Expire 5/31/2024 4402 VANCE JACKSON SUITE 202
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 684-7080 Fax (866) 702-1663

Type: Parent Agency Administrator HAMID MANGALJI

Owner Information

CARDINAL SENIOR CARE LLC
3355 CHERRY RIDGE STREET SUITE 104
SAN ANTONIO, TX 78230

PHONE: FAX:

Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 4910 GOLDEN QUAIL #170
Medicare 1: 457645 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227

Type: Parent Agency Administrator SYLVIA MONTEZ

Owner Information

ALL TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 4910 GOLDEN QUAIL #170
Medicare 1: 457645 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227

Type: Parent Agency Administrator SYLVIA MONTEZ

Owner Information

ALL TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/16/2015
License # 017325 CARE HOME HEALTH SERVICES
Lic Expire 12/31/2021 4910 GOLDEN QUAIL #170
Medicare 1: 457645 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 541-0131 Fax (210) 541-0227

Type: Parent Agency Administrator SYLVIA MONTEZ

Owner Information

ALL TEX HOME HEALTH AGENCY INC
4910 GOLDEN QUAIL STE 170
SAN ANTONIO, TX 78240

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/26/2010
License # 013353 CARE PROFESSIONAL NURSING INC
Lic Expire 5/31/2022 6655 FIRST PARK TEN BLVD SUITE 110
Medicare 1: 747613 HHA-18 SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 734-4040 Fax (210) 734-4044
Type: Parent Agency Administrator ANNA ESTRADA

Owner Information

CARE PROFESSIONAL NURSING INC
6655 FIRST PARK TEN BLVD SUITE 110
SAN ANTONIO, TX 78213
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 03/27/2018
License # 018671 CARING HANDS PALLIATIVE AND HOSPICE
Lic Expire 3/31/2022 1844 LOCKHILL SELMA RD., STE 101 D
Medicare 1: 97-1520 (HOSPICE) SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 994-5388 Fax (210) 796-3049
Type: Parent Agency Administrator HOLLY FOX

Owner Information

CARING HANDS HOSPICE LLC
1844 LOCKHILL SELMA RD, STE 103D
SAN ANTONIO, TX 78213
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/22/2017
License # 018124 CARING HEARTS PERSONALIZED LIVING
Lic Expire 6/30/2024 2 TOWERS PARK LANE
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone 210 8417563 Fax 210 8417741
Type: Parent Agency Administrator IRMA ORTIZ

Owner Information

TOWERS PARK PERSONAL CARE, INC
2 TOWERS PARK LN
SAN ANTONIO, TX 78209-6410
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/01/2001
License # 007919 CARING SENIOR SERVICE OF SAN ANTONIO
Lic Expire 9/30/2023 201 E PARK AVE. SUITE 100
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (972) 329-1777 Fax (214) 306-5794
Type: Parent Agency Administrator BRIAN PETTER

Owner Information

CARING SENIOR SERVICE USA LTD
201 E. PARK AVENUE
SAN ANTONIO, TX 78212
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/26/2010
License # 013268 CARING SOLUTIONS SAN ANTONIO
Lic Expire 4/30/2022 7300 BLANCO RD SUITE 103
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 979-8070 Fax (210) 277-8208
Type: Parent Agency Administrator KAREN KEACH

Owner Information

KCLC LLC
7300 BLANCO ROAD SUITE 103
SAN ANTONIO, TX 78216
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 05 Date Licensed 11/22/2011
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 3201 CHERRY RIDGE DRIVE SUITE 211-B
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (866) 338-4854 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES BRIAN CARTER

Owner Information

CARTER HEALTHCARE OF CENTRAL TEXAS LLC
7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
AUSTIN, TX 78752
PHONE:
FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 11/26/1996
License # 005415 CASA LINDA HOMECARE INC
Lic Expire 11/30/2024 5555 FREDERICKSBURG ROAD SUITE # 200
Medicare 1: 458441 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 349-5515 Fax (210) 349-0444
Type: Parent Agency Administrator CYNTHIA FRANCO

Owner Information

CASA LINDA HOMECARE INC
5555 FREDERICKSBURG #200
SAN ANTONIO, TX 78229
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/12/2022	Owner Information	
License #	021323					CFHC NO21 INC	
Lic Expire	1/12/2025						
Medicare 1:							
Medicare 2:							
Phone	(432) 219-7111	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AMY GARCIA			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	11/24/2021	Owner Information	
License #	021227					CFHC NO12 INC	
Lic Expire	11/24/2024						
Medicare 1:							
Medicare 2:							
Phone	(469) 498-0052	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AMY GARCIA			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	12/22/2021	Owner Information	
License #	021288					CFHC NO13	
Lic Expire	12/22/2024						
Medicare 1:							
Medicare 2:							
Phone	(409) 247-6990	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AMY GARCIA			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/06/2022	Owner Information	
License #	021309					CFHC NO14 INC	
Lic Expire	1/6/2025						
Medicare 1:							
Medicare 2:							
Phone	(956) 406-5400	Fax	956 3480844			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALFRED PEREZ			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed		Owner Information	
License #	021333					CFHC NO15 INC	
Lic Expire	1/14/2025						
Medicare 1:							
Medicare 2:							
Phone	(956) 406-5401	Fax	956 2534040			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALFRED PEREZ			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	11/24/2021	Owner Information	
License #	021228					CFHC NO16 INC	
Lic Expire	11/24/2024						
Medicare 1:							
Medicare 2:							
Phone	(325) 480-5001	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AMY GARCIA			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/12/2022	Owner Information	
License #	021328					CFHC NO17 INC	
Lic Expire	1/12/2025						
Medicare 1:							
Medicare 2:							
Phone	(325) 480-5002	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AMY GARCIA			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/14/2021	Owner Information	
License #	021274					CFHC NO18 INC	
Lic Expire	12/14/2024					2819 NW LOOP 410 STE R	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(409) 234-7715						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/12/2022	Owner Information	
License #	021322					CFHC NO19 INC	
Lic Expire	1/12/2025					2819 NW LOOP 410 STE S	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(430) 215-3940						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/06/2022	Owner Information	
License #	021310					CFHC NO20 INC	
Lic Expire	1/6/2025					2819 NW LOOP 410 STE T	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(361) 400-3811						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/12/2022	Owner Information	
License #	021324					CFHC NO22 INC	
Lic Expire	1/12/2025					2819 NW LOOP 410 STE V	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(806) 702-4411						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	11/24/2021	Owner Information	
License #	021229					CFHC NO23 INC	
Lic Expire	11/24/2024					2819 NW LOOP 410	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(806) 618-8030						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	01/12/2022	Owner Information	
License #	021325					CFHC NO24 INC	
Lic Expire	1/12/2025					2819 NW LOOP 410 STE X	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(915) 444-0681						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	10/28/2021	Owner Information	
License #	021169					CFHC NO4 INC	
Lic Expire	10/28/2024					2819 NW LOOP 410 STE D	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:							PHONE:
Phone	(817) 916-8646						FAX:
Type:	Parent Agency	Administrator					
						Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/13/2021	Owner Information	
License #	021273					CFHC NO7 INC	
Lic Expire	12/13/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(254) 321-9559	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	AMY GARCIA				
County	BEXAR	Region	07	Date Licensed	09/21/2009	Owner Information	
License #	012862					CHAMPION CARE HEALTH SERVICES INC	
Lic Expire	12/30/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						ZAPATA, TX 78076	
Medicare 2:						PHONE:	FAX:
Phone	210 8486056	Fax	210 4550250			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE LORENZO TREVINO III				
County	BEXAR	Region	07	Date Licensed	05/10/2007	Owner Information	
License #	004883					CHAMPION CARE INC	
Lic Expire	9/30/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	210 4550186	Fax	210 4550250			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	YOLINDA B. TREVINO				
County	BEXAR	Region	07	Date Licensed	07/29/2020	Owner Information	
License #	020082					CLBRAND ENTERPRISE LLC	
Lic Expire	7/29/2022					7903 CHERRY GLADE	
Medicare 1:						CONVERSE, TX 78109	
Medicare 2:						PHONE:	FAX:
Phone	(210) 240-0259	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLYN HURST				
County	BEXAR	Region	07	Date Licensed	04/05/2021	Owner Information	
License #	020669					CHESTNUT HOSPICE LLC	
Lic Expire	4/5/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 729-6922	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	VANESSA LUNA				
County	BEXAR	Region	03	Date Licensed	05/15/2013	Owner Information	
License #	009937					DJK HOME HEALTHCARE LLC	
Lic Expire	9/30/2023					901 WATERFALL WAY SUITE 105	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(210) 530-1098	Fax	(210) 530-1161			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	MELISSA BULLOCK				
County	BEXAR	Region	03	Date Licensed	05/15/2013	Owner Information	
License #	009937					DJK HOME HEALTHCARE LLC	
Lic Expire	9/30/2023					901 WATERFALL WAY SUITE 105	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(210) 530-1098	Fax	(210) 530-1161			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	MELISSA BULLOCK				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	09/01/2017	Owner Information	
License #	018414					LHCG CXXIV LLC	
Lic Expire	8/31/2024					PO BOX 51266	
Medicare 1:						LAFAYETTE, LA 70505-1266	
Medicare 2:						PHONE:	FAX:
Phone	(210) 785-5800	Fax	(210) 785-5803			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DIANE FINCH				
County	BEXAR	Region	07	Date Licensed	09/01/2017	Owner Information	
License #	018438					LHCG CXVI, LLC	
Lic Expire	8/31/2023					PO BOX 51266	
Medicare 1:						LAFAYETTE, LA	
Medicare 2:						PHONE:	FAX:
Phone	(210) 785-5200	Fax	(210) 785-5490			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIE WIESNER				
County	BEXAR	Region	07	Date Licensed	09/01/2017	Owner Information	
License #	018437					LHCG CXVI, LLC	
Lic Expire	8/31/2023					PO BOX 51266	
Medicare 1:	457777 HHA-18					LAFAYETTE, LA	
Medicare 2:						PHONE:	FAX:
Phone	210 7855200	Fax	210 7855490			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CASSANDRA HOPKINS				
County	BEXAR	Region	07	Date Licensed	09/01/2017	Owner Information	
License #	018394					LHCG CXVII, LLC	
Lic Expire	8/31/2024					PO BOX 51266	
Medicare 1:	451514 HOSPICE					LAFAYETTE, LA	
Medicare 2:						PHONE:	FAX:
Phone	(210) 785-5255	Fax	(210) 785-5389			Services: Hospice	
Type:	Parent Agency	Administrator	HANNAH VAUGHN			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed		Owner Information	
License #	017185					CHRISTY GRACE HEALTH CENTER INC	
Lic Expire	12/31/2024					2000 SOUTH INTERSTATE 35, SUITE Q&C	
Medicare 1:						ROUND ROCK, TX 78681	
Medicare 2:						PHONE:	FAX:
Phone	(281) 310-1951	Fax	(281) 310-1953			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	OYEN IYAMU				
County	BEXAR	Region	07	Date Licensed	09/17/2013	Owner Information	
License #	015904					CTW HOME HEALTH, LLC	
Lic Expire	9/30/2024					4553 N LOOP 1604 W STE#1119	
Medicare 1:						SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(210) 698-9844	Fax	(210) 698-3220			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CHARLOTTE CHANDLER				
County	BEXAR	Region	07	Date Licensed	12/18/2019	Owner Information	
License #	019748					TRILATERAL CONSULTING LLC	
Lic Expire	4/29/2022						
Medicare 1:	971663 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(210) 890-2700	Fax	(210) 890-2727			Services: Hospice	
Type:	Parent Agency	Administrator	TOBI AGUIGUI			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	03/01/2021	Owner Information	
License #	020183					CLARITY HOSPICE LLC	
Lic Expire	9/18/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 857-5350	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	VANESSA LUNA				
County	BEXAR	Region	07	Date Licensed	08/20/2008	Owner Information	
License #	012190					CMS PRIMARY HOME CARE INC	
Lic Expire	8/31/2021					1300 N. 10TH STREET, STE #210	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 424-9897	Fax	(866) 800-3018			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANTIAGO MORIN				
County	BEXAR	Region	07	Date Licensed	12/11/2017	Owner Information	
License #	016554					RESTORATIVE HEALTH SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 271476	
Medicare 1:						CORPUS CHRISTI, TX 78427	
Medicare 2:						PHONE:	FAX:
Phone	(210) 907-7163	Fax	(210) 600-9799			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	CLARISSA NAVARRO				
County	BEXAR	Region	07	Date Licensed	05/31/2002	Owner Information	
License #	007963					COLONIAL HOME HEALTH INC	
Lic Expire	5/31/2022					2735 NACOGDOCHES RD	
Medicare 1:						SAN ANTONIO, TX 78217	
Medicare 2:						PHONE:	FAX:
Phone	(210) 225-1115	Fax	(210) 225-1114			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR CAMILO SANCHEZ				
County	BEXAR	Region	07	Date Licensed	10/19/2016	Owner Information	
License #	017683					CGV HOLDINGS LLC	
Lic Expire	10/31/2022					211 SWITCH OAK	
Medicare 1:						SHAVANO PARK, TX 78230-5621	
Medicare 2:						PHONE:	FAX:
Phone	(210) 637-9283	Fax	(210) 899-0959			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARLOS G. VALENCIANO, SR.				
County	BEXAR	Region	07	Date Licensed	08/15/2013	Owner Information	
License #	015800					SDX HOME CARE OPERATIONS LLC	
Lic Expire	8/31/2023					6640 POE AVE STE 200	
Medicare 1:						DAYTON, OH 45414	
Medicare 2:						PHONE:	FAX:
Phone	(210) 399-0202	Fax	(210) 399-4840			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE ARSATE				
County	BEXAR	Region	07	Date Licensed	08/24/2021	Owner Information	
License #	021000					COMFORTING OTHERS HOME HEALTH AGENCY LLC	
Lic Expire	8/24/2024					6551 SAN MIGUEL WAY	
Medicare 1:						CONVERSE, TX 78109	
Medicare 2:						PHONE:	FAX:
Phone	(210) 895-9531	Fax	(210) 442-8380			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VASHIRA CRAIG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	09/07/2012	Owner Information	
License #	015056					COMMUNITY ASSISTANCE HEALTHCARE SERVICES LLC	
Lic Expire	9/30/2022					15714 ROBIN VIEW	
Medicare 1:						SAN ANTONIO, TX 78255	
Medicare 2:						PHONE:	FAX:
Phone	(210) 305-1772	Fax	(210) 941-0071			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA HADLEY				
County	BEXAR	Region	07	Date Licensed	09/30/2020	Owner Information	
License #	020206					COMMUNITY FIRST HOSPICE CARE, INC	
Lic Expire	9/30/2022					5426 LOCKHILL RD	
Medicare 1:	971629 Hospice					SAN ANTONIO, TEXAS 78240	
Medicare 2:						PHONE:	FAX:
Phone	(210) 797-7326	Fax	(210) 783-8236			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ALFRED PEREZ				
County	BEXAR	Region	07	Date Licensed	04/15/2021	Owner Information	
License #	020703					COMPANION HOMECARE SERVICES, LLC	
Lic Expire	4/15/2024					5835 CALLAGHAN RD, STE 102	
Medicare 1:						SAN ANTONIO, TEXAS 78228	
Medicare 2:						PHONE:	FAX:
Phone	(210) 551-5625	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LIZETTE RAMIREZ				
County	BEXAR	Region	07	Date Licensed	09/03/2015	Owner Information	
License #	017014					COMPANION HOSPICE AND PALLIATIVE CARE OF SOUTH TEXAS LLC	
Lic Expire	9/30/2024					500 N STATE COLLEGE BLVD, #1250	
Medicare 1:	741599 HOSPICE					ORANGE, CA 92868	
Medicare 2:						PHONE:	FAX:
Phone	855 3205552	Fax	855 3215552			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LORI SIEGEL				
County	BEXAR	Region	07	Date Licensed	04/24/2020	Owner Information	
License #	019894					COMPASSION CARE AT HOME, LLC	
Lic Expire	4/24/2022					11826 PETAL DRIVE	
Medicare 1:						SAN ANTONIO, TX 78216	
Medicare 2:						PHONE:	FAX:
Phone	(830) 660-3040	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EVA BOWEN				
County	BEXAR	Region	07	Date Licensed	06/12/2020	Owner Information	
License #	019998					COMPASSION HEALTHCARE SERVICES LLC	
Lic Expire	6/12/2022					20826 BLUE TRINITY	
Medicare 1:						SAN ANTONIO, TX 78259	
Medicare 2:						PHONE:	FAX:
Phone	(361) 980-7589	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACE BENEDICT				
County	BEXAR	Region	07	Date Licensed	02/01/2017	Owner Information	
License #	018098					COMPASSUS OP OF TEXAS LLC	
Lic Expire	1/31/2023					10 CADILLAC DRIVE SUITE 400	
Medicare 1:	671550 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(210) 731-0505	Fax	(210) 731-0223			Services: Hospice; Licensed Home Health Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	IDA PICHON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 12/31/2005
License # 010623 COMPLETECARE HOME HEALTH AND HOSPICE
Lic Expire 12/31/2023 1112 BLANCO RD
Medicare 1: 457901 HHA-18;74 SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 520-7977 Fax (210) 520-8114
Type: Parent Agency Administrator CAROLINA REYES

Owner Information
COMPLETECARE HOME HEALTH LLC
1112 BLANCO ROAD
SAN ANTONIO, TX 78212
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/09/2012
License # 014791 COMPREHENSIVE HOME HEALTH INC
Lic Expire 8/31/2022 4204 GARDENDALE ST. STE 104
Medicare 1: 747915 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 614-0200 Fax (210) 569-6497
Type: Parent Agency Administrator ANDRES F VILLA

Owner Information
COMPREHENSIVE HOME HEALTH, INC
10004 WURZBACH RD. PMB 251
SAN ANTONIO, TEXAS 78230
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 05/30/2019
License # 019401 COMPREHENSIVE HOSPICE CARE INC
Lic Expire 4204 GARDENDALE ST. STE 104
Medicare 1: 971551 SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone 210 6140200 Fax 210 5696497
Type: Parent Agency Administrator XIMENA PEREZ DE LEON

Owner Information
COMPREHENSIVE HOSPICE CARE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 11/01/2001
License # 007836 CONCORD PRIMARY CARE SERVICES INC
Lic Expire 10/31/2022 9627 HUEBNER RD STE 110
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 732-0130 Fax (210) 732-0120
Type: Parent Agency Administrator IFEOMA OKOLO

Owner Information
CONCORD PRIMARY CARE SERVICES INC
9627 HUEBNER ROAD, STE#110
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/27/1992
License # 002360 CONTINUCARE HOME HEALTH INC
Lic Expire 7/31/2021 3201 CHERRY RIDGE DRIVE, SUITE C-319
Medicare 1: 677515 HHA-18 SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 734-6166 Fax (210) 734-3810
Type: Parent Agency Administrator SYLVIA VALDEZ

Owner Information
CONTINUCARE HOME HEALTH INC
4031 BURNING TREE
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/05/2004
License # 009009 CORAM CVS SPECIALTY INFUSION SERVICES
Lic Expire 4/30/2022 10118 HUEBNER ROAD
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 523-0125 Fax (210) 523-0160
Type: Parent Agency Administrator JAMES RANKIN

Owner Information
CORAM ALTERNATE SITE SERVICES INC
ONE CVS DRIVE, MC #1160
WOONSOCKET, RI 02895
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 07/01/2020
License # 020031 CORNERSTONE CAREGIVING
Lic Expire 7/1/2022 13750 SAN PEDRO AVE. SUITE 215
Medicare 1: SAN ANTONIO, TEXAS 78232
Medicare 2:
Phone (210) 920-9840 Fax 210 9209840
Type: Parent Agency Administrator RALPH RAMOS

Owner Information
CORNERSTONE CAREGIVING LLC
PHONE: FAX:
Services: Personal Assistance Services

County	BEXAR	Region	07	Date Licensed	12/03/2019	Owner Information	
License #	019730					CORNERSTONE HC, LLC	
Lic Expire	4/29/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 400-8900	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SCOTT PETRUCCIO				
County	BEXAR	Region	07	Date Licensed	03/26/2018	Owner Information	
License #	018667					BOERNE HOSPICE PARTNERS LLC	
Lic Expire	3/31/2022					8023 VANTAGE DRIVE SUITE 315	
Medicare 1:	97-1501 (HOSPICE)					SAN ANTONIO, TX 78230	
Medicare 2:						PHONE:	FAX:
Phone	(210) 469-3200	Fax	(210) 642-4995			Services: Hospice	
Type:	Parent Agency	Administrator	STEVE SEPKO			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	03/12/2019	Owner Information	
License #	019298					CRITICAL NURSE STAFFING, LLC	
Lic Expire	3/12/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(726) 888-6911	Fax	(210) 530-1054			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JUDY OLIVER				
County	BEXAR	Region	07	Date Licensed	05/27/2021	Owner Information	
License #	020792					CYPRESS HOSPICE LLC	
Lic Expire	5/27/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 729-6922	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	VANESSA LUNA			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	07/14/2016	Owner Information	
License #	017522					DALASI'S HOUSE LLC	
Lic Expire	12/30/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 568-7344	Fax	(210) 384-2581			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DALASI OWUSU				
County	BEXAR	Region	07	Date Licensed	12/29/2021	Owner Information	
License #	021297					DELICATE HANDS HOME HEALTH CARE AGENCY LLC	
Lic Expire	12/29/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 378-3154	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OBINNA ODUMODU				
County	BEXAR	Region	07	Date Licensed	03/22/2021	Owner Information	
License #	020621					DEVOTED CARE HOSPICE, INC	
Lic Expire	3/22/2024						
Medicare 1:	971699						
Medicare 2:						PHONE:	FAX:
Phone	(210) 797-7318	Fax	(210) 783-8218			Services: Hospice	
Type:	Parent Agency	Administrator	ALFRED PEREZ			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/20/2021	Owner Information	
License #	020472					DIGNIFIED CARE, LLC	
Lic Expire	1/20/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 904-4475	Fax	(210) 255-1131			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRANDI WILLIAMS				
County	BEXAR	Region	07	Date Licensed	12/13/2013	Owner Information	
License #	015918					DISABILITY SERVICES OF THE SOUTHWEST, INC	
Lic Expire	12/31/2023					6243 IH 10 WEST, STE. 375	
Medicare 1:						SAN ANTONIO, TX 78201	
Medicare 2:						PHONE:	FAX:
Phone	(210) 798-0123	Fax	(877) 463-1310			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TRICIA ROMERO				
County	BEXAR	Region	07	Date Licensed	07/20/2017	Owner Information	
License #	018178					ENVISION HEALTH CARE SERVICES LLC	
Lic Expire	7/31/2023					23635 VERDE RIVER	
Medicare 1:						SAN ANTONIO, TX 78255-2033	
Medicare 2:						PHONE:	FAX:
Phone	(210) 284-6509	Fax	(210) 547-7807			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELSIE C. CORTEZ				
County	BEXAR	Region	07	Date Licensed	11/25/2020	Owner Information	
License #	020353					DIVINITY HOSPICE CARE, INC	
Lic Expire	11/25/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 231-0435	Fax	(210) 231-0440			Services: Hospice	
Type:	Parent Agency	Administrator	VANESSA RUSSELL			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	05/18/2017	Owner Information	
License #	013979					DOGWOOD HOME HEALTH CARE, LLC	
Lic Expire	3/31/2023					720 WEST PALMA VISTA DRIVE SUITE 5	
Medicare 1:						PALMVIEW, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-3957	Fax	(956) 580-8188			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JAVIER MONTELONGO				
County	BEXAR	Region	07	Date Licensed	03/18/2021	Owner Information	
License #	020614					DOGWOOD HOSPICE, LLC	
Lic Expire	3/18/2024					8746 WURZBACH ROAD, SUITE 201 - Z	
Medicare 1:	971698 Hospice					SAN ANTONIO, TX 78240	
Medicare 2:						PHONE:	FAX:
Phone	(210) 729-6922	Fax	(210) 729-7305			Services: Hospice	
Type:	Parent Agency	Administrator	VANESSA LUNA			In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	05/21/2021	Owner Information	
License #	020777					DREAMPROVIDERS LLC	
Lic Expire	5/21/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	210 8700938	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LEONARDO RAMOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 07/29/2014
License # 016351 EASTWOOD CARE SERVICES
Lic Expire 7/31/2022 1221 S. WW WHITE RD.
Medicare 1: SAN ANTONIO, TX 78220
Medicare 2:
Phone (210) 532-5705 Fax (210) 532-5707
Type: Parent Agency Administrator REGINA STEVENS

Owner Information

EASTWOOD REALTY SOLUTIONS INC
1221 S. WW WHITE RD
SAN ANTONIO, TX 78220
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/24/1995
License # 003896 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 2/28/2024 3700 BELGIUM LANE
Medicare 1: SAN ANTONIO, TX 78219
Medicare 2:
Phone (210) 979-7009 Fax (210) 979-6660
Type: Parent Agency Administrator VERONICA JOHNSON

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION TEXAS
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 05 Date Licensed 12/01/2015
License # 014052 ELDER HOMECARE INC
Lic Expire 4/30/2023 9501 CONSOLE DR STE 117
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 999-5971 Fax (512) 275-6411
Type: Branch Agency Administrator MIMI TRAN

Owner Information

ELDER HOMECARE INC
1512 W. HOWARD LANE
AUSTIN, TX 78728
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/13/2019
License # 019421 ELEGANT HOSPICE
Lic Expire 6/13/2023 5718 UNIVERSITY HEIGHTS BLVD SUITE 203
Medicare 1: 971573 SAN ANTONIO, TEXAS 78249
Medicare 2:
Phone 210 8174746 Fax 210 8174750
Type: Parent Agency Administrator KEDRA LAMB

Owner Information

ELEGANT HOSPICE CARE, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/17/2021
License # 020840 ELITE HOME HEALTH
Lic Expire 6/17/2024 4100 PIEDRAS DRIVE EAST, SUITE 245
Medicare 1: SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 294-0742 Fax
Type: Parent Agency Administrator ALYSON MASSINGILL

Owner Information

ELITE HOME HEALTH, PLLC
4100 PIEDRAS DRIVE EAST, SUITE 245
SAN ANTONIO, TEXAS 78228
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/28/2020
License # 019967 ELITE PROVIDERS HOME CARE AGENCY
Lic Expire 5/28/2022 600 E SONTERRA BLVD 5101
Medicare 1: SAN ANTONIO, TEXAS 78258
Medicare 2:
Phone (210) 373-5233 Fax
Type: Parent Agency Administrator THELMA GARZA

Owner Information

BELLE DE PARIS, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/09/2021
License # 020895 ELM HOSPICE LLC
Lic Expire 7/9/2024 8746 WURZBACH RD STE 201 L
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-1448 Fax (210) 729-1448
Type: Parent Agency Administrator VANESSA LUNA

Owner Information

ELM HOSPICE LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	08/01/2018	Owner Information	
License #	019094					ELYSIAN HOSPICE SAN ANTONIO LLC	
Lic Expire	8/1/2022					2537 GOLDEN BEAR DRIVE	
Medicare 1:	74-1671					CARROLLTON, TX 75006	
Medicare 2:						PHONE:	
Phone	(210) 375-5016	Fax	(254) 982-0212			FAX:	
Type:	Parent Agency	Administrator	TIFFANY SCOTT				Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	08/02/1990	Owner Information	
License #	002137					NURSES IN TOUCH, INC	
Lic Expire	8/31/2022					909 NE LOOP 410, SUITE 800	
Medicare 1:	677271 HHA-18					SAN ANTONIO, TX	
Medicare 2:						PHONE:	
Phone	(830) 216-7111	Fax	(830) 216-7115			FAX:	
Type:	Parent Agency	Administrator	MAUREEN KOENEKER				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	09/01/2018	Owner Information	
License #	019116					ADORATION HOSPICE CARE TEXAS, LLC	
Lic Expire	9/1/2022						
Medicare 1:	671676						
Medicare 2:						PHONE:	
Phone	(210) 691-3600	Fax	(210) 558-0888			FAX:	
Type:	Parent Agency	Administrator	KEITH BECKER JR.				Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	11/20/2015	Owner Information	
License #	009908					EN SU CASA PRIMARY HOME CARE INC	
Lic Expire	7/31/2023					401 S. PRESA ST.	
Medicare 1:						SAN ANTONIO, TX 78205	
Medicare 2:						PHONE:	
Phone	(210) 495-2953	Fax	(210) 403-3210			FAX:	
Type:	Branch Agency	Administrator	LAUREN RAMON				Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	08/01/2005	Owner Information	
License #	009908					EN SU CASA PRIMARY HOME CARE INC	
Lic Expire	7/31/2023					401 S. PRESA ST.	
Medicare 1:						SAN ANTONIO, TX 78205	
Medicare 2:						PHONE:	
Phone	(210) 403-3210	Fax	(210) 403-0360			FAX:	
Type:	Parent Agency	Administrator	LAUREN RAMON				Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/01/2015	Owner Information	
License #	016931					HALLMARK HOMECARE, LP	
Lic Expire	6/30/2023					6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:	679678 HHA-18					DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	
Phone	210 8240144	Fax	210 8240148			FAX:	
Type:	Parent Agency	Administrator	BEAU POLLARO				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	12/01/2004	Owner Information	
License #	009490					HALLMARK HOMECARE, LP	
Lic Expire	11/30/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:	679044 HHA-18					DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	
Phone	210 8240144	Fax	210 8240148			FAX:	
Type:	Parent Agency	Administrator	BEAU POLLARO				Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 11/04/2013
 License # 015981 ENCOMPASS HEALTH HOSPICE
 Lic Expire 11/30/2023 12500 SAN PEDRO AVENUE, SUITE 250
 Medicare 1: 671746 HOSPICE SAN ANTONIO, TEXAS 78216
 Medicare 2:
 Phone 210 9017300 Fax 210 3083092

Type: Parent Agency Administrator REED KOPFLOW

Owner Information
 TH OF SAN ANTONIO, LLC
 6688 N CENTRAL EXPRESSWAY STE#1300
 DALLAS, TX 75206
 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/25/2021
 License # 020854 ENLIGHTENED GEMS HOME HEALTHCARE, INC
 Lic Expire 6/25/2024 3859 E SOUTHCROSS BLVD, STE G
 Medicare 1: SAN ANTONIO, TEXAS 78222
 Medicare 2:
 Phone (210) 549-5040 Fax (210) 549-4269

Type: Parent Agency Administrator EARNEST KIDD

Owner Information
 ENLIGHTENED GEMS HOME HEALTHCARE, INC
 6547 BEECH TRAIL DRIVE
 CONVERSE, TEXAS 78109
 PHONE: FAX:
 Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/30/2021
 License # 021091 ENSO HOSPICE LLC
 Lic Expire 9/30/2024 9258 CULEBRA RD STE 140-4
 Medicare 1: SAN ANTONIO, TEXAS 78251
 Medicare 2:
 Phone (424) 835-0401 Fax

Type: Parent Agency Administrator NIKITA COOK

Owner Information
 ENSO HOSPICE LLC
 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 12/07/2020
 License # 020379 ENTRUST HOSPICE OF SAN ANTONIO, LLC
 Lic Expire 12/7/2022 3201 CHERRY RIDGE DRIVE SUITE C-317
 Medicare 1: 971655 SAN ANTONIO, TEXAS 78230
 Medicare 2:
 Phone (210) 444-9159 Fax (210) 444-9176

Type: Parent Agency Administrator GLORIA LERMA-BAILEY

Owner Information
 ENTRUST HOSPICE OF SAN ANTONIO, LLC
 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO

County **BEXAR** Region 05 Date Licensed
 License # 018275 ENTRUSTED PEDIATRIC HOME CARE LLC
 Lic Expire 8/31/2024 4502 CENTERVIEW DRIVE STE 233
 Medicare 1: SAN ANTONIO, TX 78228
 Medicare 2:
 Phone (210) 447-1650 Fax (210) 963-7530

Type: Branch Agency Administrator NICHOLAS NORWOOD

Owner Information
 ENTRUSTED PEDIATRIC HOME CARE
 7600 CHEVY CHASE DR BLDG 2 STE 300
 AUSTIN, TX 78752
 PHONE: FAX:
 Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 05/31/2018
 License # 019478 EPIC 2
 Lic Expire 7/10/2023 1844 LOCKHILL SELMA RD STE 1011
 Medicare 1: 971555 SAN ANTONIO, TX 78213
 Medicare 2:
 Phone (210) 994-5388 Fax (210) 796-4049

Type: Parent Agency Administrator HOLLY FOX

Owner Information
 EPIC HOSPICE CARE LLC #2
 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 08/18/2017
 License # 018260 EPIC HOSPICE POWERED BY TRANSCEND
 Lic Expire 8/31/2023 1844 LOCKHILL SELMA RD STE 101A
 Medicare 1: 74-1787 (HOSPICE) SAN ANTONIO, TX 78213
 Medicare 2:
 Phone (210) 994-5388 Fax (210) 796-3049

Type: Parent Agency Administrator HOLLY FOX

Owner Information
 EPIC HOSPICE CARE LLC
 1844 LOCKHILL SELMA RD STE 103A
 SAN ANTONIO, TX 78213
 PHONE: (210) 994-5388 FAX: (210) 255-3105
 Services: Hospice
 In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	07/15/2005	Owner Information
License #	009868					ESSY QUALITY HEALTHCARE INC
Lic Expire	7/31/2023					11103 SAN PEDRO AVENUE, STE 100
Medicare 1:						SAN ANTONIO, TEXAS 78216
Medicare 2:						PHONE:
Phone	(210) 979-6969	Fax	(210) 545-7555			FAX:
Type:	Parent Agency	Administrator	ESTHER ONY			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/14/2006	Owner Information
License #	010344					ESTEEM HOME HEALTH CARE
Lic Expire	3/31/2024					10211 WILDERNESS GAP
Medicare 1:	679626 HHA-18					SAN ANTONIO, TX 78254
Medicare 2:						PHONE:
Phone	(210) 366-3661	Fax	(210) 647-4525			FAX:
Type:	Parent Agency	Administrator	AYOKUNLE OGUNFEITIMI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	08/25/2016	Owner Information
License #	014576					ESTRELLA PROVIDER SERVICES LLC
Lic Expire	1/31/2024					107 CALLE DEL NORTE STE. 17
Medicare 1:						LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(210) 504-4848	Fax	18662390666			FAX:
Type:	Branch Agency	Administrator	JOSE GONZALEZ			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	12/17/2020	Owner Information
License #	020412					EUTOPIA HOSPICE AND PALLIATIVE CARE, INC
Lic Expire	12/17/2022					1945 LOCKHILL SELMA, STE 201
Medicare 1:	971702					SAN ANTONIO, TEXAS 782131554
Medicare 2:						PHONE:
Phone	(210) 699-7554	Fax				FAX:
Type:	Parent Agency	Administrator	KAREN ROCA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	07/12/2021	Owner Information
License #	020901					EVERGREEN HOSPICE LLC
Lic Expire	7/12/2024					8746 WURZBACH RD STE 201-N
Medicare 1:						SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 729-1448	Fax	(210) 729-7305			FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	03/26/1987	Owner Information
License #	000891					FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC
Lic Expire	3/31/2022					702 SAN PEDRO AVE
Medicare 1:						SAN ANTONIO, TX 78212
Medicare 2:						PHONE:
Phone	(210) 299-2400	Fax	(210) 299-4498			FAX:
Type:	Parent Agency	Administrator	BERNADETTE VASQUEZ			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/30/2020	Owner Information
License #	019558					ABSF, LLC
Lic Expire	7/1/2021					3600 S GESSNER, SUITE 150
Medicare 1:						HOUSTON, TX 77063
Medicare 2:						PHONE:
Phone	(210) 764-8500	Fax	(210) 764-8501			FAX:
Type:	Parent Agency	Administrator	MARY KISSELBURGH			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	03/05/2021	Owner Information	
License #	020574					FIG TREE HOSPICE CARE LLC	
Lic Expire	3/5/2023					8746 WURZBACK RD STE 201	
Medicare 1:	971660					SAN ANTONIO, TX 78240	
Medicare 2:							PHONE: FAX:
Phone	(210) 857-5350						Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	VANESSA LUNA				
County	BEXAR	Region	07	Date Licensed	09/19/2017	Owner Information	
License #	018455					FIRST STEPS NURSING AND THERAPY SERVICES PLLC	
Lic Expire	9/30/2024					105 S. SEGUIN STE#104	
Medicare 1:						CONVERSE, TX 78109	
Medicare 2:							PHONE: FAX:
Phone	(210) 945-0000	Fax	(210) 945-0002				Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	CELESTE BOYD				
County	BEXAR	Region	07	Date Licensed	08/30/2013	Owner Information	
License #	015942					RIO VALLEY HEALTHCARE SERVICES LLC	
Lic Expire	8/31/2023					4502 CENTERVIEW DRIVE STE#225	
Medicare 1:	747361 HHA-18					SAN ANTONIO, TX 78228	
Medicare 2:							PHONE: FAX:
Phone	(210) 590-8886	Fax	(210) 590-8887				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SANDY QUINTERO				
County	BEXAR	Region	07	Date Licensed	03/22/2017	Owner Information	
License #	018120					SHEPHERD LIVING HOSPICE LLC	
Lic Expire	3/31/2023					1618 GREYSTIN RIDGE	
Medicare 1:	741631 HOSPICE					SAN ANTONIO, TX 78258	
Medicare 2:							PHONE: FAX:
Phone	(210) 767-3870	Fax	(210) 714-4650				Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	GEOFF COLACINO				
County	BEXAR	Region	07	Date Licensed	01/10/2019	Owner Information	
License #	019194					FOUR WINDS HOSPICE, INC	
Lic Expire	1/10/2024					12703 COAL MINE RISE	
Medicare 1:	971547 (HOSPICE)					SAN ANTONIO, TEXAS 78245	
Medicare 2:							PHONE: FAX:
Phone	(210) 239-7719	Fax	(210) 817-8615				Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	DIANA ALMANZA				
County	BEXAR	Region	03	Date Licensed	04/03/2017	Owner Information	
License #	015423					FREEDOM HOSPICE LLC	
Lic Expire	11/30/2022					9001 AIRPORT FREEWAY, SUITE 570	
Medicare 1:						NORTH RICHLAND HILLS, TX 76180	
Medicare 2:							PHONE: FAX:
Phone	(800) 457-6910	Fax	(817) 265-0145				Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	KELLIE GIBSON				
County	BEXAR	Region	03	Date Licensed	04/03/2017	Owner Information	
License #	015423					FREEDOM HOSPICE LLC	
Lic Expire	11/30/2022					9001 AIRPORT FREEWAY, SUITE 570	
Medicare 1:						NORTH RICHLAND HILLS, TX 76180	
Medicare 2:							PHONE: FAX:
Phone	(800) 457-6910	Fax	(817) 265-0145				Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	KELLIE GIBSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	09/18/2015	Owner Information
License #	017037					FUSION HOME HEALTH LLC
Lic Expire	12/31/2021					10119 WILDHORSE PARKWAY
Medicare 1:						SAN ANTONIO, TX 78254
Medicare 2:						PHONE:
Phone	(210) 461-6189	Fax	(210) 568-4879			FAX:
Type:	Parent Agency	Administrator	FERNANDO RODRIGUEZ			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	08/07/2013	Owner Information
License #	015692					GENERATIONS HOSPICE CARE, INC
Lic Expire	8/31/2021					2819 NW LOOP 410 SUITE C
Medicare 1:	741510 HOSPICE					SAN ANTONIO, TX 78230-3875
Medicare 2:						PHONE:
Phone	(210) 979-9933	Fax	(210) 979-9932			FAX:
Type:	Parent Agency	Administrator	JAMES GRISMORE			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/17/2014	Owner Information
License #	016155					GENEROUS HOME CARE MANAGEMENT LLC
Lic Expire	4/30/2022					1609 W FRENCH PL
Medicare 1:	747974 HHA-18;74					SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(210) 239-5056	Fax	(210) 267-9011			FAX:
Type:	Parent Agency	Administrator	JOSE AGUILAR			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	08/08/2018	Owner Information
License #	018875					GENTLE PARTNERS IN HOME HEALTH LLC
Lic Expire	8/31/2022					510 WILDBERRY CT
Medicare 1:						SAN ANTONIO, TX 78258
Medicare 2:						PHONE:
Phone	(210) 908-9616	Fax	(210) 908-9613			FAX:
Type:	Parent Agency	Administrator	NORMA LUNA			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	10/26/2018	Owner Information
License #	019612					GENTLE PARTNERS IN HOSPICE LLC
Lic Expire	3/21/2024					1635 NE LOOP 410 STE 501
Medicare 1:	741675 (HOSPICE)					SAN ANTONIO, TEXAS 78209
Medicare 2:						PHONE:
Phone	(210) 908-9616	Fax	(210) 908-9613			FAX:
Type:	Parent Agency	Administrator	NORMA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	11/30/2007	Owner Information
License #	011757					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2023					12900 FOSTER
Medicare 1:						OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(210) 616-0212	Fax	(210) 615-8545			FAX:
Type:	Parent Agency	Administrator	IRIS MEDINA			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/30/2021	Owner Information
License #	021235					GOLDICARE MEDICAL, PLLC
Lic Expire	11/30/2024					13606 IRONHILL TRACE
Medicare 1:						SAN ANTONIO, TEXAS 78245
Medicare 2:						PHONE:
Phone	(210) 744-0899	Fax	(210) 851-8336			FAX:
Type:	Parent Agency	Administrator	JOYCE KENNEDY			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 06/10/2013
License # 015590 GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC
Lic Expire 6/30/2023 5811 UNIVERSITY HEIGHTS BLVD, STE 106
Medicare 1: 671793 HOSPICE SAN ANTONIO, TX 782494883
Medicare 2:
Phone (210) 733-3939 Fax 210 7333488
Type: Parent Agency Administrator STEPHANIE GILLIAM

Owner Information
GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC
4350 WILL ROGERS PKWY, STE 400
OKLAHOMA CITY, OK
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 03/05/2021
License # 020573 GRACEFILL HOME HEALTH AGENCY INC
Lic Expire 3/5/2024 5534 FREDERICKSBURG ROAD APT 152
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 719-8264 Fax (210) 547-6867
Type: Parent Agency Administrator EKANE NTUBEH

Owner Information
GRACEFILL HOME HEALTH AGENCY INC
5534 FREDERICKSBURG ROAD 152
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/13/2020
License # 019951 GRACEFUL HOSPICE & PALLIATIVE CARE LLC
Lic Expire 5/19/2022 3700 FREDERICKSBURG RD STE 233
Medicare 1: 971686 SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone (210) 371-5552 Fax (210) 571-1751
Type: Parent Agency Administrator DEBBIE ROBLES

Owner Information
GRACEFUL HOSPICE AND PALLIATIVE CARE LLC
1750 CLEAR LAKE LOOP
POTEET, TEXAS 78065
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 04/22/2019
License # 019336 GREYSTAR HEALTHCARE SERVICES LLC
Lic Expire 4/22/2021 11631 CULEBRA RD UNIT 499
Medicare 1: SAN ANTONIO, TEXAS 78253
Medicare 2:
Phone (956) 462-2049 Fax (956) 462-2035
Type: Parent Agency Administrator MIGUEL LEIJA

Owner Information
GREYSTAR HEALTHCARE SERVICES LLC
1626 N. ELLISON DRIVE #10209
SAN ANTONIO, TEXAS 78251
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/12/2003
License # 008640 GRISWOLD HOME CARE SAN ANTONIO NORTHEASTNORTHWEST
Lic Expire 9/30/2022 1314 E SONTERRA BLVD, SUITE 2101
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 496-9993 Fax (866) 373-7577
Type: Parent Agency Administrator GEORGE MCGUIRE

Owner Information
G & L MCGUIRE MANAGEMENT SERVICES LLC
26114 DAKOTA CHIEF
SAN ANTONIO, TX 78261
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/01/2014
License # 016295 GUARDIAN ANGELS HEALTHCARE
Lic Expire 6/30/2022 1945 LOCKHILL-SELMA RD. STE 203
Medicare 1: SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 437-4119 Fax (210) 272-7795
Type: Parent Agency Administrator KENNETH VALENTE

Owner Information
GUARDIAN ANGELS PEDIATRIC HOME CARE, LLC
7272 WURZBACH ROAD, SUITE 1104
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/22/2010
License # 013969 GUARDIAN HEALTHCARE
Lic Expire 12/31/2022 45 NE LOOP 410 #903 B
Medicare 1: 453152 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 377-1033 Fax (210) 377-2560
Type: Parent Agency Administrator ROBYN LARA

Owner Information
JLM HEALTHCARE, INC
1500 N GREENVILLE AVE, SUITE 300
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	BEXAR	Region	07	Date Licensed	08/03/2021	Owner Information	
License #	020954					GUIDING LIGHT HEALTH LLC	
Lic Expire	8/3/2024					3030 NACOGDOCHES RD STE 102	
Medicare 1:						SAN ANTONIO, TX 782174502	
Medicare 2:							PHONE:
Phone	(210) 560-2289	Fax	(210) 858-6523				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MONICA TRUST				
County	BEXAR	Region	07	Date Licensed	07/24/2013	Owner Information	
License #	015665					GUIDING LIGHT HOSPICE INC	
Lic Expire	7/31/2024					104 GALLERY CIRCLE # 108	
Medicare 1:	741503 HOSPICE					SAN ANTONIO, TX 78258	
Medicare 2:							PHONE:
Phone	(210) 585-2335	Fax	(210) 787-1962				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MONICA TRUST				
County	BEXAR	Region	07	Date Licensed	11/29/2021	Owner Information	
License #	021233					GUIDINGWAY HOSPICE LLC	
Lic Expire	11/29/2024					9422 COPPERWAY	
Medicare 1:						CONVERSE, TEXAS 78109	
Medicare 2:							PHONE:
Phone	(210) 929-8394	Fax					FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	AUDREY MOODY				
County	BEXAR	Region	07	Date Licensed	03/23/2021	Owner Information	
License #	020632					HACIENDA HOSPICE LTD	
Lic Expire	3/23/2023					101 W SILVER SANDS DR	
Medicare 1:						SAN ANTONIO, TEXAS 78216	
Medicare 2:							PHONE:
Phone	(210) 908-9701	Fax	(210) 549-9882				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BELINDA JO GALINDO				
County	BEXAR	Region	07	Date Licensed	08/10/2017	Owner Information	
License #	018237					HALLMARK HOSPICE CARE LLC	
Lic Expire	8/31/2023					1844 LOCKHILL SELMA RD STE 103B	
Medicare 1:	74-1788					SAN ANTONIO, TX 78213	
Medicare 2:							PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	HOLLY FOX				
County	BEXAR	Region	07	Date Licensed	05/17/2021	Owner Information	
License #	020758					HAND IN HAND CARE SERVICES LLC	
Lic Expire	5/17/2023					6800 PARK TEN 217-N	
Medicare 1:						SAN ANTONIO, TX 78213	
Medicare 2:							PHONE:
Phone	(210) 560-0763	Fax	(866) 227-6020				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AMANDA TREJO				
County	BEXAR	Region	07	Date Licensed	09/05/2007	Owner Information	
License #	011557					HARBOUR HOSPICE OF BEXAR COUNTY LLC	
Lic Expire	9/30/2023					12915 JONES MALTSBERGER SUITE #501	
Medicare 1:	671593 HOSPICE					SAN ANTONIO, TX 78247	
Medicare 2:							PHONE:
Phone	(210) 403-9911	Fax	(210) 403-9926				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	RUBY DAVISON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	08/23/2006	Owner Information
License #	010694	HEALING HEARTS PERSONAL SERVICES			GIBSON PERSONAL SERVICES LLC	
Lic Expire	8/31/2021	415 COUNTY ROAD 3823			415 CR 3823	
Medicare 1:		SAN ANTONIO, TX 78253			SAN ANTONIO, TX 78253-6934	
Medicare 2:					PHONE:	FAX:
Phone	(210) 738-9000	Fax	(210) 738-9018	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	CAROL GIBSON			
County	BEXAR	Region	07	Date Licensed	05/06/2013	Owner Information
License #	015756	HEALTH CARE PARTNERS OF SAN ANTONIO			PRIDE HEALTH CARE SERVICES INC	
Lic Expire	5/31/2024	11230 WEST AVENUE STE. 1205			7410 BLANCO RD., STE#101	
Medicare 1:	673146 HHA-18	SAN ANTONIO, TX 78213			SAN ANTONIO, TX 78216	
Medicare 2:					PHONE:	FAX:
Phone	(956) 366-4272	Fax	(956) 979-9953	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	SANDRA LONGORIA			
County	BEXAR	Region	07	Date Licensed	07/08/2013	Owner Information
License #	016068	HEART TO HEART HOSPICE OF SAN ANTONIO LLC			HEART TO HEART HOSPICE OF SAN ANTONIO, LLC	
Lic Expire	7/31/2023	1000 CENTRAL PARKWAY N, SUITE 110-A			7240 CHASE OAKS BLVD.	
Medicare 1:	671533	SAN ANTONIO, TX 78232			PLANO, TX 75025	
Medicare 2:					PHONE:	FAX:
Phone	(210) 922-0001	Fax	(210) 922-0005	Services: Hospice In-Patient Hospice: NO		
Type:	Alternate Delivery Site	Administrator	KATHERINE BANKS			
County	BEXAR	Region	07	Date Licensed	07/08/2013	Owner Information
License #	016068	HEART TO HEART HOSPICE OF SAN ANTONIO LLC			HEART TO HEART HOSPICE OF SAN ANTONIO, LLC	
Lic Expire	7/31/2023	1000 CENTRAL PARKWAY NORTH SUITE 110			7240 CHASE OAKS BLVD.	
Medicare 1:	671533 HOSPICE	SAN ANTONIO, TX 78232			PLANO, TX 75025	
Medicare 2:					PHONE:	FAX:
Phone	(210) 824-4113	Fax	(210) 824-4994	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	KATHERINE BANKS			
County	BEXAR	Region	06	Date Licensed	11/18/2016	Owner Information
License #	017946	HEARTS AT HOME SENIOR CARE			SLG HEARTS AT HOME LLC	
Lic Expire	11/30/2022	11230 WEST AVENUE, SUITE 2104			10503 JUSTIN RIDGE RD	
Medicare 1:		SAN ANTONIO, TEXAS 78213			KATY, TX 77494	
Medicare 2:					PHONE:	FAX:
Phone	(210) 341-4300	Fax	(888) 807-7092	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	NATASCHA DORSEY			
County	BEXAR	Region	07	Date Licensed	04/01/2010	Owner Information
License #	013250	HELPING HANDS OF SAN ANTONIO HOME CARE			SA HELPING HANDS LLC	
Lic Expire	3/31/2022	8603 N. NEW BRAUNFELS			5655 PAN AM EXPWY S	
Medicare 1:		SAN ANTONIO, TEXAS 78217			SAN ANTONIO, TX 78211	
Medicare 2:					PHONE:	FAX:
Phone	(210) 977-8273	Fax	(210) 977-8274	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	FRANCES BENITES			
County	BEXAR	Region	07	Date Licensed	01/14/2013	Owner Information
License #	015302	HELPING OUR SENIORS LLC			HELPING OUR SENIORS LLC	
Lic Expire	5/31/2023	13774 GEORGE RD			13774 GEORGE ROAD	
Medicare 1:		SAN ANTONIO, TX 78231			SAN ANTONIO, TX 78231	
Medicare 2:					PHONE:	FAX:
Phone	(210) 492-8100	Fax	(210) 493-7447	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MARTHA CAVE			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	05/27/2021	Owner Information	
License #	020789					HICKORY HOSPICE LLC	
Lic Expire	5/27/2024						
Medicare 1:							
Medicare 2:							
Phone	(210) 729-6922	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	09/03/2021	Owner Information	
License #	021023					HIGH FIVE REHAB LLC	
Lic Expire	9/3/2024						
Medicare 1:							
Medicare 2:							
Phone	(210) 922-1785	Fax	(210) 922-1782			PHONE:	FAX:
Type:	Parent Agency	Administrator	LUCIA I RAMIREZ			Services: Licensed Home Health Services	
County	BEXAR	Region	07	Date Licensed	07/22/2021	Owner Information	
License #	020923					HIGHPOINTE GLOBAL LLC	
Lic Expire	7/22/2024						
Medicare 1:							
Medicare 2:							
Phone	(210) 451-8295	Fax	(210) 899-1943			PHONE:	FAX:
Type:	Parent Agency	Administrator	STANLEY FORZE			Services: Licensed Home Health Services; Personal Assistance Services	
County	BEXAR	Region	07	Date Licensed	12/07/2020	Owner Information	
License #	019918					HOLISTIC HOSPICE CARE, LLC	
Lic Expire	5/7/2022						
Medicare 1:							
Medicare 2:							
Phone	(210) 664-3901	Fax	(210) 664-3909			PHONE:	FAX:
Type:	Parent Agency	Administrator	ERICA SANDOVAL			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	10/11/2021	Owner Information	
License #	021117					HOLY SAVIOR HOME CARE, LLC	
Lic Expire	10/11/2024						
Medicare 1:							
Medicare 2:							
Phone	(210) 375-5914	Fax	(210) 375-5919			PHONE:	FAX:
Type:	Parent Agency	Administrator	JESSICA TAYLOR			Services: Personal Assistance Services	
County	BEXAR	Region	07	Date Licensed	02/24/2014	Owner Information	
License #	016048					TJS MANAGEMENT LLC	
Lic Expire	2/28/2025					3201 CHERRY RIDGE SUITE 205B	
Medicare 1:	741552 HOSPICE					SAN ANTONIO, TX 78230	
Medicare 2:							
Phone	(210) 375-5914	Fax	(210) 375-5919			PHONE:	FAX:
Type:	Parent Agency	Administrator	MELISSA GONZALES			Services: Hospice In-Patient Hospice: NO	
County	BEXAR	Region	07	Date Licensed	10/13/2021	Owner Information	
License #	021123					HOLY SAVIOR HOSPICE AND PALLIATIVE CARE	
Lic Expire	10/12/2024						
Medicare 1:							
Medicare 2:							
Phone	(830) 219-0267	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	MELISSA GONZALES			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 06/25/2021
License # 020914 HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
Lic Expire 6/25/2023 14329 SAN PEDRO, SUITE B.
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 495-6300 Fax (210) 495-6301
Type: Parent Agency Administrator SARA MARROW

Owner Information

HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
1255 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/21/2004
License # 009363 HOME CARING LLC
Lic Expire 10/31/2023 301 BLANCO ROAD SUITE B
Medicare 1: SAN ANTONIO, TX 78212
Medicare 2:
Phone (210) 737-9230 Fax (210) 737-9644
Type: Parent Agency Administrator FELIPE VAZQUEZ

Owner Information

HOME CARING LLC
301 BLANCO RD. STE. B
SAN ANTONIO, TEXAS 78212
PHONE: (210) 737-9230 FAX: (210) 737-9644
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/08/2011
License # 014204 HOME HELPERS OF SAN ANTONIO # 58564
Lic Expire 7/31/2024 9984 ECHO PLAIN DR
Medicare 1: SAN ANTONIO, TX 78245
Medicare 2:
Phone (210) 627-7018 Fax (210) 757-3519
Type: Parent Agency Administrator ABIGAIL FIGUEROA

Owner Information

FIGUEROA CAREGIVING SERVICES, LLC
9984 ECHO PLAIN DRIVE
SAN ANTONIO, TX 78245
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/09/2002
License # 007822 HOME INSTEAD OF SAN ANTONIO
Lic Expire 1/31/2023 4466 LOCKHILL SELMA STE# 101
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 614-1132 Fax (210) 614-6399
Type: Parent Agency Administrator JACKIE ROBB

Owner Information

GULF STATE SENIOR SERVICES INC
4466 LOCKHILL SELMA ROAD, STE#101
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 07/09/2004
License # 010115 HOME NURSING & THERAPY SERVICES
Lic Expire 7/31/2022 2018 AVENUE B STE 105
Medicare 1: 457251 HHA-18 SAN ANTONIO, TEXAS 78215
Medicare 2:
Phone (210) 822-8807 Fax (210) 822-8863
Type: Parent Agency Administrator EDUARDO GUIMBARDA

Owner Information

BROWN & BROWN RESOURCES INC
2018 AVENUE B SUITE SUITE 105
SAN ANTONIO, TX 78215
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 07/09/2004
License # 010116 HOME NURSING & THERAPY SERVICES
Lic Expire 7/31/2024 2018 AVENUE B STE 105
Medicare 1: SAN ANTONIO, TEXAS 78215
Medicare 2:
Phone (210) 822-8807 Fax (210) 822-8863
Type: Parent Agency Administrator MANDY TORRES

Owner Information

BROWN & BROWN RESOURCES INC
2018 AVENUE B SUITE SUITE 105
SAN ANTONIO, TX 78215
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS
Lic Expire 2/28/2023 12500 NETWORK BOULEVARD SUITE #210
Medicare 1: 678191 HHA-18 SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 696-2626 Fax (210) 694-7800
Type: Parent Agency Administrator ASHLEIGH STRICKLAND

Owner Information

HOMECARE DIMENSIONS, INC
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	BEXAR	Region	07	Date Licensed	12/17/2009	Owner Information
License #	013040					HOMECARE SUPPORT GROUP INC
Lic Expire	12/31/2023					8515 SAN JUANICO STREET
Medicare 1:						HOUSTON, TEXAS 77044
Medicare 2:						PHONE:
Phone	(210) 324-1162	Fax	(210) 340-4451			FAX:
Type:	Parent Agency	Administrator	PAMELA BALES			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/14/2017	Owner Information
License #	018839					J AND P JONES PROPRIETORS LLC
Lic Expire	9/30/2021					487 CEDAR BRIDGE
Medicare 1:						SCHERTZ, TX 78154
Medicare 2:						PHONE:
Phone	(210) 263-3143	Fax	(210) 263-3147			FAX:
Type:	Parent Agency	Administrator	KATIE WALKER			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/05/2020	Owner Information
License #	020293					Z RESOURCING, LLC
Lic Expire	11/5/2022					
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(910) 583-4531	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MICHAEL ZENDEJAS			
County	BEXAR	Region	07	Date Licensed	06/25/2012	Owner Information
License #	015338					HONORCARE HOME HEALTH INC
Lic Expire	6/30/2020					7551 CALLAGHAN SUITE 102A
Medicare 1:	457910 HHA-18					SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(210) 524-9889	Fax	(210) 524-0099			FAX:
Type:	Parent Agency	Administrator	MARTHA LEWIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	08/16/2011	Owner Information
License #	014286					SIXRSIG LLC
Lic Expire	8/31/2024					85 NE LOOP 410 STE 607
Medicare 1:	671767 HOSPICE					SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(210) 787-3343	Fax	(210) 579-1023			FAX:
Type:	Parent Agency	Administrator	FRANK HART			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	11/05/2020	Owner Information
License #	020295					HUMMINGBIRD HOSPICE LLC
Lic Expire	11/5/2022					
Medicare 1:	971689					PHONE:
Medicare 2:						FAX:
Phone	(210) 419-0749	Fax				Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SASHA MONTEMAYOR			
County	BEXAR	Region	07	Date Licensed	08/21/2019	Owner Information
License #	019542					IJNA HOME HEALTH SERVICES, LLC
Lic Expire	8/21/2021					
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(210) 314-8919	Fax	(210) 314-8135			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	BRANDON DIXON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed		Owner Information
License #	009264					JAL HEALTH SERVICES INC
Lic Expire	8/31/2024					SAME AS PHYSICAL ADDRESS
Medicare 1:						WESLACO, TEXAS 78596
Medicare 2:						PHONE:
Phone	(210) 969-6866	Fax	(210) 969-6962			FAX:
Type:	Branch Agency	Administrator	MARIA ALICIA MORENO			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	08/30/2007	Owner Information
License #	011553					VOTIVUS INC
Lic Expire	8/31/2022					5805 CALLAGHAN RD SUITE #300
Medicare 1:						SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	(210) 256-2273	Fax	(210) 521-5980			FAX:
Type:	Parent Agency	Administrator	ISABEL LEIJA			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/04/2021	Owner Information
License #	020814					INDIGO PROVIDER SERVICES, LLC
Lic Expire	6/4/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 881-6411	Fax	(210) 881-1522			FAX:
Type:	Parent Agency	Administrator	BRITTANY JOHNSON			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/16/2021	Owner Information
License #	020611					INNOVATIONS HOME HEALTH, LLC
Lic Expire	3/16/2024					12826 PERDIDO GRV
Medicare 1:						SAN ANTONIO, TX 78253
Medicare 2:						PHONE:
Phone	(571) 612-0301	Fax	(210) 507-7793			FAX:
Type:	Parent Agency	Administrator	OSMAN DEEN			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/15/2007	Owner Information
License #	011541					BAYOU HOMECARE LP
Lic Expire	6/30/2022					3305 101ST STREET SUITE 100
Medicare 1:						LUBBOCK, TX 79423
Medicare 2:						PHONE:
Phone	(210) 614-8299	Fax	(210) 615-8559			FAX:
Type:	Parent Agency	Administrator	VICKIE MCGIBONEY			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/15/2007	Owner Information
License #	011574					BAYOU HOMECARE LP
Lic Expire	6/30/2024					3305 101ST STREET SUITE 100
Medicare 1:						LUBBOCK, TX 79423
Medicare 2:						PHONE:
Phone	(210) 979-0208	Fax	(210) 340-0468			FAX:
Type:	Parent Agency	Administrator	VICKIE MCGIBONEY			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/17/2015	Owner Information
License #	016860					JONSAN HOME HEALTH INCORPORATED
Lic Expire	6/30/2023					5355 BREWSTER STREET
Medicare 1:	74-7983 (HHA)					SAN ANTONIO, TX 78233
Medicare 2:						PHONE:
Phone	(210) 504-3608	Fax	(210) 787-4145			FAX:
Type:	Parent Agency	Administrator	SANDRA CRADY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/20/2018	Owner Information
License #	019164					JOURNEY HOSPICE LLC
Lic Expire	12/20/2022					10010 SAN PEDRO AVE SUITE 330
Medicare 1:	971638					SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(210) 455-0101	Fax	(210) 455-0208			FAX:
Type:	Parent Agency	Administrator	DENISE MATA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	03/11/2019	Owner Information
License #	019295					JOURNEYS HOSPICE OF TEXAS LLC
Lic Expire	3/11/2024					PO BOX 33472
Medicare 1:	971543 (HOSPICE)					SAN ANTONIO, TX 78265
Medicare 2:						PHONE:
Phone	(833) 467-5468	Fax	(833) 467-5468			FAX:
Type:	Parent Agency	Administrator	ANGEL RESENDIZ			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	03/31/2021	Owner Information
License #	020662					JUNIPER HOSPICE LLC
Lic Expire	3/31/2024					8746 WURZBACH RD STE 201-B
Medicare 1:	971695 Hospice					SAN ANTONIO, TEXAS 78240
Medicare 2:						PHONE:
Phone	(210) 729-1448	Fax	(210) 729-6922			FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/29/2011	Owner Information
License #	014065					NATIONAL NURSING & REHAB SA PEDIATRICS, INC
Lic Expire	4/30/2024					85 NE LOOP 410 SUITE 500
Medicare 1:						SAN ANTONIO, TX 78216
Medicare 2:						PHONE: (210) 822-0475
Phone	(210) 822-0475	Fax	(210) 822-0485			FAX:
Type:	Parent Agency	Administrator	MARC PITROWSKI			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/30/2007	Owner Information
License #	011737					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2023					12900 FOSTER
Medicare 1:	679074 HHA-18					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(210) 614-0473	Fax	(210) 614-0746			FAX:
Type:	Parent Agency	Administrator	YOLANDA GONZALES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	07/01/2001	Owner Information
License #	007712					ODYSSEY HEALTHCARE OPERATING A, LP
Lic Expire	6/30/2023					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	451682 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(210) 733-1212	Fax	(210) 733-1331			FAX:
Type:	Parent Agency	Administrator	MEGAN CASTRO			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/01/1995	Owner Information
License #	004072					FAMILY HOSPICE LTD
Lic Expire	3/31/2023					PO BOX 4060, ATTN: REGULATORY
Medicare 1:	451563 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(210) 738-8141	Fax	(210) 738-3507			FAX:
Type:	Parent Agency	Administrator	MATTHEW FLORES			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	05/26/2010	Owner Information
License #	013354					SIGNAL HOME HEALTH CARE LLC
Lic Expire	5/31/2022					4538 CENTERVIEW DR SUITE 170
Medicare 1:	747579 HHA-18					SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	(210) 732-7600	Fax	(210) 468-0537			FAX:
Type:	Parent Agency	Administrator	ELENA PENA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/29/2015	Owner Information
License #	017057					SIGNAL HOSPICE CARE LLC
Lic Expire	9/30/2023					4538 CENTERVIEW DR SUITE 170
Medicare 1:	741622 HOSPICE					SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	(210) 732-7600	Fax	(210) 855-8391			FAX:
Type:	Parent Agency	Administrator	JOHN KUBLANK			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	07/15/2016	Owner Information
License #	017528					ZOE HOSPICE LLC
Lic Expire	7/31/2022					7271 WURZACH RD STE. 187
Medicare 1:	74-1750					SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 395-3395	Fax	(210) 334-2882			FAX:
Type:	Parent Agency	Administrator	MARIO BARRIOS			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/31/2001	Owner Information
License #	007638					CHARLES S RAMON LLC
Lic Expire	5/31/2022					2307 SAN FERNANDO
Medicare 1:						SAN ANTONIO, TX 78207
Medicare 2:						PHONE:
Phone	(210) 436-0533	Fax	(210) 579-6765			FAX:
Type:	Parent Agency	Administrator	JOSEPH DAVILA			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/20/2013	Owner Information
License #	015879					LA GLORIA HEALTH SERVICES, INC
Lic Expire	11/30/2023					PO BOX 33206
Medicare 1:						SAN ANTONIO, TEXAS 78265
Medicare 2:						PHONE:
Phone	(210) 257-6669	Fax	(210) 257-6573			FAX:
Type:	Parent Agency	Administrator	BARBARA SALINAS			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/07/2013	Owner Information
License #	008442					LEGACY HOME HEALTH AGENCY INC
Lic Expire	2/28/2023					6655 FIRST PARK TEN BLVD, SUITE 200
Medicare 1:						SAN ANTONIO, TEXAS 78213
Medicare 2:						PHONE:
Phone	(210) 736-1855	Fax	(210) 736-7120			FAX:
Type:	Alternate Delivery Site	Administrator	AMBROSE HERNANDEZ			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	11/07/2011	Owner Information
License #	008442					LEGACY HOME HEALTH AGENCY INC
Lic Expire	2/28/2023					6655 FIRST PARK TEN BLVD, SUITE 200
Medicare 1:						SAN ANTONIO, TEXAS 78213
Medicare 2:						PHONE:
Phone	(210) 736-1855	Fax	(210) 736-7120			FAX:
Type:	Branch Agency	Administrator	AMBROSE HERNANDEZ			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 04/30/2021
License # 020727 LENA'S LOVE HOSPICE LLC
Lic Expire 4/30/2023 26114 RAVEN FEATHER
Medicare 1: SAN ANTONIO, TX 78260
Medicare 2:
Phone (210) 610-9727 Fax (210) 783-1588

Type: Parent Agency Administrator ANTWINE BRUNSON

Owner Information
LENA'S LOVE HOSPICE LLC
P.O. BOX 591518
SAN ANTONIO, TX 78259
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/20/2016
License # 017411 LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC
Lic Expire 5/31/2022 8546 BROADWAY STREET, STE. 213
Medicare 1: 97-1528 SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 907-8733 Fax 18889773184

Type: Parent Agency Administrator DANIEL CASTILLO

Owner Information
LIFE CARE HOSPICE AND PALLIATIVE SERVICES LLC
7271 WURZBACH RD STE 187
SAN ANTONIO, TX 78240
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/16/2005
License # 009943 LIFESPAN HOME HEALTH
Lic Expire 5/31/2022 6243 IH10 WEST SUITE 375
Medicare 1: 677011 HHA-18 SAN ANTONIO, TX 78201
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310

Type: Parent Agency Administrator TERI SILVER

Owner Information
ADVANCE HI TECH NURSING, INC
6243 IH 10 WEST, SUITE 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/06/2007
License # 011059 LITTLE ENGINE HOMECARE INC
Lic Expire 2/28/2025 3201 CHERRY RIDGE DR. STE D-400
Medicare 1: SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 692-0222 Fax (210) 693-1230

Type: Parent Agency Administrator BELINDA SEGURA

Owner Information
LITTLE ENGINE HOMECARE, INC
3201 CHERRY RIDGE DRIVE SUITE D-400
SAN ANTONIO, TX 78230
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 06/15/2005
License # 009962 LIVING TREE OF LIFE
Lic Expire 6/30/2023 1800 NE LOOP 410 SUITE 400
Medicare 1: 457918 HHA-18 SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 377-3444 Fax (210) 377-3447

Type: Parent Agency Administrator ELSIE CORTEZ

Owner Information
ADEPT ONE HOME HEALTH INC
6323 SOVEREIGN RD #290
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/06/2019
License # 019739 LIVING WORD HOME CARE SERVICE
Lic Expire 12/6/2021 1202 EVANS RD APT 1225
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 771-5497 Fax (210) 462-9754

Type: Parent Agency Administrator JASMINE WILLIAMS

Owner Information
J PERSON INCORPORATED
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/27/2017
License # 017875 LONE STAR PROVIDER CARE LLC
Lic Expire 1/31/2024 5309 WURZBACH RD SUITE 200-1
Medicare 1: LEON VALLEY, TX 78238
Medicare 2:
Phone (210) 616-2230 Fax (210) 568-4503

Type: Parent Agency Administrator MARIA CASTANEDA

Owner Information
LONE STAR PROVIDER CARE LLC
5309 WURZBACH RD SUITE 200-1
LEON VALLEY, TX 78238
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/08/2019
License # 019188 LOVECARE LIVING CARE ASSISTANCE SERVICES INC
Lic Expire 1/8/2021 9430 WILDSTONE PL
Medicare 1: SAN ANTONIO, TX 78254
Medicare 2:
Phone (361) 752-1663 Fax
Type: Parent Agency Administrator AMARACHI OGWU-CHINUWA

Owner Information

LOVECARES LIVING CARE ASSISTANCE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 03/10/2020
License # 019750 LOVING ARMS HOSPICE LLC
Lic Expire 12/19/2023 4414 CENTERVIEW DR., STE. 216
Medicare 1: 971579 SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 281-8727 Fax (888) 369-9198
Type: Parent Agency Administrator BRANDY GOMEZ

Owner Information

MBG MANAGEMENT GROUP LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 09/11/2012
License # 015357 LOVING CARE HOME HEALTH LLC
Lic Expire 9/30/2022 5805 CALLAGHAN ROAD SUITE 201
Medicare 1: 747079 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 697-7200 Fax (210) 697-7204
Type: Parent Agency Administrator KANDI DEESE

Owner Information

LOVING CARE HOME HEALTH LLC
P. O. BOX 35447
HOUSTON, TX 77235
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/15/2020
License # 019254 MAGNOLIA HOSPICE COMPANY
Lic Expire 7/31/2024 2819 NW LOOP 410, STE E
Medicare 1: 97-1535 (HOSPICE) SAN ANTONIO, TEXAS 78230
Medicare 2:
Phone (210) 239-7598 Fax (210) 817-8613
Type: Parent Agency Administrator ROSA SUMEGA

Owner Information

ESTANCIA, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 05/27/2021
License # 020790 MAPLE HOSPICE LLC
Lic Expire 5/27/2024 8746 WURZBACH RD STE 2011
Medicare 1: SAN ANTONIO, TEXAS 78240
Medicare 2:
Phone (210) 729-6922 Fax
Type: Parent Agency Administrator VANESSA LUNA

Owner Information

MAPLE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 01/21/2009
License # 012915 MAXIM HEALTHCARE SERVICES INC
Lic Expire 1/31/2023 7550 IH 10 WEST SUITE 1001
Medicare 1: 679310 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 341-3800 Fax (855) 218-7226
Type: Parent Agency Administrator ANGELA BARKER

Owner Information

MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 12/12/1995
License # 004137 MED TEAM INC
Lic Expire 12/31/2023 45 N E LOOP 410 STE 800
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 227-9900 Fax (210) 227-2003
Type: Parent Agency Administrator LAURA SANCHEZ

Owner Information

THE HOME CARE TEAM, INC
45 NE LOOP 410, SUITE 800
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/14/2016
License # 017760 MERIDIAN HCS LLC
Lic Expire 4/30/2022 8546 BROADWAY #211
Medicare 1: 457959 HHA-18 SAN ANTONIO, TX 78217
Medicare 2:
Phone (210) 826-9393 Fax (210) 826-8333
Type: Parent Agency Administrator DANIEL VILLALOBOS

Owner Information

MERIDIAN HCS, LLC
8546 BROADWAY STREET STE 211
SAN ANTONIO, TX 78217

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 05 Date Licensed
License # 016600 MGA HOMECARE
Lic Expire 1/31/2023 7550 I-10 WEST, SUITE 780
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 200-8928 Fax (210) 579-2124
Type: Branch Agency Administrator KEVIN WEISS

Owner Information

MGA HEALTHCARE TEXAS, LLC
7025 N SCOTTSDALE ROAD, SUITE 200
SCOTTSDALE, AZ 85253

PHONE: FAX:

Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 01/12/2020
License # 019982 MILESTONES PEDIATRIC HOME CARE, LLC
Lic Expire 1/12/2022 1003 BECKETT, STE. 201
Medicare 1: SAN ANTONIO, TX 78213
Medicare 2:
Phone (210) 722-4246 Fax (210) 783-8676
Type: Parent Agency Administrator ZAKIA JOHNSON

Owner Information

MILESTONES PEDIATRIC HOME CARE, LLC

PHONE: FAX:

Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 07/29/2020
License # 020083 MILLENNIUM HOME CARE, LLC
Lic Expire 7/29/2022 1603 BABCOCK ROAD, SUITE 234
Medicare 1: SAN ANTONIO, TEXAS 78229
Medicare 2:
Phone (210) 239-8430 Fax (210) 346-1443
Type: Parent Agency Administrator REGINA BRYSON

Owner Information

MILLENNIUM HOME CARE, LLC
8219 CANTURA MLS
SAN ANTONIO, TEXAS 78109

PHONE: FAX:

Services: Licensed Home Health Services with Dialysis

County **BEXAR** Region 07 Date Licensed 12/01/2019
License # 019847 MISSION HOME HEALTH
Lic Expire 12/1/2021 404 E RAMSEY RD, SUITE 105
Medicare 1: 743121 SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone (210) 524-2400 Fax (210) 524-2414
Type: Parent Agency Administrator JILL CASTILLO

Owner Information

MISSION HHH LLC
18568 FORTY SIX PKWY STE 3001
SPRING BRANCH, TEXAS 78070

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 02/25/2016
License # 017293 MISSION ROAD DEVELOPMENTAL CENTER
Lic Expire 2/28/2022 4630 HAMILTON WOLFE ROAD
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 264-7925 Fax (210) 615-3989
Type: Parent Agency Administrator MELISSA ALMAZAN

Owner Information

MISSION ROAD DEVELOPMENTAL CENTER
8706 MISSION RD
SAN ANTONIO, TX 78214

PHONE: (210) 334-2437 FAX: (210) 922-6006

Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/22/2016
License # 017995 MMCARE LLC
Lic Expire 12/31/2022 602 BABCOCK ROAD SUITE 100
Medicare 1: 457983 HHA-18 SAN ANTONIO, TX 78201
Medicare 2:
Phone (210) 734-1300 Fax (210) 734-1301
Type: Parent Agency Administrator MICHELLE CORTEZ

Owner Information

MMCARE LLC
700 BABCOCK RD
SAN ANTONIO, TX 78201

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	BEXAR	Region	07	Date Licensed	06/16/2021	Owner Information	
License #	020833					MOUNT CALVARY HOSPICE LLC	
Lic Expire	6/16/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 418-9334	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DEBORAH PELAEZ				
County	BEXAR	Region	07	Date Licensed	09/14/2018	Owner Information	
License #	019196					REGENCY IHS HOME CARE SERVICES LLC	
Lic Expire	9/14/2022					101 W GOODWIN AVE STE 600	
Medicare 1:	679395					VICTORIA, TEXAS 77901	
Medicare 2:						PHONE:	FAX:
Phone	(210) 822-0477	Fax	(210) 822-0485			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	ERNESTO MORENO				
County	BEXAR	Region	07	Date Licensed	01/19/2016	Owner Information	
License #	017455					COSMOS HOSPICE OF SAN ANTONIO LLC	
Lic Expire	1/31/2024					P.O. BOX 4060, ATTN: REGULATORY	
Medicare 1:	671612 HOSPICE					MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(210) 520-7734	Fax	(210) 520-7737			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	CASSANDRA ALEX				
County	BEXAR	Region	07	Date Licensed	08/31/2021	Owner Information	
License #	021016					3G HEALTHCARE LLC	
Lic Expire	8/31/2024					4007 MCCULLOUGH STE. 184	
Medicare 1:						SAN ANTONIO, TEXAS 78212	
Medicare 2:						PHONE:	FAX:
Phone	(210) 477-7020	Fax	(210) 477-7021			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHEILA GALINDO				
County	BEXAR	Region	07	Date Licensed	09/30/2020	Owner Information	
License #	020205					NIGHTINGALE HOSPICE CARE, INC	
Lic Expire	9/30/2022						
Medicare 1:	971643						
Medicare 2:						PHONE:	FAX:
Phone	(210) 797-7321	Fax	(210) 783-8171			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ALFRED PEREZ				
County	BEXAR	Region	07	Date Licensed		Owner Information	
License #	010559					NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC	
Lic Expire	6/30/2022					1005 E 10TH STREET STE A	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(210) 969-6960	Fax	(210) 969-6962			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	ANA HERNANDEZ				
County	BEXAR	Region	07	Date Licensed	11/02/1994	Owner Information	
License #	003245					NURSES IN TOUCH, INC	
Lic Expire	11/30/2024					909 NE LOOP 410, SUITE 800	
Medicare 1:	451605 HOSPICE					SAN ANTONIO, TX	
Medicare 2:						PHONE:	FAX:
Phone	830 2166303	Fax	830 2166907			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JAMES GRISMORE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/16/2014	Owner Information
License #	016564					OHANA PEDIATRIC HOME HEALTH LLC
Lic Expire	12/31/2022					3201 CHERRY RIDGE STREET SUITE C-314
Medicare 1:						SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(210) 451-8555	Fax	(210) 451-8554			FAX:
Type:	Parent Agency	Administrator	IAN WILEY-PETERSON			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	09/08/2018	Owner Information
License #	019098					OMNICURE PLUS HOME HEALTHCARE LLC
Lic Expire	8/17/2022					
Medicare 1:	673190					
Medicare 2:						PHONE:
Phone	(210) 761-4000	Fax	(210) 761-5000			FAX:
Type:	Parent Agency	Administrator	JAKQUELYN CARRILLO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	12/16/2014	Owner Information
License #	016563					ONCE UPON A TIME HOME HEALTH LLC
Lic Expire	12/31/2022					11107 WURZBACH SUITE 302
Medicare 1:						SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(210) 432-6623	Fax	(210) 432-2663			FAX:
Type:	Parent Agency	Administrator	NORMA VINTON			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	04/11/2003	Owner Information
License #	008410					OPTION CARE ENTERPRISES INC
Lic Expire	4/30/2023					PO BOX 377
Medicare 1:						DEERFIELD, IL 60015
Medicare 2:						PHONE:
Phone	(210) 403-0429	Fax	(210) 568-6144			FAX:
Type:	Parent Agency	Administrator	ROSEANNA LEAL			Services: Licensed Home Health Services
County	BEXAR	Region	03	Date Licensed		Owner Information
License #	014646					OPTUM INFUSION SERVICES 500, INC
Lic Expire	2/28/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(844) 899-4461	Fax	(844) 553-7131			FAX:
Type:	Branch Agency	Administrator	LAHILY HENDERSON-DAVIS			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	12/07/2016	Owner Information
License #	018026					MY OWN HOSPICE LLC
Lic Expire	12/31/2022					200 NAVARRO STREET SUITE 100
Medicare 1:	741589 HOSPICE					SAN ANTONIO, TX 78205
Medicare 2:						PHONE:
Phone	(210) 988-1461	Fax	(210) 404-9887			FAX:
Type:	Parent Agency	Administrator	SONIA VELEZ			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	06/01/2000	Owner Information
License #	007332					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2023					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	210 7361812	Fax	210 7370843			FAX: (972) 792-6739
Type:	Parent Agency	Administrator	NANCY PEREZ			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 01/27/2009
License # 012412 PALOMA HOME HEALTHCARE
Lic Expire 1/31/2021 4400 PIEDRAS DR S, SUITE 209
Medicare 1: 747452 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (214) 501-6675 Fax (214) 540-6627
Type: Parent Agency Administrator KELLIE GIBSON

Owner Information

AAA HOME HEALTHCARE INC
17822 DAVENPORT ROAD #D
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 02/05/2018
License # 018649 PALOMA HOSPICE AND PALLIATIVE CARE
Lic Expire 2/28/2022 4400 PIEDRAS DRIVE S SUITE 209
Medicare 1: 671695 HOSPICE SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 988-1680 Fax (210) 988-1740
Type: Parent Agency Administrator ALEXANDER STEVENS

Owner Information

PALOMA HOSPICE AND PALLIATIVE CARE
1227 WOODSEY CT
SOUTHLAKE, TX 76092
PHONE: () - 1 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 12/03/2020
License # 020370 PARAGON INFUSION CARE, INC
Lic Expire 12/3/2022 1922 DRY CREEK WAY, STE 110
Medicare 1: SAN ANTONIO, TX 782591840
Medicare 2:
Phone (210) 591-6700 Fax (210) 519-2861
Type: Parent Agency Administrator MARIA CECILIA ROSADIA

Owner Information

PARAGON INFUSION CARE, INC
3033 W. PRESIDENT GEORGE BUSH HWY, STE 100
PLANO, TX 75075
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed
License # 021342 PARENTHESIS HEALTH HOLDINGS
Lic Expire 1/21/2025 21750 HARDY OAK BLVD STE 102
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 489-0015 Fax
Type: Parent Agency Administrator ESTHER COLOM

Owner Information

PARENTHESIS HEALTH HOLDINGS LLC
20770 US HWY 281 N STE 108
SAN ANTONIO, TX 78258
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 03/31/2017
License # 017980 PASSIONATE HEALING HEALTHCARE SERVICES LLC
Lic Expire 3/31/2023 9010 GALLO CHASE
Medicare 1: SAN ANTONIO, TEXAS 78254
Medicare 2:
Phone (210) 455-9649 Fax (210) 455-9650
Type: Parent Agency Administrator RHONDA SCARLETT

Owner Information

PASSIONATE HEALING HEALTHCARE SERVICES LLC
9010 GALLO CHASE
SAN ANTONIO, TX 78254
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/26/2005
License # 009936 PATIENCE HOME HEALTH CARE
Lic Expire 4/30/2024 12770 CIMARRON PATH STE 134
Medicare 1: 457891 HHA-18 SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 340-4445 Fax (210) 340-4451
Type: Parent Agency Administrator LISA LONG

Owner Information

ADEPT TWO HOME HEALTH INC
12770 CIMARRON PATH STE 134
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/29/2019
License # 019672 PEACE HOSPICE AND PALLIATIVE CARE
Lic Expire 10/29/2023 12042 BLANCO RD STE 307
Medicare 1: SAN ANTONIO, TEXAS 782165438
Medicare 2:
Phone (210) 890-2700 Fax (210) 890-2727
Type: Parent Agency Administrator TOBI AGUIGUI

Owner Information

TRILATERAL CONSULTING LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	05/15/2014	Owner Information	
License #	016216					PEDIATRIC HEALTH THERAPY INC	
Lic Expire	5/31/2022					SAME AS ABOVE	
Medicare 1:						SAN ANTONIO, TX 78229	
Medicare 2:						PHONE:	FAX:
Phone	(210) 251-2048	Fax	(210) 248-9088			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TONY GARCIA				
County	BEXAR	Region	07	Date Licensed	08/14/2019	Owner Information	
License #	019529					TOTS IN TOW, LLC	
Lic Expire	8/14/2021					12617 LEE PARK LANE	
Medicare 1:						AUSTIN, TX 78732	
Medicare 2:						PHONE:	FAX:
Phone	(855) 268-4098	Fax	(866) 311-9885			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	KOREYAN CRAIN				
County	BEXAR	Region	07	Date Licensed	02/12/2016	Owner Information	
License #	017269					PEDIATRIC HOME HEALTHCARE LLC	
Lic Expire	2/28/2025					1341 W MOCKINGBIRD LN STE#900	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(210) 625-7452	Fax	(210) 293-0512			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	PAM HANSON-LONG				
County	BEXAR	Region	07	Date Licensed	09/28/2021	Owner Information	
License #	021087					ALLIANCE MEDICAL SUPPLY, LLC	
Lic Expire	9/28/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	210 7372444	Fax	210 7372445			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	MANDY OWENS				
County	BEXAR	Region	07	Date Licensed	02/28/2011	Owner Information	
License #	013924					PENTEC HEALTH, INC	
Lic Expire	2/28/2024					4 CREEK PARKWAY	
Medicare 1:						BOOTHWYN, PA 19061	
Medicare 2:						PHONE:	FAX:
Phone	(800) 223-4376	Fax	(610) 494-6148			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	LESLIE PICKARD				
County	BEXAR	Region	07	Date Licensed	08/04/1998	Owner Information	
License #	006603					PERSONAL CARE MANAGEMENT INC	
Lic Expire	8/31/2022					3610 AVENUE B	
Medicare 1:						SAN ANTONIO, TX 78209	
Medicare 2:						PHONE:	FAX:
Phone	(210) 829-1155	Fax	(210) 829-1433			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BRENDA N. JAYE				
County	BEXAR	Region	07	Date Licensed	07/15/2021	Owner Information	
License #	020907					PINE HOSPICE LLC	
Lic Expire	7/15/2024					8746 WURZBACH ST 201	
Medicare 1:						SAN ANTONIO, TEXAS 78240	
Medicare 2:						PHONE:	FAX:
Phone	210 7291448	Fax	210 7297305			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	VANESSA LUNA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 08/07/2009
License # 012928 PINNACLE SENIOR CARE
Lic Expire 8/31/2023 5414 FREDERICKSBURG RD STE B100-B
Medicare 1: 747021 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 832-8031 Fax (210) 832-8041
Type: Parent Agency Administrator MICHELLE DOMINGUEZ (F/K/A TORRES)

Owner Information

R & C HEALTH CARE, LLC
500 KIRTS BLVD, ATTN: CREDENTIALING DEPARTMENT
TROY, MI 48084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 05/06/2021
License # 020733 PRECIOUS STONE HEALTH SERVICES
Lic Expire 5/6/2024 5300 HEATH RD
Medicare 1: SAN ANTONIO, TEXAS 78250
Medicare 2:
Phone (210) 530-4127 Fax (210) 855-7466
Type: Parent Agency Administrator TONJA NELSON

Owner Information

ACADEMY OF CAREERS & TECHNOLOGIES , INC
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 05/19/2017
License # 018127 PREMIER HOME HEALTH AGENCY
Lic Expire 5/31/2023 5405 HURLEY DR.
Medicare 1: 679655 HHA-18 SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 231-0435 Fax (210) 231-0440
Type: Parent Agency Administrator VANESSA RUSSELL

Owner Information

GRACEFULL LLC
7400 PASTEUR DRIVE, STE#101
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 08/26/1999
License # 007102 PRIDE PHC SERVICES INC
Lic Expire 8/31/2023 12500 SAN PEDRO SUITE #315
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 949-1303 Fax (210) 949-1966
Type: Parent Agency Administrator LUCINDA CRUZ

Owner Information

PRIDE PHC SERVICES INC
PO BOX 461549
SAN ANTONIO, TEXAS 78246
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/26/2012
License # 014612 PRIMAVERA PHC
Lic Expire 1/31/2025 1007 FAIR AVENUE
Medicare 1: SAN ANTONIO, TX 78223
Medicare 2:
Phone (210) 334-0955 Fax (210) 334-0926
Type: Parent Agency Administrator BARBARA SALINAS

Owner Information

PRIMAVERA PRIMARY HOME CARE INC
1007 FAIR AVENUE
SAN ANTONIO, TX 78223
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/01/2019
License # 019774 PRIME HOME HEALTH, LLC
Lic Expire 2/28/2022 4400 PIEDRAS DRIVE SOUTH SUITE 219
Medicare 1: 453194 SAN ANTONIO, TEXAS 78228
Medicare 2:
Phone (210) 251-4973 Fax (210) 251-4467
Type: Parent Agency Administrator IVAN VARGAS

Owner Information

PRIME HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/09/2018
License # 019024 PRINCIPLE HOSPICE SERVICE LLC
Lic Expire 10/9/2022 9033 AERO STREET, SUITE 204 B
Medicare 1: 971582 SAN ANTONIO, TEXAS 78217
Medicare 2:
Phone (210) 455-6050 Fax (210) 310-3842
Type: Parent Agency Administrator JORGE ARANGO

Owner Information

PRINCIPLE HOSPICE SERVICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	BEXAR	Region	07	Date Licensed	06/12/1995	Owner Information
License #	003513					PROFESSIONAL CARE HOME HEALTH INC
Lic Expire	6/30/2022					9516 CONTESSA
Medicare 1:						SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(210) 342-3464	Fax	(210) 348-7074			FAX:
Type:	Parent Agency	Administrator	LARA PINSON			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	08/02/1995	Owner Information
License #	003826					PROGRESSIVE HOME CARE INC
Lic Expire	11/30/2021					9258 CULEBRA RD SUITE 109
Medicare 1:	678101 HHA-18					SAN ANTONIO, TX 78251
Medicare 2:						PHONE:
Phone	(210) 673-0024	Fax	(210) 680-9483			FAX:
Type:	Parent Agency	Administrator	JEANNIE LESTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	04/16/2018	Owner Information
License #	018706					PROMISE SENIOR SOLUTIONS LLC
Lic Expire	4/30/2022					1042 COUNTY ROAD 4511
Medicare 1:						HONDO, TX 78861-6024
Medicare 2:						PHONE:
Phone	(210) 736-4677	Fax	(844) 405-6984			FAX:
Type:	Parent Agency	Administrator	SHERRY AUGG BIGLER AUGG BIGLER			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	12/07/2017	Owner Information
License #	018494					PROVIDER CARE AT HOME LLC
Lic Expire	12/31/2021					1714 FORTVIEW RD #106E
Medicare 1:						AUSTIN, TX 78704
Medicare 2:						PHONE:
Phone	(512) 212-1402	Fax	(210) 200-8544			FAX:
Type:	Parent Agency	Administrator	SHANE MILLER			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/20/2020	Owner Information
License #	020332					ALLWELL CARE, LLC
Lic Expire	11/20/2022					
Medicare 1:	971644					
Medicare 2:						PHONE:
Phone	(210) 595-1146	Fax	(210) 595-1148			FAX:
Type:	Parent Agency	Administrator	STEPHEN OYINLOYE			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	02/26/2021	Owner Information
License #	021101					QUALITY CARE, LLC
Lic Expire	2/26/2024					
Medicare 1:	671640 HOSPICE					
Medicare 2:						PHONE:
Phone	(210) 792-6404	Fax				FAX:
Type:	Parent Agency	Administrator	DANIEL CASTILLO			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	06/02/2003	Owner Information
License #	008669					LEERS QUALITY HOME HEALTH CARE SVCS INC
Lic Expire	6/30/2022					4359 RITTIMAN RD
Medicare 1:	459484 HHA-18					SAN ANTONIO, TX 78218
Medicare 2:						PHONE:
Phone	(210) 229-9908	Fax	(210) 229-9927			FAX:
Type:	Parent Agency	Administrator	EDWARD DAVIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	08/07/2017	Owner Information
License #	018233					R & R HOME CAREGIVERS LLC
Lic Expire	8/31/2023					P.O. BOX 781118
Medicare 1:						SAN ANTOIO, TX 78278
Medicare 2:						PHONE:
Phone	(210) 236-8955	Fax	(888) 978-5038			FAX:
Type:	Parent Agency	Administrator	ROSANNA ROCHA			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/07/2012	Owner Information
License #	014682					RAINBOW PEDIATRIC HOME HEALTH PLLC
Lic Expire	3/31/2022					4211 GARDENDALE A-200
Medicare 1:						SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(210) 722-4246	Fax	(210) 783-8676			FAX:
Type:	Parent Agency	Administrator	BRANT ZIMMERMAN			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	04/05/2021	Owner Information
License #	020672					REDWOOD HOSPICE LLC
Lic Expire	4/5/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 729-6922	Fax				FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	11/09/2020	Owner Information
License #	020302					RWW HOME & COMMUNITY REHAB SERVICES, INC
Lic Expire	11/9/2022					9901 LINN STATION ROAD
Medicare 1:						LOUISVILLE, KY 40223
Medicare 2:						PHONE:
Phone	(210) 499-0063	Fax	18336260667			FAX:
Type:	Parent Agency	Administrator	SHANNON OXTON			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	05/28/2019	Owner Information
License #	019392					REHABCARE GROUP EAST LLC
Lic Expire	5/28/2021					SAME
Medicare 1:						KINGWOOD, TX 77339
Medicare 2:						PHONE:
Phone	210 9477090	Fax	210 8409007			FAX:
Type:	Parent Agency	Administrator	ABLE ESCAMILLA			Services: Licensed Home Health Services
County	BEXAR	Region	06	Date Licensed		Owner Information
License #	019127					RELIANT HOSPICE OF HOUSTON LLC
Lic Expire	7/1/2022					12947 LAKE CONROE HILLS DRIVE SUITE C
Medicare 1:						WILLIS, TX 75860
Medicare 2:						PHONE:
Phone	210 5856352	Fax	210 9949118			FAX:
Type:	Alternate Delivery Site	Administrator	CASEY WILSON			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	BEXAR	Region	05	Date Licensed		Owner Information
License #	020034					EDITION HEALTH SERVICES INC
Lic Expire	6/5/2022					101 W RENNEN RD
Medicare 1:						RICHARDSON, TEXAS 75082
Medicare 2:						PHONE:
Phone	(210) 686-2811	Fax	(210) 686-2811			FAX:
Type:	Alternate Delivery Site	Administrator	GRACE MILLS			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 06 Date Licensed 05/14/2009
License # 007241 RESOURCE HOME HEALTH SERVICES
Lic Expire 8/31/2020 7551 CALLAGHAN ROAD # 102
Medicare 1: SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 525-0820 Fax (210) 525-0830
Type: Branch Agency Administrator ROSE NWABUISI

Owner Information

RESOURCE HEALTH SERVICES INC
7211 REGENCY SQUARE BLVD SUITE 102
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 02/21/2005
License # 009828 RESTORATIVE HEALTH CARE
Lic Expire 2/28/2023 8600 WURZBACH ROAD, SUITE 700
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 737-8090 Fax (866) 653-2907
Type: Branch Agency Administrator ROSE CHACON

Owner Information

MANAGEMENT & BUSINESS ASSOCIATES INC
7330 SAN PEDRO STE 800
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 02/21/2005
License # 009828 RESTORATIVE HEALTH CARE
Lic Expire 2/28/2023 8600 WURZBACH ROAD, SUITE 700
Medicare 1: 679006 HHA SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 737-8090 Fax (866) 653-2907
Type: Parent Agency Administrator ROSE CHACON

Owner Information

MANAGEMENT & BUSINESS ASSOCIATES INC
7330 SAN PEDRO STE 800
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/31/2009
License # 013243 RESTORATIVE HEALTH CARE OF SOUTH TEXAS
Lic Expire 12/31/2021 8600 WURZBACH RD. STE. 700
Medicare 1: 459488 HHA-18 SAN ANTONIO, TX 78240
Medicare 2:
Phone (361) 937-7887 Fax (361) 937-9421
Type: Parent Agency Administrator ROSE CHACON

Owner Information

HOMESTYLE SPECIALTY NURSING CARE INC
7330 SAN PEDRO, STE #810
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/30/2008
License # 010743 RESTORATIVE PEDIATRICS
Lic Expire 9/30/2023 8600 WURZBACH ROAD, SUITE 700, 2ND FLOOR
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (830) 625-1402 Fax (866) 630-6351
Type: Branch Agency Administrator BRENDA GARRETT

Owner Information

MANAGEMENT & BUSINESS ASSOCIATES INC
7330 SAN PEDRO STE 800
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 09/15/2006
License # 010743 RESTORATIVE PEDIATRICS
Lic Expire 9/30/2023 8600 WURZBACH ROAD, BLDG 700, 2ND FLOOR
Medicare 1: SAN ANTONIO, TX 78240
Medicare 2:
Phone (210) 733-0524 Fax (866) 760-4570
Type: Parent Agency Administrator ROSE CHACON

Owner Information

MANAGEMENT & BUSINESS ASSOCIATES INC
7330 SAN PEDRO STE 800
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/08/2017
License # 018533 RIGHT AT HOME SA
Lic Expire 12/31/2023 8700 CROWNHILL BLVD., SUITE 304
Medicare 1: SAN ANTONIO, TEXAS 78209
Medicare 2:
Phone (210) 308-9346 Fax (210) 308-9352
Type: Parent Agency Administrator SLOANE WENDELL

Owner Information

BLACK DOG HOME CARE, LLC
8700 CROWNHILL BLVD #706
SAN ANTONIO, TX 78209
PHONE: FAX:
Services: Personal Assistance Services

County	BEXAR	Region	07	Date Licensed	06/14/2012	Owner Information
License #	015062					G & A MANAGEMENT INC
Lic Expire	6/30/2022					10221 DESSERT SANDS #107
Medicare 1:						SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(210) 342-2273	Fax	(210) 342-2278			FAX:
Type:	Parent Agency	Administrator	ARTHUR J. PIKE			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/18/2010	Owner Information
License #	013328					REAL LIFE HEALTHCARE SERVICES LLC
Lic Expire	5/31/2022					PO BOX 20595
Medicare 1:	671655 HOSPICE					BEAUMONT, TEXAS 77720
Medicare 2:						PHONE:
Phone	(210) 858-9138	Fax	(210) 568-4171			FAX:
Type:	Parent Agency	Administrator	MARY VARELA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/18/2011	Owner Information
License #	014112					RIVER CITY HOSPICE OF TEXAS, LLC
Lic Expire	5/31/2023					PO BOX 20595
Medicare 1:	671716 HOSPICE					BEAUMONT, TX 77720
Medicare 2:						PHONE:
Phone	(210) 858-9138	Fax	(210) 568-4171			FAX:
Type:	Parent Agency	Administrator	MARY VARELA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	06/07/2021	Owner Information
License #	020818					ROWAN HOSPICE LLC
Lic Expire	6/7/2024					8746 WURZBACH RD STE 201J
Medicare 1:						SAN ANTONIO, TEXAS 78240
Medicare 2:						PHONE:
Phone	(210) 729-6922	Fax				FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/07/2016	Owner Information
License #	017453					SOLICITUDE SOLUTIONS INC
Lic Expire	4/30/2022					4414 CENTERVIEW DRIVE SUITE 210
Medicare 1:	453135 HHA-18					SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	(210) 798-2199	Fax	(210) 270-8215			FAX:
Type:	Parent Agency	Administrator	VICKI LAYTON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	03/02/2021	Owner Information
License #	020554					JIMENEZ SENIOR CARE INC
Lic Expire	3/2/2023					4414 CENTERVIEW DR., SUITE 126
Medicare 1:						SAN ANTONIO, TEXAS 78228
Medicare 2:						PHONE:
Phone	(210) 947-5701	Fax				FAX:
Type:	Parent Agency	Administrator	CHRISTINE MARTINEZ			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/27/2012	Owner Information
License #	010616					SAINT BENEDICTS HOME HEALTH INC
Lic Expire	7/31/2024					424 E MAIN
Medicare 1:						ROBSTOWN, TX 78380
Medicare 2:						PHONE:
Phone	(210) 923-2285	Fax	(210) 923-2286			FAX:
Type:	Branch Agency	Administrator	BRENDA RAMON			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 11/28/2005
License # 009340 SALDIVAR HOME HEALTH INC
Lic Expire 9/30/2022 9842 LORENE LN.
Medicare 1: 45Q7865001 SAN ANTONIO, TEXAS 78216
Medicare 2:
Phone 361 396 1204 Fax 361 6645862
Type: Branch Agency Administrator OFELIA SALDIVAR

Owner Information

SALDIVAR HOME HEALTH INC
P. O. BOX 3531
ALICE, TEXAS 78333
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 06/15/2009
License # 012658 SAN ANTONIO HOME HEALTH
Lic Expire 6/30/2023 85 NE LOOP 410 SUITE 607
Medicare 1: 747408 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 787-3343 Fax (210) 579-1023
Type: Parent Agency Administrator FRANK HART

Owner Information

SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 12/21/2018
License # 019166 SAN ANTONIO HOSPICE CARE
Lic Expire 12/21/2023 1850 LOCKHILL SELMA, STE. #102
Medicare 1: 971578 SAN ANTONIO, TEXAS 78213
Medicare 2:
Phone (210) 281-5888 Fax (210) 281-5888
Type: Parent Agency Administrator COREY BURKS

Owner Information

210 HOSPICE CARE LLC
PO BOX 692128
SAN ANTONIO, TX 78269
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 12/30/2015
License # 017197 SAN ANTONIO INSPIRE HOSPICE LLC
Lic Expire 12/31/2021 16675 HUEBNER RD SUITE 208
Medicare 1: 741637 HOSPICE SAN ANTONIO, TX 78248
Medicare 2:
Phone (210) 290-8159 Fax (210) 290-8209
Type: Parent Agency Administrator HECTOR GUERRA

Owner Information

SAN ANTONIO INSPIRE HOSPICE LLC
7271 WURZBACH RD., SUITE#187
SAN ANTONIO, TX 78240
PHONE: (210) 290-8159 FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 06/27/2014
License # 016288 SAN ANTONIO VISITING ANGELS
Lic Expire 6/30/2022 6391 DE ZAVALA ROAD STE 104
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 762-6460 Fax (210) 762-6462
Type: Parent Agency Administrator MARK COLWELL

Owner Information

YEUNG COL LLC
6391 DE ZAVALA ROAD, SUITE 104
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/30/2001
License # 007530 SAN JUAN PRIMARY HOME CARE AGENCY
Lic Expire 1/31/2023 545 MOURSUND BLVD
Medicare 1: SAN ANTONIO, TX 78221
Medicare 2:
Phone (210) 927-7712 Fax (210) 927-7713
Type: Parent Agency Administrator AUGUSTIN ESTRADA

Owner Information

SAN JUAN PRIMARY HOME CARE AGENCY
545 MOURSUND BLVD
SAN ANTONIO, TX 78221
PHONE: FAX:
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/31/2013
License # 015847 SAN RAFAEL HEALTHCARE INC
Lic Expire 10/31/2023 400 NORTH LOOP 1604 EAST STE 350
Medicare 1: SAN ANTONIO, TX 78232
Medicare 2:
Phone (210) 255-1466 Fax (210) 255-1488
Type: Parent Agency Administrator JUSTINE GONZALEZ

Owner Information

SAN RAFAEL HEALTHCARE INC
400 NORTH LOOP 1604 EAST STE 350
SAN ANTONIO, TX 78232
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/01/2011	Owner Information
License #	013877					SANTANA PRIMARY HOME CARE INC
Lic Expire	12/31/2022					5419 BANDERA ROAD STE 703
Medicare 1:						SAN ANTONIO, TX 78238
Medicare 2:						PHONE:
Phone	(210) 438-9357	Fax	(210) 438-8102			FAX:
Type:	Parent Agency	Administrator	REBECCA SANTANA			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/22/2021	Owner Information
License #	020622					SBP HOME HEALTHCARE LLC
Lic Expire	3/22/2024					4203 WOODCOCK DRIVE STE 206
Medicare 1:						SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	210 457 9039	Fax				FAX:
Type:	Parent Agency	Administrator	SHIYAR POYRAZ			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/18/2011	Owner Information
License #	014478					SEASONS HOSPICE & PALLIATIVE CARE OF TEXASSAN ANTONIO, LLC
Lic Expire	11/30/2023					300 E SONTERRA BLVD., STE#1260
Medicare 1:	671721 HOSPICE					SAN ANTONIO, TX 78258
Medicare 2:						PHONE:
Phone	(210) 471-2300	Fax	(210) 471-2301			FAX:
Type:	Parent Agency	Administrator	JOHN WOOTEN			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/18/2011	Owner Information
License #	014111					SENIOR BUDDIES, LLC
Lic Expire	10/29/2023					24137 BOERNE STAGE ROAD
Medicare 1:						SAN ANTONIO, TX 78255
Medicare 2:						PHONE:
Phone	(210) 698-7772	Fax	(210) 735-8271			FAX:
Type:	Parent Agency	Administrator	JACOB KITCHEN			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/23/2016	Owner Information
License #	017648					78 ENTERPRIZE LLC
Lic Expire	9/30/2022					12937 PARK FOREST
Medicare 1:						SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(210) 810-3535	Fax	(210) 810-3545			FAX:
Type:	Parent Agency	Administrator	MARIA HOOPER			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/06/2012	Owner Information
License #	015064					HUMANA AT HOME SAN ANTONIO INC
Lic Expire	7/31/2022					404 BRAODWAY SUITE 200
Medicare 1:	747965 HHA-18					SAN ANTONIO, TX 78209
Medicare 2:						PHONE:
Phone	(210) 822-9494	Fax	(210) 804-0509			FAX:
Type:	Parent Agency	Administrator	SUSAN GREEN			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/10/2019	Owner Information
License #	019592					SENT FROM ABOVE HOME HEALTHCARE LLC
Lic Expire	12/31/2021					8911 RAINBOW CREEK
Medicare 1:						SAN ANTONIO, TX 78245
Medicare 2:						PHONE:
Phone	(256) 846-2401	Fax				FAX:
Type:	Parent Agency	Administrator	DAVID BURNETT			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 11/08/2018
License # 019071 SERENITY HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
Lic Expire 11/8/2022 928 WAVERLY AVE.
Medicare 1: 74-1773 SAN ANTONIO, TEXAS 78201
Medicare 2:
Phone (210) 852-4009 Fax (210) 874-6598
Type: Parent Agency Administrator DEBBIE ROBLES

Owner Information

SERENITY HOSPICE AND PALLIATIVE CARE OF TEXAS LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 06 Date Licensed
License # 016603 SHINING NIGHTINGALE HEALTH CARE
Lic Expire 10/31/2023 401 E SONTERRA BLVD, SUITE 375
Medicare 1: SAN ANTONIO, TX 78258
Medicare 2:
Phone (979) 323-7099 Fax
Type: Branch Agency Administrator IRMA OCHOA

Owner Information

AMIGOS CRISTIANOS, LLC
1700 6TH STREET
BAY CITY, TX 77414
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 10/08/2014
License # 016470 SIMPLY THE BEST HOME THERAPY LLC
Lic Expire 10/31/2022 13333 BLANCO RD. STE. 310
Medicare 1: SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 479-5875 Fax (210) 479-2911
Type: Parent Agency Administrator CAMERON BARNES

Owner Information

SIMPLY THE BEST HOME THERAPY LLC
13423 BLANCO ROAD STE#331
SAN ANTONIO, TX 78216-2187
PHONE:
FAX:
Services: Licensed Home Health Services

County **BEXAR** Region 07 Date Licensed 01/01/2008
License # 011872 SISTERS CARE AT THE VILLAGE
Lic Expire 12/31/2022 4707 BROADWAY
Medicare 1: SAN ANTONIO, TX 78209
Medicare 2:
Phone (210) 733-9800 Fax (210) 733-8223
Type: Parent Agency Administrator FRANCES JACKSON

Owner Information

INCARNATE WORD RETIREMENT COMMUNITY INC
4707 BROADWAY ST
SAN ANTONIO, TEXAS 78209
PHONE: (210) 829-7561 FAX: (210) 829-1601
Services: Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/14/2016
License # 017713 SOFT TOUCH HOME CARE INC
Lic Expire 4/30/2022 1222 CALLAGHAN ROAD SUITE #100
Medicare 1: SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 433-7707 Fax (210) 433-0109
Type: Parent Agency Administrator ALMA RODRIGUEZ

Owner Information

SOFT TOUCH HOME CARE, INC
1222 CALLAGHAN ROAD SUITE 100
SAN ANTONIO, TX 78228
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 04/14/2016
License # 017712 SOFT TOUCH HOME CARE INC
Lic Expire 4/30/2022 1222 CALLAGHAN ROAD SUITE #200
Medicare 1: 678109 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 433-0555 Fax (210) 433-0109
Type: Parent Agency Administrator ALMA RODRIGUEZ

Owner Information

SOFT TOUCH HOME CARE, INC
1222 CALLAGHAN ROAD SUITE 100
SAN ANTONIO, TX 78228
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **BEXAR** Region 07 Date Licensed 10/18/2000
License # 007459 SPECIAL KIDS CARE
Lic Expire 10/31/2023 11124 WURZBACH RD SUITE 100
Medicare 1: 679026 SAN ANTONIO, TX 78230
Medicare 2:
Phone (210) 615-5242 Fax (210) 615-5280
Type: Parent Agency Administrator ANGELA PENA

Owner Information

KIDS HOME CARE OF TEXAS, INC
1225 NORTH LOOP WEST SUITE 500
HOUSTON, TX 77008
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	BEXAR	Region	07	Date Licensed	05/13/2019	Owner Information	
License #	019374					SPECIALTY HOMECARE LLC	
Lic Expire	8/31/2021					4203 GARDENDALE STE C256	
Medicare 1:						SAN ANTONIO, TEXAS 78229	
Medicare 2:							PHONE:
Phone	(210) 352-5242	Fax	(210) 352-5271				FAX:
Type:	Parent Agency	Administrator	MEGAN MORALES			Services:	Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/04/2010	Owner Information	
License #	013690					SPEECH WEB HOME CARE, LLC	
Lic Expire	11/30/2022					105 BILTMORE #205	
Medicare 1:						SAN ANTONIO, TX 78213	
Medicare 2:							PHONE:
Phone	(210) 525-1441	Fax	(210) 525-0141				FAX:
Type:	Parent Agency	Administrator	LORRAINE ESQUIVEL			Services:	Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	06/15/2021	Owner Information	
License #	020832					SPRUCE HOSPICE LLC	
Lic Expire	6/15/2024					8746 WURZBACH ROAD, 201- K	
Medicare 1:						SAN ANTONIO, TEXAS 78240	
Medicare 2:							PHONE:
Phone	(210) 729-1448	Fax	(210) 729-7305				FAX:
Type:	Parent Agency	Administrator	VANESSA LUNA			Services:	Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	09/03/2021	Owner Information	
License #	021022					SHOSWORLD LLC	
Lic Expire	9/3/2024					2600 NE INTERSTATE LOOP 410 APT 1502	
Medicare 1:						SAN ANTONIO, TX 78217	
Medicare 2:							PHONE:
Phone	(210) 763-6504	Fax					FAX:
Type:	Parent Agency	Administrator	OLUSHOLA SANGODELE			Services:	Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	02/03/2021	Owner Information	
License #	020507					ST JOSEPH'S ADULT HEALTHCARE, LLC	
Lic Expire	2/3/2023					1100 NW LOOP 410 SUITE 700	
Medicare 1:						SAN ANTONIO, TX 78213	
Medicare 2:							PHONE:
Phone	(210) 740-9780	Fax					FAX:
Type:	Parent Agency	Administrator	JOSEPHINE NLEKWA			Services:	Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	08/31/2009	Owner Information	
License #	012830					ST MARK HOME HEALTH CARE, LLC	
Lic Expire	8/31/2023					5545 FREDRICKSBURG ROAD STE#205	
Medicare 1:	747460 HHA-18					SAN ANTONIO, TX 78229	
Medicare 2:							PHONE:
Phone	(210) 366-2352	Fax	(210) 366-2350				FAX:
Type:	Parent Agency	Administrator	YVONNE GONZALEZ			Services:	Licensed and Certified Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/20/2013	Owner Information	
License #	015881					SANTA MARIA MEDICAL GROUP INC	
Lic Expire	11/30/2023					P. O. BOX 23067	
Medicare 1:						SAN ANTONIO, TX 78223	
Medicare 2:							PHONE:
Phone	(210) 257-8458	Fax	(210) 257-8533				FAX:
Type:	Parent Agency	Administrator	WILLIAM CANELA			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	05/27/2016	Owner Information
License #	017425					ST MICHAEL PROVIDERS LLC
Lic Expire	8/31/2022					104 PARDO CIRCLE
Medicare 1:						SAN ANTONIO, TX 78228
Medicare 2:						PHONE:
Phone	(210) 960-2244	Fax	(210) 960-2240			FAX:
Type:	Parent Agency	Administrator	ESTHER SAN MIGUEL			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/15/2019	Owner Information
License #	019372					ST MICHAEL'S SENIOR CARE, LLC
Lic Expire	5/9/2021					1240 FOREST PARK DRIVE
Medicare 1:						WEATHERFORD, TEXAS 76087
Medicare 2:						PHONE:
Phone	(210) 882-6559	Fax	(210) 579-8297			FAX:
Type:	Parent Agency	Administrator	BREANNA WILLIAMS			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	03/01/2008	Owner Information
License #	012046					SUMMIT HOMECARE SERVICES LLC
Lic Expire	2/28/2024					7475 CALLAGAN RD SUITE 203
Medicare 1:	45-7912 (HHA); 97-					SAN ANTONIO, TX 78229-2934
Medicare 2:						PHONE:
Phone	(210) 615-3877	Fax	(210) 615-3876			FAX:
Type:	Parent Agency	Administrator	ANDREA BARCAK			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	10/01/2019	Owner Information
License #	019623					SUNCREST HOSPICE SAN ANTONIO LLC
Lic Expire	10/1/2023					14100 SAN PEDRO AVE STE 300
Medicare 1:	971590					SAN ANTONIO, TEXAS 78232
Medicare 2:						PHONE:
Phone	(830) 637-2721	Fax	(210) 978-5250			FAX:
Type:	Parent Agency	Administrator	ANNE NISLEY			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	02/21/2019	Owner Information
License #	019272					SUNRISE HOSPICE, INC
Lic Expire	2/21/2023					4402 VANCE JACKSON RD STE 100
Medicare 1:	971550 (HOSPICE)					SAN ANTONIO, TEXAS 78230
Medicare 2:						PHONE:
Phone	(210) 239-7802	Fax	(210) 817-8614			FAX:
Type:	Parent Agency	Administrator	RONNIE MUNIZ II			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	01/13/2014	Owner Information
License #	016017					SUPER HERO KIDS HOME HEALTH, LLC
Lic Expire	1/31/2025					8700 CROWNHILL BLVD. STE. #105
Medicare 1:	677851					SAN ANTONIO, TX 78209
Medicare 2:						PHONE:
Phone	(210) 937-1104	Fax	(210) 255-8772			FAX:
Type:	Parent Agency	Administrator	STEVAN ADAMS			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	09/01/2010	Owner Information
License #	013689					SUPERIOR HOME HEALTH OF SAN ANTONIO LLC
Lic Expire	8/31/2022					8000 VANTAGE DRIVE
Medicare 1:	679504 HHA-18					SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(210) 662-0004	Fax	(210) 662-0619			FAX:
Type:	Parent Agency	Administrator	PATSY BISCAINO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	11/08/2011	Owner Information	
License #	014459					SUPERIOR HOSPICE, LLC	
Lic Expire	2/1/2022					8000 VANTAGE DRIVE	
Medicare 1:	671739 HOSPICE					SAN ANTONIO, TX 78230	
Medicare 2:						PHONE:	FAX:
Phone	(210) 877-5777	Fax	(210) 877-5722			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BELINDA JUAREZ				
County	BEXAR	Region	07	Date Licensed	05/03/2021	Owner Information	
License #	020728					SUPERIOR HOSPICE V, LLC	
Lic Expire	5/3/2024					8000 VANTAGE DR	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:						PHONE:	FAX:
Phone	(210) 686-0144	Fax	(210) 579-9465			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	PATSY BISCAINO				
County	BEXAR	Region	07	Date Licensed	07/29/2021	Owner Information	
License #	020942					SUPERIOR HOSPICE VI, LLC	
Lic Expire	7/29/2024					8000 VANTAGE DR	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:						PHONE:	FAX:
Phone	(210) 686-0683	Fax	(210) 941-0116			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	PATSY BISCAINO				
County	BEXAR	Region	07	Date Licensed	07/09/2021	Owner Information	
License #	020892					SYCAMORE HOSPICE, LLC	
Lic Expire	7/9/2024					8746 WURZBACH ROAD, 201- P	
Medicare 1:						SAN ANTONIO, TEXAS 78240	
Medicare 2:						PHONE:	FAX:
Phone	(210) 729-1448	Fax	(210) 729-7305			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	VANESSA LUNA				
County	BEXAR	Region	07	Date Licensed	08/22/2013	Owner Information	
License #	019583					INDEPENDENT LIVING SOLUTIONS INC	
Lic Expire	9/6/2024					24719 CREEK LOOP	
Medicare 1:						SAN ANTONIO, TX 78266	
Medicare 2:						PHONE:	FAX:
Phone	210 2671252	Fax	210 2675598			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BETTINA MCGRIGGLER				
County	BEXAR	Region	07	Date Licensed	08/02/2018	Owner Information	
License #	018866					TC CARE LLC	
Lic Expire	8/31/2022					6922 CUTTING CREEK	
Medicare 1:						SAN ANTONIO, TX 78244	
Medicare 2:						PHONE:	FAX:
Phone	(210) 478-7906	Fax	(210) 478-7906			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAMMI WARD				
County	BEXAR	Region	03	Date Licensed		Owner Information	
License #	012487					VIVICARE HEALTH PARTNERS LLC	
Lic Expire	3/31/2023					2999 N. 44TH STREET STE 100	
Medicare 1:						PHOENIX, AZ 85018	
Medicare 2:						PHONE:	FAX:
Phone	(210) 714-0688	Fax	(830) 201-1550			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	DANA TARRANT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/11/2013	Owner Information	
License #	015909					TENDER TOUCH HOSPICE LLC	
Lic Expire	12/31/2021					4203 GARDENDALE ST C-112	
Medicare 1:	741559 HOSPICE					SAN ANTONIO, TX 78229	
Medicare 2:						PHONE:	
Phone	(210) 585-6352	Fax	(210) 994-9118			FAX:	
Type:	Parent Agency	Administrator	SHEILA GALINDO-CAMPOS				Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	10/10/2005	Owner Information	
License #	008583					TEXAS HEALTH STAFFING SERVICES INC	
Lic Expire	9/30/2023					1115 CHIHUAHUA SUITE A	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	
Phone	(210) 433-3133	Fax	(210) 433-3177			FAX:	
Type:	Branch Agency	Administrator	EDNA VERNETTE RAETZSCH CARRANZA				Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	06/06/2005	Owner Information	
License #	009956					TEXAS HEALTHCARE SOLUTIONS, INC	
Lic Expire	6/30/2024					11550 IH 35 10 WEST STE#170	
Medicare 1:	679298 HHA-18					SAN ANTONIO, TX 78230	
Medicare 2:						PHONE:	
Phone	(210) 877-5222	Fax	(210) 877-5228			FAX:	
Type:	Parent Agency	Administrator	SHANNON BOWEN				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	05/10/2016	Owner Information	
License #	017592					TEXAS HEARTFELT PERSONAL CARE LLC	
Lic Expire	5/31/2022					4203 GARDENDALE, SUITE C 207	
Medicare 1:						SAN ANTONIO, TX 78229	
Medicare 2:						PHONE:	
Phone	(210) 616-9790	Fax	(210) 616-9791			FAX:	
Type:	Parent Agency	Administrator	DELORES PATTERSON				Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	02/15/2005	Owner Information	
License #	007949					TEXAS HOME HEALTH SKILLED SERVICES	
Lic Expire	5/31/2022					4801 NW LOOP 410 SUITE 115	
Medicare 1:						SAN ANTONIO, TX 78229	
Medicare 2:						PHONE:	
Phone	(210) 349-7355	Fax	(210) 349-7385			FAX:	
Type:	Branch Agency	Administrator	CHRISTINA MAYA-CRUZ				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/21/2009	Owner Information	
License #	012864					BRUSH COUNTRY HOME HEALTH INC	
Lic Expire	9/30/2024					SAME AS PHYSICAL ADDRESS	
Medicare 1:	747609					ZAPATA, TX 78076	
Medicare 2:						PHONE:	
Phone	210 9479550	Fax	210 4550250			FAX:	
Type:	Parent Agency	Administrator	JOSE L TREVINO III				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/23/2014	Owner Information	
License #	016333					TEXCARE HEALTHCARE SYSTEM LLC	
Lic Expire	7/31/2022					1915 LA MANDA	
Medicare 1:						SAN ANTONIO, TX 78201	
Medicare 2:						PHONE:	
Phone	(210) 541-8111	Fax	(210) 541-8110			FAX:	
Type:	Parent Agency	Administrator	LAWRENCE OSEGHAE, R.N., M.B.A.				Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BEXAR** Region 07 Date Licensed 08/10/2005
License # 009902 THANK YOU NURSES LTD
Lic Expire 8/31/2023 4242 WOODCOCK DRIVE STE 150
Medicare 1: 677911 HHA-18 SAN ANTONIO, TX 78228
Medicare 2:
Phone (210) 767-9044 Fax (210) 767-9046

Type: Parent Agency Administrator JENNIFER FLORES

Owner Information

THANK YOU NURSES LTD
N/A
SAN ANTONIO, TX 78228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 06/22/2017
License # 018123 THE MEDICAL TEAM INC
Lic Expire 6/30/2023 45 N.E. LOOP 410 STE 800
Medicare 1: 741714 HOSPICE SAN ANTONIO, TX 782165837
Medicare 2:
Phone (210) 270-1393 Fax (210) 270-1367

Type: Parent Agency Administrator MARTHA NARANJO

Owner Information

THE MEDICAL TEAM INC
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 04/17/2018
License # 018707 THE MEDICAL TEAM INC
Lic Expire 8/1/2022 45 NE LOOP 410, SUITE 800A
Medicare 1: 971703 Hospice SAN ANTONIO, TX 78216
Medicare 2:
Phone (214) 373-1111 Fax (214) 238-8080

Type: Parent Agency Administrator MARTHA NARANJO

Owner Information

THE MEDICAL TEAM INC
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BEXAR** Region 07 Date Licensed 07/26/1983
License # 001327 THE MEDICAL TEAM INC
Lic Expire 7/31/2022 45 N E LOOP 410 SUITE 800
Medicare 1: 457491 HHA-18 SAN ANTONIO, TX 78216
Medicare 2:
Phone (210) 227-9000 Fax (210) 224-2020

Type: Parent Agency Administrator DAVID MYERS

Owner Information

THE MEDICAL TEAM INC
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 09/27/2013
License # 015930 THERACARE HOME HEALTH
Lic Expire 9/30/2023 8122 DATAPOINT DRIVE, SUITE 410A
Medicare 1: 677248 HHA-18 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 616-3299 Fax (210) 616-3298

Type: Parent Agency Administrator ROSALINDA FERREL

Owner Information

CANTEX HOME HEALTH FORT WORTH LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX
PHONE: () - 1 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed
License # 015930 THERACARE HOME HEALTH
Lic Expire 9/30/2023 8122 DATAPOINT DRIVE, SUITE 410C
Medicare 1: 67Q7248003 SAN ANTONIO, TX 78229
Medicare 2:
Phone (210) 616-3299 Fax (210) 616-3298

Type: Branch Agency Administrator ROSALINDA FERREL

Owner Information

CANTEX HOME HEALTH FORT WORTH LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX
PHONE: () - 1 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BEXAR** Region 07 Date Licensed 01/14/2021
License # 020463 THERAPLAY
Lic Expire 1/14/2023 6710 LOMA CORONA
Medicare 1: SAN ANTONIO, TEXAS 78233
Medicare 2:
Phone (210) 876-6600 Fax (210) 876-4778

Type: Parent Agency Administrator NICO JOB GREGORIO DE GUZMAN

Owner Information

PROGRESSIVE THERAPY IN MOTION, INC
PHONE: FAX:
Services: Licensed Home Health Services

County	BEXAR	Region	03	Date Licensed		Owner Information
License #	007367					THERAPY 2000
Lic Expire	7/31/2022					1431 GREENWAY DRIVE, SUITE 500
Medicare 1:						IRVING, TX 75038
Medicare 2:						PHONE:
Phone	12144679787	Fax	14699165800			FAX:
Type:	Branch Agency	Administrator	DARLA GRANT			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	04/04/2017	Owner Information
License #	018144					UNITY HOSPICE CARE LLC
Lic Expire	4/30/2024					10221 DESSERT SANDS SUITE 106A
Medicare 1:	741626 HOSPICE					SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(210) 780-3003	Fax	(888) 507-0660			FAX:
Type:	Parent Agency	Administrator	JOYCE SMITH			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	05	Date Licensed	11/01/2016	Owner Information
License #	017864					FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(210) 804-0193	Fax	(210) 610-8782			FAX:
Type:	Branch Agency	Administrator	IDALIA ARAGUZ, RN			Services: Licensed Home Health Services
County	BEXAR	Region	07	Date Licensed	06/02/2003	Owner Information
License #	008484					TITAN HEALTH SERVICES LLC
Lic Expire	6/30/2024					10010 ROGER'S CROSSING STE 210
Medicare 1:	679343 HHA-18					SAN ANTONIO, TX 78251
Medicare 2:						PHONE:
Phone	(210) 736-6100	Fax	(210) 736-6101			FAX:
Type:	Parent Agency	Administrator	RUBEN GARCIA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	06	Date Licensed	09/01/2004	Owner Information
License #	009281					TOUCH OF CLASS
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 653-8475	Fax	(210) 653-8012			FAX:
Type:	Branch Agency	Administrator	JANET BOWLES			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	10/01/2018	Owner Information
License #	019582					J & J INHOME CARE LLC
Lic Expire	9/6/2021					20079 STONE OAK PARKWAY
Medicare 1:						SAN ANTONIO, TX 78258
Medicare 2:						PHONE:
Phone	210 4216078	Fax				FAX:
Type:	Parent Agency	Administrator	ALAN BUMPUS			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	07/23/2007	Owner Information
License #	011485					ALAMO HOME HEALTHCARE INC
Lic Expire	7/31/2022					11411 RENDEZVOUS DR.
Medicare 1:	747024 HHA-18					SAN ANTONIO, TEXAS 78216
Medicare 2:						PHONE:
Phone	(210) 541-8884	Fax	(210) 541-8188			FAX:
Type:	Parent Agency	Administrator	MICHELLE CORTEZ			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed		Owner Information
License #	021364					TRANQUILITY HOME CARE AND HOSPICE LLC
Lic Expire	2/1/2025					8452 FREDERICKSBURG RD #267
Medicare 1:						SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(210) 362-1433	Fax	(210) 855-7657			FAX:
Type:	Parent Agency	Administrator	JAMES THOMAS JR.			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/04/2018	Owner Information
License #	018741					PEACE OF MIND HOSPICE 2, LLC
Lic Expire	5/31/2022					1844 LOCKHILL SELMA RD., STE. 103G
Medicare 1:	971546 (HOSPICE)					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
Type:	Parent Agency	Administrator	HOLLY FOX			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/25/2018	Owner Information
License #	018761					PEACE OF MIND HOSPICE 3, LLC
Lic Expire	5/31/2022					1844 LOCKHILL SELMA RD. STE 103H
Medicare 1:	97-1536 (HOSPICE)					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
Type:	Parent Agency	Administrator	SANDRA MALDONADO			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/31/2018	Owner Information
License #	019763					FELICA HOSPICE LLC
Lic Expire	1/8/2022					
Medicare 1:	971596 Hospice					
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
Type:	Parent Agency	Administrator	HOLLY FOX			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	05/31/2018	Owner Information
License #	019772					CAYLOR HOSPICE LLC
Lic Expire	1/9/2022					
Medicare 1:	971587					
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
Type:	Parent Agency	Administrator	SANDRA MALDONADO			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	04/17/2018	Owner Information
License #	018709					LACKLAND HOSPICE LLC
Lic Expire	4/30/2022					1840 LOCKHILL SELMA RD STE 103E
Medicare 1:	97-1503 (HOSPICE)					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
Type:	Parent Agency	Administrator	HOLLY FOX			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	07/14/2017	Owner Information
License #	018166					PEACE OF MIND HOSPICE LLC
Lic Expire	7/31/2024					1844 LOCKHILL SELMA RD STE 103I
Medicare 1:	74-1751 Hospice					SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-4049			FAX:
Type:	Parent Agency	Administrator	HOLLY FOX			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	01/14/2019	Owner Information
License #	019197			TRANSCEND HOSPICE		TRANSITIONS HOSPICE LLC
Lic Expire	1/14/2023			1844 LOCKHILL SELMA RD., SUITE 102		1846 LOCKHILL SELMA RD SUITE 101
Medicare 1:	741585			SAN ANTONIO, TEXAS 78213		SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 679-1485	Fax	(888) 696-3440			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	FELICA ACOSTA- PETERS			
County	BEXAR	Region	07	Date Licensed	11/01/2021	Owner Information
License #	021175			TRANSCEND HOSPICE		TRANSCEND HOSPICE 20 LLC
Lic Expire	11/1/2024			1844 LOCKHILL SELMA ROAD, SUITE 101V		
Medicare 1:				SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SANDRA MALDONADO			
County	BEXAR	Region	07	Date Licensed	11/23/2020	Owner Information
License #	020336			TRANSCEND HOSPICE		
Lic Expire	11/23/2022			1844 LOCKHILL SELMA RD. SUITE 101 U		
Medicare 1:				SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CLAUDIA GARCIA			
County	BEXAR	Region	07	Date Licensed	11/23/2020	Owner Information
License #	020337			TRANSCEND HOSPICE		TRANSCEND HOSPICE 16 LLC
Lic Expire	11/23/2022			1844 LOCKHILL SELMA RD, SUITE 101 R		
Medicare 1:	971676			SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SANDRA MALDONADO			
County	BEXAR	Region	07	Date Licensed	09/05/2020	Owner Information
License #	020081			TRANSCEND HOSPICE		TRANSCEND HOSPICE 14 LLC
Lic Expire	7/29/2022			1844 LOCKHILL SELMA RD., STE 101 P		
Medicare 1:	971626 Hospice			SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	HOLLY FOX			
County	BEXAR	Region	07	Date Licensed	09/01/2020	Owner Information
License #	020137			TRANSCEND HOSPICE		TRANSCEND HOSPICE 15 LLC
Lic Expire	9/1/2022			1844 LOCKHILL SELMA RD, SUITE 101Q		
Medicare 1:	971630 Hospice			SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CLAUDIA GARCIA			
County	BEXAR	Region	07	Date Licensed	11/23/2020	Owner Information
License #	020339			TRANSCEND HOSPICE		TRANSCEND HOSPICE 17 LLC
Lic Expire	11/23/2022			1844 LOCKHILL SELMA RD. SUITE 101 S		
Medicare 1:	971642			SAN ANTONIO, TEXAS 78213		
Medicare 2:						PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SANDRA MALDONADO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	11/23/2020	Owner Information	
License #	020338					TRANSCEND HOSPICE	TRANSCEND HOSPICE 18 LLC
Lic Expire	11/23/2022					1844 LOCKHILL SELMA RD. SUITE 101 T	
Medicare 1:						SAN ANTONIO, TEXAS 78213	
Medicare 2:							PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SANDRA MALDONADO				
County	BEXAR	Region	07	Date Licensed	09/17/2021	Owner Information	
License #	021057					TRANSCEND HOSPICE	TRANSCEND HOSPICE 21 LLC
Lic Expire	9/17/2024					1844 LOCKHILL SELMA RD. SUITE 101W	
Medicare 1:						SAN ANTONIO, TEXAS 78213	
Medicare 2:							PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SANDRA MALDONADO				
County	BEXAR	Region	07	Date Licensed	06/30/2020	Owner Information	
License #	019950					TRANSCEND HOSPICE	TRANSCEND HOSPICE LLC
Lic Expire	5/18/2022					1844 LOCKHILL SELMA RD., STE 101 O	
Medicare 1:	971621 Hospice					SAN ANTONIO, TEXAS 78213	
Medicare 2:							PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SANDRA MALDONADO				
County	BEXAR	Region	07	Date Licensed	06/15/2020	Owner Information	
License #	019925					TRANSCEND HOSPICE	TRANSCEND HOSPICE 13 LLC
Lic Expire	5/11/2022					1844 LOCKHILL SELMA RD., STE 101 N	
Medicare 1:	971599 Hospice					SAN ANTONIO, SAN ANTONIO 78213	
Medicare 2:							PHONE:
Phone	(210) 994-5388	Fax	(210) 796-3049				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SANDRA MALDONADO				
County	BEXAR	Region	07	Date Licensed	02/12/2015	Owner Information	
License #	016723					TRIAGE HOME CARE	MOST CHOICE HEALTHCARE LLC
Lic Expire	2/28/2023					1603 BABCOCK SUITE 115	1603 BABCOCK SUITE 115
Medicare 1:						SAN ANTONIO, TX 78229	SAN ANTONIO, TX 78229
Medicare 2:							PHONE:
Phone	(210) 457-4444	Fax	(210) 457-4446				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HAZEM MOHAMED				
County	BEXAR	Region	07	Date Licensed	11/06/2019	Owner Information	
License #	019682					TRIBUTE HOSPICE AND PALLIATIVE CARE	TRILATERAL CONSULTING LLC
Lic Expire	11/6/2023					12042 BLANCO ROAD STE 120	
Medicare 1:	971665					SAN ANTONIO, TEXAS 78216	
Medicare 2:							PHONE:
Phone	(210) 890-2700	Fax	(210) 890-2727				FAX:
						Services: Hospice; Licensed Home Health Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TOBI AGUIGUI				
County	BEXAR	Region	07	Date Licensed	06/19/1996	Owner Information	
License #	004624					TRICARE HOME HEALTH SERVICES INC	TRICARE HOME HEALTH SERVICES, INC
Lic Expire	6/30/2024					5724 KENWICK STREET	5124 KENWICK STREET
Medicare 1:	678422 HHA-18					SAN ANTONIO, TX 78238	SAN ANTONIO, TX 78238
Medicare 2:							PHONE:
Phone	(210) 342-7777	Fax	(210) 342-5030				FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	OKEY OKOYE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	09/23/2016	Owner Information
License #	017865					ECHO HOSPICE LLC
Lic Expire	9/30/2022					7219 HORSE WHIP
Medicare 1:	741591 HOSPICE					SAN ANTONIO, TX 78240
Medicare 2:						PHONE:
Phone	(210) 960-2223	Fax	(888) 820-3402			FAX:
Type:	Parent Agency	Administrator	RAY GOMEZ			Services: Hospice In-Patient Hospice: NO
County	BEXAR	Region	07	Date Licensed	02/15/2019	Owner Information
License #	019260					TWINKLE HEALTHCARE SERVICES, LLC
Lic Expire	2/15/2023					5500 WALZEM RD
Medicare 1:						SAN ANTONIO, TEXAS 78218
Medicare 2:						PHONE:
Phone	(210) 783-0260	Fax	(210) 783-0387			FAX:
Type:	Parent Agency	Administrator	NNENNA AWAGU			Services: Licensed Home Health Services; Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	12/30/2006	Owner Information
License #	011026					TWELVE LAC INC
Lic Expire	12/31/2022					123 WALEETKA ST
Medicare 1:	747015 HHA-18					SAN ANTONIO, TX 78210
Medicare 2:						PHONE:
Phone	(210) 924-6077	Fax	(855) 885-0502			FAX:
Type:	Parent Agency	Administrator	ELIGIO FLORES			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	09/28/2016	Owner Information
License #	002358					E & O HOME HEALTH CARE INC
Lic Expire	7/31/2023					P.O. BOX 691
Medicare 1:						KINGSVILLE, TEXAS 78363
Medicare 2:						PHONE:
Phone	(210) 592-6358	Fax	(210) 592-6317			FAX:
Type:	Branch Agency	Administrator	PATRICIA PEREZ			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	10/17/2002	Owner Information
License #	008155					LAM SERVICES INC
Lic Expire	5/31/2022					358 W. SUNSET
Medicare 1:						SAN ANTONIO, TX 78209
Medicare 2:						PHONE:
Phone	(210) 826-9200	Fax	(210) 826-9206			FAX:
Type:	Parent Agency	Administrator	MICHELLE FERGUSON			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	11/05/2019	Owner Information
License #	019679					L&L SENIOR HOME CARE, INC
Lic Expire	11/5/2021					20458 WAHL LANE
Medicare 1:						GARDEN RIDGE, TX 78266
Medicare 2:						PHONE:
Phone	(210) 378-2430	Fax				FAX:
Type:	Parent Agency	Administrator	LEE INABINET			Services: Personal Assistance Services
County	BEXAR	Region	07	Date Licensed	05/29/2003	Owner Information
License #	007195					VITAS HEALTHCARE OF TEXAS LP
Lic Expire	11/30/2024					5131 MEDICAL DRIVE, SUITE 310
Medicare 1:						SAN ANTONIO, TEXAS 78229
Medicare 2:						PHONE:
Phone	(210) 961-4060	Fax	(210) 961-4075			FAX:
Type:	Alternate Delivery Site	Administrator	JOSEPH BRICKNER			Services: Hospice In-Patient Hospice: YES

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BEXAR	Region	07	Date Licensed	12/01/1998	Owner Information	
License #	007195					VITAS HEALTHCARE OF TEXAS LP	
Lic Expire	11/30/2024						
Medicare 1:	451591 HOSPICE						
Medicare 2:						PHONE:	FAX:
Phone	(210) 348-4040	Fax	(210) 348-4040			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOSEPH BRICKNER				
County	BEXAR	Region	07	Date Licensed	03/31/1997	Owner Information	
License #	005412					WECARE HEALTH SERVICES INC	
Lic Expire	3/31/2023					10306 CRYSTAL FIELD	
Medicare 1:						SAN ANTONIO, TX 78250	
Medicare 2:						PHONE:	FAX:
Phone	(210) 682-1424	Fax	(210) 684-5591			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JONAH OBASI				
County	BEXAR	Region	07	Date Licensed	09/13/2019	Owner Information	
License #	019599					WECARE PRIMARY HOME CARE LLC	
Lic Expire	9/13/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 783-0177	Fax	(210) 783-0388			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MONICA TRAVESIO				
County	BEXAR	Region	07	Date Licensed	12/28/2021	Owner Information	
License #	021296					WECARE4U HOME HEALTHCARE LLC	
Lic Expire	12/28/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 375-4161	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LILLIE LEE				
County	BEXAR	Region	07	Date Licensed	09/30/2020	Owner Information	
License #	020208					YELLOW ROSE HOSPICE CARE, INC	
Lic Expire	9/30/2022						
Medicare 1:	971659						
Medicare 2:						PHONE:	FAX:
Phone	(210) 797-7316	Fax	(210) 783-8316			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ALFRED PEREZ				
County	BOSQUE	Region	05	Date Licensed	08/26/2019	Owner Information	
License #	019715					BOSQUE COUNTY HOSPITAL DISTRICT	
Lic Expire	8/26/2024					PO BOX 549	
Medicare 1:	457688					CLIFTON, TX 76634	
Medicare 2:						PHONE:	FAX:
Phone	(254) 675-4101	Fax	(254) 675-6260			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REBECCA BIRD				
County	BOSQUE	Region	05	Date Licensed	07/07/2006	Owner Information	
License #	010595					LUTHERAN SUNSET MINISTRIES	
Lic Expire	7/31/2022					PO BOX 71	
Medicare 1:	671557 HOSPICE					CLIFTON, TX 76634	
Medicare 2:						PHONE:	FAX: (254) 675-3044
Phone	(254) 675-3391	Fax	(254) 675-3493			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	REBECCA BIRD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BOWIE	Region	04	Date Licensed	01/22/2021	Owner Information	
License #	020482					ABOVE ALL TX LLC	
Lic Expire	1/22/2023					835 MARGARET PLACE	
Medicare 1:						SHREVEPORT, LA 71101	
Medicare 2:						PHONE:	FAX:
Phone	(903) 838-0394	Fax	(903) 792-6553			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNY CHOI				
County	BOWIE	Region	04	Date Licensed	12/15/2020	Owner Information	
License #	020406					ALL AMERICAN SENIORCARE SERVICES LLC	
Lic Expire	12/15/2022					2176 COUNTY ROAD 2001	
Medicare 1:						NEW BOSTON, TX 75570	
Medicare 2:						PHONE:	FAX:
Phone	(903) 278-5942	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LINDA KAY GILDON				
County	BOWIE	Region	03	Date Licensed		Owner Information	
License #	017788					CCD HOSPICE MP, LLC	
Lic Expire	12/31/2022					201 W. 20TH STREET, SUITE 101	
Medicare 1:						MOUNT PLEASANT, TX 75455	
Medicare 2:						PHONE:	FAX:
Phone	430 2004640	Fax	430 2004687			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	KELLY DALE			In-Patient Hospice: NO	
County	BOWIE	Region	03	Date Licensed	05/18/2009	Owner Information	
License #	012602					HEALTHCARE ASSOCIATES LLC	
Lic Expire	5/31/2023					3704 BEN HOGAN	
Medicare 1:	747723 HHA-18					LONGVIEW, TX 75605	
Medicare 2:						PHONE:	FAX:
Phone	(903) 306-2333	Fax	(903) 306-2324			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA BISHOP				
County	BOWIE	Region	04	Date Licensed	11/01/2017	Owner Information	
License #	018555					TEXAS HEALTH CARE GROUP OF TEXARKANA LLC	
Lic Expire	10/31/2024					PO BOX 51266	
Medicare 1:	679372 HHA-18					LAFAYETTE, LA	
Medicare 2:						PHONE:	FAX:
Phone	903 2555100	Fax	903 2555190			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	HOLLY WINTERS				
County	BOWIE	Region	04	Date Licensed	03/29/2005	Owner Information	
License #	009660					MRC CORNERSTONE	
Lic Expire	3/31/2023					4100 MOORES LANE	
Medicare 1:						TEXARKANA, TX 75503	
Medicare 2:						PHONE:	FAX:
Phone	(903) 831-2975	Fax	(903) 334-9135			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KATRINA OTWELL				
County	BOWIE	Region	04	Date Licensed	03/27/2018	Owner Information	
License #	018669					CLINICAL SPECIALTY INFUSIONS OF DALLAS, LLC	
Lic Expire	3/31/2022					811 NORTH KINGS HIGHWAY	
Medicare 1:						WAKE VILLAGE, TX 75503	
Medicare 2:						PHONE:	FAX:
Phone	(833) 569-1005	Fax	(430) 200-4870			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	AMBER RECORD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BOWIE** Region 04 Date Licensed 03/07/2017
License # 018042 ELARA CARING
Lic Expire 3/31/2023 102 N CENTRE STREET
Medicare 1: DEKALB, TX 75559
Medicare 2:
Phone (903) 667-4588 Fax (903) 667-7488
Type: Branch Agency Administrator KENDRA YAROSS

Owner Information

HOMETOWN HOME HEALTH SERVICES, INC
3025 LAMAR AVE
PARIS, TX 75460-5013
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BOWIE** Region 04 Date Licensed 11/01/2002
License # 008181 ELARA CARING
Lic Expire 10/31/2023 3505 SUMMERHILL RD SUITE 5
Medicare 1: 457015 HHA-18 TEXARKANA, TX 75503
Medicare 2:
Phone (903) 794-3102 Fax (903) 793-1875
Type: Parent Agency Administrator DORIS GIBSON

Owner Information

JORDAN HOME HEALTH CARE, LLC
14295 MIDWAY RD. STE. 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BOWIE** Region 04 Date Licensed 07/01/2015
License # 017031 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2023 2900 ST. MICHAEL DR., SUITE 400C
Medicare 1: 679641 TEXARKANA, TEXAS 75503
Medicare 2:
Phone 903 7930265 Fax 903 8320314
Type: Parent Agency Administrator STEPHANIE REED

Owner Information

AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BOWIE** Region 04 Date Licensed 12/01/2006
License # 011277 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2023 2900 ST. MICHAEL DRIVE, SUITE 400A
Medicare 1: TEXARKANA, TEXAS 75503
Medicare 2:
Phone 903 7930264 Fax 903 7930269
Type: Branch Agency Administrator STEPHANIE REED

Owner Information

AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BOWIE** Region 04 Date Licensed 09/01/2016
License # 017794 ENCOMPASS HEALTH HOSPICE
Lic Expire 8/31/2022 2900 ST. MICHAEL DR., SUITE 400B
Medicare 1: 451785 HOSPICE TEXARKANA, TEXAS 75503
Medicare 2:
Phone 903 2550430 Fax 903 2550433
Type: Parent Agency Administrator LESIA SMITH

Owner Information

EH HOME HEALTH OF EAST TEXAS, LLC
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BOWIE** Region 04 Date Licensed 11/04/2008
License # 012399 GUARDIAN HEALTHCARE
Lic Expire 11/30/2022 5401 PLAZA DRIVE SUITE A
Medicare 1: 45Q8041006 TEXARKANA, TX 75503
Medicare 2:
Phone (903) 255-0782 Fax (903) 255-0785
Type: Branch Agency Administrator BLAKELY HILL

Owner Information

S FISHER AND S THOMAS, INC
1500 N GREENVILLE AVE, SUITE 300
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BOWIE** Region 04 Date Licensed 06/05/2007
License # 011470 HERITAGE HOME HEALTH
Lic Expire 6/30/2023 4605 TEXAS BOULEVARD
Medicare 1: 458337 HHA-18 TEXARKANA, TX 75503
Medicare 2:
Phone (903) 793-4900 Fax (903) 792-8412
Type: Parent Agency Administrator MICCA SHEEDY

Owner Information

FAMILY CARE HOME HEALTH INC
4605 TEXAS BOULEVARD
TEXARKANA, TX 75503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BOWIE** Region 04 Date Licensed 06/05/2007
License # 011470 HERITAGE HOME HEALTH
Lic Expire 6/30/2023 4605 TEXAS BOULEVARD
Medicare 1: 458337 HHA-18 TEXARKANA, TX 75503
Medicare 2:
Phone (903) 793-4900 Fax (903) 792-8412
Type: Parent Agency Administrator MICCA SHEEDY

Owner Information

FAMILY CARE HOME HEALTH INC
4605 TEXAS BOULEVARD
TEXARKANA, TX 75503
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BOWIE** Region 04 Date Licensed 03/29/1993
License # 002490 HOSPICE OF TEXARKANA INC
Lic Expire 3/31/2023 2407 GALLERIA OAKS
Medicare 1: 451578 HOSPICE TEXARKANA, TX 75503
Medicare 2:
Phone (903) 794-4263 Fax (430) 200-4677
Type: Parent Agency Administrator CYNTHIA MARSH

Owner Information

HOSPICE OF TEXARKANA INC
2407 GALLERIA OAKS
TEXARKANA, TX 75503
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BOWIE** Region 04 Date Licensed 07/07/2016
License # 017499 INFINITY HOME HEALTH SERVICES LLC
Lic Expire 7/31/2022 38 COUNTY RD 4216
Medicare 1: SIMMS, TX 75574
Medicare 2:
Phone (903) 556-5643 Fax (903) 543-2164
Type: Parent Agency Administrator PAULA WOODLEY

Owner Information

INFINITY HOME HEALTH SERVICES, LLC
38 COUNTY ROAD 4216
SIMMS, TX 75574
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BOWIE** Region 04 Date Licensed 05/03/2010
License # 013432 KINDRED HOSPICE
Lic Expire 5/31/2022 5409 PLAZA DRIVE
Medicare 1: 451583 HOSPICE TEXARKANA, TX 75503
Medicare 2:
Phone (903) 675-8941 Fax (903) 675-2289
Type: Parent Agency Administrator HOLLY RUCKER

Owner Information

INTEGRACARE OF ATHENSHOSPICE, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BOWIE** Region 04 Date Licensed 12/31/2013
License # 016092 LESTER DIERKSEN MEMORIAL HOSPICE
Lic Expire 12/31/2023 5520 PLAZA DRIVE
Medicare 1: 671514 HOSPICE TEXARKANA, TX 75503
Medicare 2:
Phone (903) 793-6350 Fax (903) 793-6354
Type: Parent Agency Administrator ANNETTE MUGNO

Owner Information

HOSPICE CARE OF TEXAS, LLP
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **BOWIE** Region 04 Date Licensed 04/30/2014
License # 016263 MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire 4/30/2022 4144 MCKNIGHT ROAD
Medicare 1: TEXARKANA, TX 75503
Medicare 2:
Phone (903) 334-6980 Fax (903) 334-6991
Type: Branch Agency Administrator SHARON HEVRON

Owner Information

PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BOWIE** Region 04 Date Licensed 08/07/2017
License # 018364 RETREAT HEALTH CARE SERVICES INC
Lic Expire 12/30/2024 4321 MCKNIGHT ROAD
Medicare 1: 677439 HHA-18 97 TEXARKANA, TEXAS 75503
Medicare 2:
Phone (903) 793-0282 Fax (903) 793-2586
Type: Parent Agency Administrator RICKEY RIEBESELL

Owner Information

RETREAT HEALTH CARE SERVICES INC
2501 SUMMERHILL ROAD
TEXARKANA, TX 75501
PHONE:
FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County	BOWIE	Region	04	Date Licensed	11/02/2017	Owner Information
License #	018419					SENIORS FOR SENIORS LIMITED LIABILITY COMPANY
Lic Expire	2/26/2023					9311 WATERVIEW ROAD
Medicare 1:						DALLAS, TX 75218
Medicare 2:						PHONE:
Phone	(870) 216-2273	Fax	(870) 330-3213			FAX:
Type:	Parent Agency	Administrator	MARK WREN			Services: Personal Assistance Services
County	BOWIE	Region	06	Date Licensed		Owner Information
License #	017658					TGI BROOKSTREET INC
Lic Expire	9/30/2022					12808 WEST AIRPORT BLVD #327
Medicare 1:						SUGARLAND, TX 77478
Medicare 2:						PHONE:
Phone	(832) 491-7578	Fax	(832) 201-7759			FAX:
Type:	Branch Agency	Administrator	OLUMIDE ADEBOWALE			Services: Licensed Home Health Services
County	BRAZORIA	Region	06	Date Licensed	04/28/2015	Owner Information
License #	016773					E & W ASSOCIATES LLC
Lic Expire	4/30/2023					13300 IRIS VIEW LN
Medicare 1:						PEARLAND, TX 77584
Medicare 2:						PHONE:
Phone	(832) 370-1143	Fax	(832) 201-6935			FAX:
Type:	Parent Agency	Administrator	IRMA WILSON			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	05/05/2017	Owner Information
License #	018039					KC3 & ASSOCIATES LLC
Lic Expire	5/31/2023					3004 INGLEWOOD LN
Medicare 1:						PEARLAND, TX 77584
Medicare 2:						PHONE:
Phone	(832) 664-9462	Fax	(832) 533-9830			FAX:
Type:	Parent Agency	Administrator	KIBIBI SELLERS			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	05/14/2021	Owner Information
License #	020751					A CARYNG HEALTH PROFESSIONAL LLC
Lic Expire	5/14/2023					10910 S. GESSNER RD BOX 710941
Medicare 1:						HOUSTON, TX 77271
Medicare 2:						PHONE:
Phone	(832) 291-4768	Fax	(713) 583-8106			FAX:
Type:	Parent Agency	Administrator	NICKI HOLIDAY			Services: Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015409					AMED SERVICES INC
Lic Expire	10/31/2022					89001 EF LOWRY EXPWY STE 102
Medicare 1:	67Q7457001					TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(979) 848-8925	Fax	(979) 848-8565			FAX:
Type:	Branch Agency	Administrator	JUNE LINGLE-HAAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZORIA	Region	06	Date Licensed	08/14/2020	Owner Information
License #	020104					ABUNDANT HEART HOME CARE, LLC
Lic Expire	8/14/2022					PO BOX 841501
Medicare 1:						PEARLAND, TX 77584
Medicare 2:						PHONE:
Phone	(281) 819-1888	Fax				FAX:
Type:	Parent Agency	Administrator	KATHERINE NUNN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZORIA	Region	06	Date Licensed	06/16/2020	Owner Information	
License #	020002					ALL INCLUSIVE HOME HEALTH CARE LLC	
Lic Expire	6/16/2022					3830 AURORA MIST	
Medicare 1:						HOUSTON, TEXAS 77578	
Medicare 2:						PHONE:	FAX:
Phone	(832) 282-1810	Fax	(832) 426-7704			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DORIS ROBINSON				
County	BRAZORIA	Region	06	Date Licensed	10/08/2014	Owner Information	
License #	016465					ORTHRUS INC	
Lic Expire	10/31/2022					2600 S SHORE BLVD SUITE 300	
Medicare 1:						LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 652-5492	Fax	(281) 652-5507			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KELLY LOVETT				
County	BRAZORIA	Region	06	Date Licensed	10/08/2014	Owner Information	
License #	016465					ORTHRUS INC	
Lic Expire	10/31/2022					2600 S SHORE BLVD SUITE 300	
Medicare 1:						LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 652-5492	Fax	(281) 652-5507			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KELLY LOVETT				
County	BRAZORIA	Region	06	Date Licensed	09/28/2011	Owner Information	
License #	014382					THE BELCHMAN GROUP, LLC	
Lic Expire	4/30/2022					10208 FOREST SPRING LANE	
Medicare 1:	747838 HHA-18					PEARLAND, TX 77584	
Medicare 2:						PHONE:	FAX:
Phone	(713) 480-6730	Fax	(713) 436-7982			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ENRICO BELARGA				
County	BRAZORIA	Region	06	Date Licensed	10/03/2017	Owner Information	
License #	018356					AMOYE HEALTHCARE SERVICES, INC	
Lic Expire	10/31/2024					38 TERRA BELLA DR	
Medicare 1:						MANVEL, TX 77578	
Medicare 2:						PHONE:	FAX:
Phone	(281) 656-1056	Fax	(281) 656-1055			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LEKEYIA AMOYE				
County	BRAZORIA	Region	06	Date Licensed	11/14/2003	Owner Information	
License #	008427					E MEDICAL GROUP INC	
Lic Expire	4/30/2022					2803 7TH STREET	
Medicare 1:						BAY CITY, TX 77414	
Medicare 2:						PHONE:	FAX:
Phone	(979) 297-3400	Fax	(979) 297-3428			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	ANGELA CRAWFORD				
County	BRAZORIA	Region	06	Date Licensed	11/14/2003	Owner Information	
License #	008427					E MEDICAL GROUP INC	
Lic Expire	4/30/2022					2803 7TH STREET	
Medicare 1:						BAY CITY, TX 77414	
Medicare 2:						PHONE:	FAX:
Phone	(979) 297-3400	Fax	(979) 297-3428			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	ANGELA CRAWFORD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZORIA	Region	06	Date Licensed	08/24/2021	Owner Information	
License #	020998					ANGELS OF GOSHEN HEALTHCARE INC	
Lic Expire	8/24/2024					4511 STONE RIDGE LN	
Medicare 1:						MANVEL, TX 77578	
Medicare 2:						PHONE:	FAX:
Phone	(510) 563-9285	Fax	(713) 979-9148			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHIDERA OJUKWU				
County	BRAZORIA	Region	06	Date Licensed	11/05/2004	Owner Information	
License #	009583					ANGLETON HOME HEALTH INC	
Lic Expire	11/30/2021					1212 NORTH VELASCO SUITE 200	
Medicare 1:	679109 HHA-18					ANGLETON, TX 77515	
Medicare 2:						PHONE:	FAX:
Phone	(979) 848-0219	Fax	(979) 848-2025			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELVA GUTIERREZ				
County	BRAZORIA	Region	06	Date Licensed	04/12/2021	Owner Information	
License #	020691					ANURSE HEALTH CARE PROVIDERS LLC	
Lic Expire	4/12/2024						
Medicare 1:						2909 PERDIDO BAY LN,	
Medicare 2:						PEARLAND, TX 77584	
Phone	(281) 919-6627	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	MARIA DIAZ			Services: Licensed Home Health Services	
County	BRAZORIA	Region	06	Date Licensed	01/20/2016	Owner Information	
License #	017228					REVA VENTURES, INC	
Lic Expire	1/31/2025					1600 EAST HWY 6, STE #401	
Medicare 1:						ALVIN, TX 77511	
Medicare 2:						PHONE:	FAX:
Phone	(281) 299-3151	Fax	(281) 724-8254			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VANAE FLAKE				
County	BRAZORIA	Region	06	Date Licensed	04/01/2021	Owner Information	
License #	020413					BENEVOLENCE HEALTH SERVICES, LLC	
Lic Expire	12/1/2022						
Medicare 1:						11200 BROADWAY #1517 RESIDENCES AT PEARLAND TOWNCEN	
Medicare 2:						PEARLAND, TEXAS 77584	
Phone	(832) 672-5292	Fax	(832) 672-3742			PHONE:	FAX:
Type:	Parent Agency	Administrator	MICHELLE BERNARD			Services: Personal Assistance Services	
County	BRAZORIA	Region	06	Date Licensed	02/24/2016	Owner Information	
License #	017289					BERNADETTE FIELDS HEALTHCARE LLC	
Lic Expire	2/28/2022					2101 KINGSLEY DR #8103	
Medicare 1:						PEARLAND, TX 77584	
Medicare 2:						PHONE:	FAX:
Phone	(713) 438-8022	Fax	(832) 569-5659			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BERNADETTE FIELDS				
County	BRAZORIA	Region	06	Date Licensed	03/01/2018	Owner Information	
License #	018641					BESTWAY HEALTHCARE SERVICES LLC	
Lic Expire	5/29/2022					12809 FLAT CREEK DR	
Medicare 1:						PEARLAND, TX 77584	
Medicare 2:						PHONE:	FAX:
Phone	(214) 803-5452	Fax	(713) 340-1252			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	EDWIN NWOKEDI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZORIA	Region	06	Date Licensed	02/21/2018	Owner Information
License #	018630					BOLAD HEALTHCARE SERVICES LLC
Lic Expire	2/28/2022					13828 SUTHERLAND SPRING LN
Medicare 1:						ROSHARON, TX 77583
Medicare 2:						PHONE:
Phone	(346) 715-6084	Fax	(281) 595-7668			FAX:
Type:	Parent Agency	Administrator	OLUBUNMI OKETUNMBI			Services: Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	01/14/2021	Owner Information
License #	020465					CANAAN LAND HOSPICE CARE LLC
Lic Expire	1/14/2023					
Medicare 1:	971690 Hospice					
Medicare 2:						PHONE:
Phone	432 6980722	Fax	(832) 895-6401			FAX:
Type:	Parent Agency	Administrator	OLUFUNKE AJAYI			Services: Hospice In-Patient Hospice: NO
County	BRAZORIA	Region	06	Date Licensed	10/01/2020	Owner Information
License #	020629					SUREFIRE HEALTH LLC
Lic Expire	10/1/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	979 2586728	Fax				FAX:
Type:	Parent Agency	Administrator	L'DONNA BERRYHILL			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	02/01/2021	Owner Information
License #	020499					CARING HANDS HOME CARE AGENCY LLC
Lic Expire	2/1/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(409) 599-2228	Fax				FAX:
Type:	Parent Agency	Administrator	MALTINIKI JOLLY			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	05/13/2014	Owner Information
License #	016203					CNM HOMECARE LLC
Lic Expire	8/31/2022					53 PLANTATION CT
Medicare 1:						LAKE JACKSON, TX 77566
Medicare 2:						PHONE:
Phone	(979) 316-2965	Fax	(979) 316-2970			FAX:
Type:	Parent Agency	Administrator	ADRIANNE WALLS			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	11/30/2010	Owner Information
License #	013731					PEARLAND REGIONAL HOME HEALTH LLC
Lic Expire	11/30/2022					6606 W BROADWAY, SUITE B
Medicare 1:	747815 HHA-18					PEARLAND, TX 77581-7732
Medicare 2:						PHONE:
Phone	(281) 485-5775	Fax	(281) 588-2416			FAX:
Type:	Parent Agency	Administrator	RACHELLE BAUM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZORIA	Region	06	Date Licensed	09/10/2020	Owner Information
License #	020163					CASA HOSPICE, LLC
Lic Expire	9/10/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 878-5041	Fax	(281) 485-5773			FAX:
Type:	Parent Agency	Administrator	RACHELLE BAUM			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BRAZORIA** Region 06 Date Licensed 02/08/2005
License # 009576 COASTAL STAFF RELIEF INC
Lic Expire 2/28/2024 1029 DIXIE DR STE A
Medicare 1: 457995 HHA-18 CLUTE, TX 77531
Medicare 2:
Phone (979) 299-3006 Fax (979) 299-3113
Type: Parent Agency Administrator DONNA LAWRENCE

Owner Information

COASTAL STAFF RELIEF INC
1029 DIXIE DR STE A
CLUTE, TX 77531

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 10/26/2021
License # 021153 COMPASSIONATE ANGELS CAREGIVER, LLC
Lic Expire 10/26/2024 12 CHUCKWAGON CT
Medicare 1: ANGLETON, TEXAS 775152748
Medicare 2:
Phone (979) 709-1457 Fax
Type: Parent Agency Administrator STACEY ALEXANDER-MCCOY

Owner Information

COMPASSIONATE ANGELS CAREGIVER, LLC

PHONE: FAX:

Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 03/02/2021
License # 020559 CONTINUOUS HEALTHCARE SOLUTIONS LLC
Lic Expire 3/2/2023 4207 TWIN LAKES TRAIL
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (713) 443-5655 Fax
Type: Parent Agency Administrator APRIL ARCENEUX

Owner Information

CONTINUOUS HEALTHCARE SOLUTIONS LLC
4207 TWIN LAKES TRAIL
PEARLAND, TX 77584

PHONE: FAX:

Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 08/19/2021
License # 020991 CORNERSTONE FAMILY RESOURCE CENTER
Lic Expire 8/19/2024 2500 BUSINESS CENTER DR #7204
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone (281) 323-1078 Fax NA
Type: Parent Agency Administrator PERRY MCAFEE

Owner Information

CORNERSTONE FAMILY RESOURCE CENTER

PHONE: FAX:

Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 03/26/2021
License # 020652 COZ FATE HOME HEALTH AGENCY, LLC
Lic Expire 3/26/2024 5411 AUTUMN LEAF CT.
Medicare 1: ROSHARON, TEXAS 77583
Medicare 2:
Phone (832) 387-0842 Fax
Type: Parent Agency Administrator QUOTERRIS GRAY

Owner Information

COZ FATE HOME HEALTH CARE

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed
License # 021345 CULTIVATING CARE AT HOME LLC
Lic Expire 1/21/2025 9814 CLEAR DIAMOND DR
Medicare 1: IOWA COLONY, TEXAS 77583
Medicare 2:
Phone (832) 723-2963 Fax
Type: Parent Agency Administrator SHANNA ASHBERRY

Owner Information

CULTIVATING CARE AT HOME LLC

PHONE: FAX:

Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 08/20/2018
License # 018895 D & J HEALTH SERVICES, LLC
Lic Expire 8/31/2022 25 MORRO BAY DR
Medicare 1: MANVEL, TX 77578
Medicare 2:
Phone 8322354712 OR 979327 Fax 9792002106 OR 9792677877
Type: Parent Agency Administrator JESSE BARRAGAN

Owner Information

D & J HEALTH SERVICES LLC
PO BOX 653
ANGLETON, TX 77516

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BRAZORIA** Region 06 Date Licensed 12/30/2021
License # 021300 DAD CARE OF TEXAS
Lic Expire 12/30/2024 5727 CR 121
Medicare 1: ROSHARON, TEXAS 77583
Medicare 2:
Phone (214) 914-5377 Fax NA
Type: Parent Agency Administrator DONALD JACOBY

Owner Information

PARADISE DESIGNER HOMES LLC
P.O. BOX 862
ROSHARON, TX 77583
PHONE: (214) 914-5377 FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed
License # 017747 DIVINITY HOSPICE
Lic Expire 11/30/2022 4005 TECHNOLOGY DR., SUITE 1048
Medicare 1: ANGLETON, TX 77515
Medicare 2:
Phone (713) 550-2547 Fax (713) 357-6638
Type: Alternate Delivery Site Administrator JASON CAMPBELL

Owner Information

A ASSURE HOSPICE, INC
10518 KIPP WAY DR STE A 1
HOUSTON, TX 77099
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **BRAZORIA** Region 06 Date Licensed 07/20/2021
License # 020916 ESSENTIAL HANDS HOME CARE PROVIDER SERVICE LLC
Lic Expire 7/20/2024 4806 WEST WALNUT STREET SUITE 200
Medicare 1: PEARLAND, TEXAS 77581
Medicare 2:
Phone (281) 485-5435 Fax (281) 485-5436
Type: Parent Agency Administrator FELICIA LAYSSARD

Owner Information

ESSENTIAL HANDS HOME CARE PROVIDER SERVICE LLC
14225 WINDY RIDGE LANE
ROSHARON, TEXAS 77583
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 12/20/2021
License # 021282 EXALTING HOSPICE AND PALLIATIVE CARE
Lic Expire 12/20/2024 9814 CLEAR DIAMOND DR
Medicare 1: IOWA COLONY, TEXAS 77583
Medicare 2:
Phone (832) 815-9086 Fax (281) 824-3156
Type: Parent Agency Administrator SHANNA ASHBERRY

Owner Information

EXALTING HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZORIA** Region 06 Date Licensed 09/10/2014
License # 016415 FIVE STAR HOME DIALYSIS
Lic Expire 9/30/2022 2310 BENDING SPRING DR
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone (713) 436-1811 Fax (281) 506-8751
Type: Parent Agency Administrator EDUARDO GERALDO

Owner Information

FIVE STAR DIALYSIS LLC
2620 CULLEN PARKWAY BLDG A SUITE 216
PEARLAND, TX 77581
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **BRAZORIA** Region 06 Date Licensed 06/28/2012
License # 014899 FRIENDLY FACES SENIOR CARE
Lic Expire 6/30/2022 11307 HARRIS AVENUE
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (281) 302-4138 Fax (281) 302-4138
Type: Parent Agency Administrator QIANA JAMES

Owner Information

FRIENDLY FACES HOME HEALTH & SENIOR CARE INC
11307 HARRIS AVE
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 08/13/2021
License # 020976 GRACEFUL CARE HEALTH SERVICES, INC
Lic Expire 8/13/2024 3129 KINGSLEY DR, #110
Medicare 1: PEARLAND, TEXAS 77584
Medicare 2:
Phone 832 8478586 Fax
Type: Parent Agency Administrator OLUWASEYI ADEYEMO

Owner Information

GRACEFUL CARE HEALTH SERVICES, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	BRAZORIA	Region	06	Date Licensed	12/02/2019	Owner Information
License #	019723					JOY A ESIGHASIM
Lic Expire	12/2/2021					2722 NICKEL CANYON DR
Medicare 1:						ROSHARON, TX 77583
Medicare 2:						PHONE:
Phone	(443) 307-3595	Fax	(281) 778-5489			FAX:
Type:	Parent Agency	Administrator	JOY ESIGHASIM			
						Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	BRAZORIA	Region	06	Date Licensed	05/13/2003	Owner Information
License #	008456					GULF COAST PRIMARY HOME CARE INC
Lic Expire	5/31/2024					190 ABNER JACKSON PKWY STE 230
Medicare 1:						LAKE JACKSON, TX 77566
Medicare 2:						PHONE:
Phone	(979) 848-8500	Fax	(979) 848-8548			FAX:
Type:	Parent Agency	Administrator	SUZELLE MARTIN			
						Services: Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	03/11/2021	Owner Information
License #	020594					HEALING PALM GLOBAL HEALTHCARE INC
Lic Expire	3/11/2024					4511 STONE RIDGE LN
Medicare 1:						MANVEL, TX 77578
Medicare 2:						PHONE:
Phone	(510) 563-9285	Fax	(510) 563-9285			FAX:
Type:	Parent Agency	Administrator	IFEOMA OJUKWU			
						Services: Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	02/23/2021	Owner Information
License #	020545					HEAVENLY TOUCH HOSPICE CARE, LLC
Lic Expire	2/23/2024					210 RABBIT TRAIL
Medicare 1:						LAKE JACKSON, TEXAS 77566
Medicare 2:						PHONE:
Phone	(979) 330-5096	Fax	(979) 323-6484			FAX:
Type:	Parent Agency	Administrator	MARITZA CERVANTES			
						Services: Hospice In-Patient Hospice: NO
County	BRAZORIA	Region	06	Date Licensed	08/28/2007	Owner Information
License #	011551					HELP, INC
Lic Expire	8/31/2022					127 CIRCLE WAY STREET
Medicare 1:						LAKE JACKSON, TX 77566
Medicare 2:						PHONE:
Phone	(979) 480-0197	Fax	(979) 480-0332			FAX:
Type:	Parent Agency	Administrator	SIGIFREDO ORTIZ			
						Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	04/02/2007	Owner Information
License #	011217					HOME CARE OPTIONS HOUSTON INC
Lic Expire	4/30/2022					2401 S. WASHINGTON ST.
Medicare 1:	747036 HHA-18					PEARLAND, TX 77581
Medicare 2:						PHONE:
Phone	(832) 328-0179	Fax	(832) 218-7179			FAX:
Type:	Parent Agency	Administrator	CHRIS COWART			
						Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	07/16/2018	Owner Information
License #	019133					EVERY DAY MATTERS LLC
Lic Expire	7/16/2022					10418 SAGEGLOW DR
Medicare 1:						HOUSTON, TX 77089-5202
Medicare 2:						PHONE:
Phone	(281) 557-4357	Fax	(281) 484-1806			FAX:
Type:	Parent Agency	Administrator	LEO WALKER			
						Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BRAZORIA** Region 06 Date Licensed 08/31/2012
License # 015195 HOUSE CALLS HOME HEALTH
Lic Expire 8/31/2022 218 W COOMBS
Medicare 1: 678390 HHA-18 ALVIN, TX 77511
Medicare 2:
Phone (281) 331-1516 Fax (281) 331-1685
Type: Parent Agency Administrator JO-ANNE MACKLEY-DOBKINS

Owner Information

SMITH JONES & ASSOCIATES, INC
218 W COOMBS STREET
ALVIN, TX 77511
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 05/07/2021
License # 020741 IHEARTSENIORCARE,LLC
Lic Expire 5/7/2024 14208 WINDY RIDGE LN
Medicare 1: ROSHARON, TEXAS 77583
Medicare 2:
Phone (979) 479-1577 Fax
Type: Parent Agency Administrator TOYIA GREEN

Owner Information

IHEARTSENIORCARE,LLC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 02/10/2020
License # 019817 IHELP HEALTHCARE SERVICES INCORPORATED
Lic Expire 2/10/2022 9442 RUBY MIST DR.
Medicare 1: ROSHARON, TEXAS 77583
Medicare 2:
Phone (346) 816-7961 Fax (346) 816-7960
Type: Parent Agency Administrator BARBARA GEORGE

Owner Information

IHELP HEALTHCARE SERVICES INCORPORATED
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 11/16/2021
License # 021207 INNOVATE HEALTH LLC
Lic Expire 11/16/2024 10607 WAGNER ST
Medicare 1: IOWA COLONY, TX 775831339
Medicare 2:
Phone (832) 260-1500 Fax
Type: Parent Agency Administrator UGOCHUKWU IDEGWU

Owner Information

INNOVATE HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 07/18/2016
License # 017671 INTERIM HEALTHCARE
Lic Expire 7/31/2022 1920 COUNTRY PLACE PARKWAY, STE 310
Medicare 1: 747159 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (713) 230-8329 Fax (713) 275-7815
Type: Parent Agency Administrator JACOB MCCOY

Owner Information

HTOWN HEALTHCARE, LLC
2656 SOUTH LOOP WEST STE # 345
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 02/10/2009
License # 012561 IPH HOME HEALTH CARE
Lic Expire 2/28/2023 190 ABNER JACKSON PKWY STE 210
Medicare 1: 458399 HHA-18 LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 848-8151 Fax (979) 848-2028
Type: Parent Agency Administrator LISA CHARBULA

Owner Information

IPH HEALTH CARE SERVICES INC
135 EAST HOSPITAL DRIVE
ANGLETON, TX 77515
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BRAZORIA** Region 06 Date Licensed 02/10/2009
License # 012561 IPH HOME HEALTH CARE
Lic Expire 2/28/2023 190 ABNER JACKSON PKWY STE 210
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 848-8151 Fax (979) 848-2028
Type: Branch Agency Administrator LISA CHARBULA

Owner Information

IPH HEALTH CARE SERVICES INC
135 EAST HOSPITAL DRIVE
ANGLETON, TX 77515
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	BRAZORIA	Region	06	Date Licensed	11/17/2004	Owner Information
License #	009412					IPH HOSPICE CARE INC
Lic Expire	11/30/2022					190 ABNER JACKSON PKWY STE #220
Medicare 1:	451784 HOSPICE					LAKE JACKSON, TX 77566
Medicare 2:						PHONE:
Phone	(800) 574-5179	Fax	(979) 848-2028			FAX:
Type:	Parent Agency	Administrator	LISA CHARBULA			Services: Hospice In-Patient Hospice: NO
County	BRAZORIA	Region	06	Date Licensed	08/21/2020	Owner Information
License #	020117					JOMA HOME CARE SERVICES, LLC
Lic Expire	8/21/2022					2812 SOUTH GALVESTON AVE.
Medicare 1:						PEARLAND, TX 77581
Medicare 2:						PHONE:
Phone	(713) 366-9899	Fax				FAX:
Type:	Parent Agency	Administrator	CLAUDIA PENA			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	03/03/2017	Owner Information
License #	017939					KERICO HOME CLINIC SERVICES LLC
Lic Expire	3/31/2023					11721 HEIGHTS TRAIL LN
Medicare 1:						PEARLAND, TX 77584
Medicare 2:						PHONE:
Phone	(281) 809-7245	Fax	(281) 520-3519			FAX:
Type:	Parent Agency	Administrator	MICHAEL MORRIS			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed		Owner Information
License #	016867					LIVING & LOVING HOME CARE, LLC
Lic Expire	6/30/2023					14615 CARMINE GLEN DR
Medicare 1:						HOUSTON, TX 77049
Medicare 2:						PHONE:
Phone	(346) 888-6210	Fax	(832) 218-3732			FAX:
Type:	Branch Agency	Administrator	CREDESHA BROWN-BELLANGER			Services: Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	09/20/2005	Owner Information
License #	010276					PROVIDIAN HEALTH CARE, INC
Lic Expire	9/30/2022					2421 ROY ROAD, SUITE 101
Medicare 1:	457952					PEARLAND, TX
Medicare 2:						PHONE:
Phone	(281) 997-6272	Fax	(281) 997-6275			FAX:
Type:	Parent Agency	Administrator	MERRILL MOHAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	06/01/2009	Owner Information
License #	012657					MARATHON HEALTHCARE SERVICES LLC
Lic Expire	5/31/2021					3614 MIDLAND DR
Medicare 1:	747627 HHA-18					MANVEL, TX 77578
Medicare 2:						PHONE:
Phone	(281) 997-6272	Fax	(281) 997-6275			FAX:
Type:	Parent Agency	Administrator	MERRILL MOHAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	11/01/2013	Owner Information
License #	016011					MAXICARE INC
Lic Expire	4/29/2022					17512 HWY 6 SUITE #F9
Medicare 1:						MANVEL, TX 77578
Medicare 2:						PHONE:
Phone	(281) 216-3049	Fax	(832) 582-6780			FAX:
Type:	Parent Agency	Administrator	DIANE PHAM-HOANG			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZORIA	Region	06	Date Licensed	03/19/2021	Owner Information	
License #	020617					MERIDIANA HEALTH LLC	
Lic Expire	3/19/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(917) 841-3542	Fax					FAX:
Type:	Parent Agency	Administrator	JOHNSON DUQUE			Services:	Licensed Home Health Services
County	BRAZORIA	Region	06	Date Licensed	04/05/2007	Owner Information	
License #	011234					MYNURSE HOME CARE INC	
Lic Expire	4/30/2024					11601 SHADOW CREEK PKWY SUITE # 107	
Medicare 1:	743112 HHA-18					PEARLAND, TX 77584	
Medicare 2:							PHONE:
Phone	(713) 436-0999	Fax	(713) 340-0676				FAX:
Type:	Parent Agency	Administrator	MISTY BAYS			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	02/03/2020	Owner Information	
License #	019322					PLATINUM SENIOR CARE	
Lic Expire	4/11/2021					77 SUGAR CREEK CENTER BLVD, SUITE 600	
Medicare 1:						SUGAR LAND, TEXAS 77478	
Medicare 2:							PHONE:
Phone	(281) 306-6615	Fax	(832) 793-7170				FAX:
Type:	Parent Agency	Administrator	JESSICA TAYLOR			Services:	Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	11/07/2012	Owner Information	
License #	015319					IMMACULATE HOME HEALTH, INC	
Lic Expire	11/30/2022					12929 GULF FREEWAY SUITE 101B	
Medicare 1:	679266					HOUSTON, TX 77034	
Medicare 2:							PHONE:
Phone	(281) 997-6272	Fax	(281) 997-6275				FAX:
Type:	Parent Agency	Administrator	MERRILL MOHAN			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	01/25/2013	Owner Information	
License #	015341					RHC RELIABLE HOME CARE, INC	
Lic Expire	1/31/2023					1600 E HWY 6 SUITE 320	
Medicare 1:						ALVIN, TX 77511	
Medicare 2:							PHONE:
Phone	(281) 331-3670	Fax	(281) 331-3824				FAX:
Type:	Parent Agency	Administrator	MINERVA GONZALES			Services:	Personal Assistance Services
County	BRAZORIA	Region	06	Date Licensed	08/28/2007	Owner Information	
License #	011545					RIVERKIDS HOUSTON THERAPY, LLC	
Lic Expire	8/31/2023					2540 E BROADWAY, SUITE K	
Medicare 1:						PEARLAND, TX 77581	
Medicare 2:							PHONE:
Phone	(281) 997-8509	Fax	(888) 449-0039				FAX:
Type:	Parent Agency	Administrator	LANCE MONTGOMERY			Services:	Licensed Home Health Services
County	BRAZORIA	Region	06	Date Licensed	04/13/2020	Owner Information	
License #	019875					SAFE AT HOME HOMECARE, INC	
Lic Expire	4/13/2022					3705 PIN OAK DR E	
Medicare 1:						PEARLAND, TX 77581	
Medicare 2:							PHONE:
Phone	(713) 425-2533	Fax	NA				FAX:
Type:	Parent Agency	Administrator	JACQUELINE COOK			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BRAZORIA** Region 06 Date Licensed 10/05/2012
License # 015116 SINGULAR CARE HOME HEMODIALYSIS SERVICES
Lic Expire 10/31/2022 11161 SHADOW CREEK PARKWAY, STE 229
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (713) 413-8881 Fax (713) 413-8886
Type: Parent Agency Administrator JENNIFER PAR

Owner Information

SINGULAR CARE HOME HEALTH SERVICES, INC
2817 MILLER RANCH RD SUITE 333
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 02/11/2020
License # 019824 STAR OF DAVID HOME HEALTHCARE INC
Lic Expire 2/11/2022 3122 SPRINGDALE DR
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (832) 275-2686 Fax (866) 292-3523
Type: Parent Agency Administrator ISREAL HOLMES

Owner Information

STAR OF DAVID HOME HEALTHCARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 12/04/2013
License # 015988 STAT HOME HEALTH HOUSTON BELLAIRE LLC
Lic Expire 12/31/2023 9307 W BROADWAY SUITE 401
Medicare 1: 457537 HHA-18 PEARLAND, TX 77584
Medicare 2:
Phone (281) 997-7118 Fax (281) 997-7203
Type: Parent Agency Administrator BELINDA NORDEN

Owner Information

STAT HOME HEALTH HOUSTON BELLAIRE, LLC
10615 JEFFERSON HIGHWAY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **BRAZORIA** Region 06 Date Licensed 06/04/2007
License # 011364 TEXAS CHOICE HEALTHCARE SERVICES INC
Lic Expire 6/30/2024 5605 SPRING KNOLL CT
Medicare 1: 747010 ROSHARON, TX 77583
Medicare 2:
Phone (281) 969-8378 Fax (877) 849-6234
Type: Parent Agency Administrator NNENAYA OJINGWA

Owner Information

TEXAS CHOICE HEALTHCARE SERVICES INC
5605 SPRING KNOLL CT
ROSHARON, TX 77583
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 09/12/2005
License # 007750 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 477 THIS WAY STREET
Medicare 1: LAKE JACKSON, TX 77566
Medicare 2:
Phone (979) 297-6726 Fax (979) 297-2061
Type: Branch Agency Administrator AMY COMEAUX

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 07/14/2020
License # 020052 TEXAS SUPERIOR HOME HEALTH CARE SERVICES LLC
Lic Expire 7/14/2022 2703 J R DRIVE
Medicare 1: MANVEL, TEXAS 77578
Medicare 2:
Phone (832) 409-2788 Fax
Type: Parent Agency Administrator KEANNA HUNTER

Owner Information

TEXAS SUPERIOR HOME HEALTH CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **BRAZORIA** Region 06 Date Licensed 04/15/2021
License # 020702 UPSCALE HOMECARE, INC
Lic Expire 4/15/2024 1930 KINGSLEY DR. #5110
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (346) 201-2480 Fax
Type: Parent Agency Administrator ALEXANDRIA BRIGHT CARTER

Owner Information

UPSCALE HOMECARE, INC
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 01/17/2018
License # 018562 VISITING ANGELS
Lic Expire 1/31/2022 4005 TECHNOLOGY DRIVE STE 1008-S
Medicare 1: ANGLETON, TX 77515
Medicare 2:
Phone (979) 557-2687 Fax (832) 572-5156
Type: Parent Agency Administrator LARRY MCVADE

Owner Information

MCVADE GROUP LLC
27702 MERCHANT HILLS LANE
KATY, TX 77494
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZORIA** Region 06 Date Licensed 05/14/2014
License # 016206 YES TO HOME CARE
Lic Expire 5/31/2022 2734 SUNRISE BLVD STE 404A
Medicare 1: PEARLAND, TX 77584
Medicare 2:
Phone (832) 674-0423 Fax (832) 674-0424
Type: Parent Agency Administrator ESTHER IWUNZE

Owner Information

INTEGRITY HEALTH GROUP INC
2734 SUNRISE BLVD SUITE 400
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZOS** Region 04 Date Licensed 10/25/2017
License # 007379 A PINEYWOODS HOME SERVICES INC
Lic Expire 8/31/2022 3608 EAST 29TH STREET STE 108
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 704-5044 Fax (979) 704-5048
Type: Branch Agency Administrator GEORGIE FARR

Owner Information

A PINEYWOODS HOME SERVICES, INC
P.O. BOX 1743
LUFKIN, TX 75904
PHONE: FAX:
Services: Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 1605 ROCK PRAIRIE ROAD SUITE 206
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 846-2692 Fax (979) 693-6787
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 1605 ROCK PRAIRIE ROAD SUITE 206
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 846-2692 Fax (979) 693-6787
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 1605 ROCK PRAIRIE ROAD SUITE 206
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 846-2692 Fax (979) 693-6787
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 03/09/2017
License # 017963 ALLUMINE HOME HEALTH
Lic Expire 3/31/2023 4030 STATE HWY 6 SOUTH STE: 350
Medicare 1: COLLEGE STATION, TX 77845
Medicare 2:
Phone (979) 704-6684 Fax (979) 704-6690
Type: Parent Agency Administrator CARLOS HERNANDEZ

Owner Information

MABORO HEALTHCARE SERVICES, INC
10333 HARWIN DRIVE, SUITE #370
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	BRAZOS	Region	05	Date Licensed	04/29/2019	Owner Information
License #	019358					SOLACE HOSPICE CARE, LLC
Lic Expire	4/29/2023					
Medicare 1:	74-1660					
Medicare 2:						
Phone	(979) 704-6684	Fax	(979) 704-6690			PHONE: FAX:
Type:	Parent Agency	Administrator	DANA ROWSE			Services: Hospice In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	04/24/2015	Owner Information
License #	016767					ALOMEGA HOME HEALTH CARE LLC
Lic Expire	6/30/2020					P O BOX 11304
Medicare 1:						COLLEGE STATION, TX 77845
Medicare 2:						
Phone	(979) 704-6252	Fax	(979) 704-6254			PHONE: FAX:
Type:	Parent Agency	Administrator	ALVERNA MCCULLOUGH			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	11/18/2010	Owner Information
License #	013721					COMPASSIONATE CARE HOSPICE OF BRYAN TEXAS, LLC
Lic Expire	11/30/2022					3833 S. TEXAS AVE., SUITE#200
Medicare 1:	671679 HOSPICE					BRYAN, TX 77802
Medicare 2:						
Phone	(979) 260-9700	Fax	(979) 260-7711			PHONE: FAX:
Type:	Parent Agency	Administrator	JOSHUA LASATER			Services: Hospice In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	10/26/2015	Owner Information
License #	017213					E MEDICAL GROUP OF COLLEGE STATION LLC
Lic Expire	10/31/2023					707 TEXAS AVENUE SUITE 100A
Medicare 1:	747080 HHA-18					COLLEGE STATION, TX 77840
Medicare 2:						
Phone	(979) 690-8399	Fax	(979) 690-8355			PHONE: FAX:
Type:	Parent Agency	Administrator	KERRY LAYFIELD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	12/18/2013	Owner Information
License #	014927					EPIC HEALTH SERVICES INC
Lic Expire	1/31/2025					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						
Phone	(979) 307-5850	Fax	(214) 466-1378			PHONE: FAX:
Type:	Branch Agency	Administrator	REYNALDO RAMOS			Services: Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	06/24/2014	Owner Information
License #	016278					SHSIG SELECT, INC
Lic Expire	6/30/2022					11200 BROADWAY, SUITE #2743
Medicare 1:						PEARLAND, TX 77584
Medicare 2:						
Phone	(979) 704-6954	Fax	(979) 704-6956			PHONE: FAX:
Type:	Parent Agency	Administrator	ELENA BECKER			Services: Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	07/15/2021	Owner Information
License #	020905					OPTIMA VITAE, LLC
Lic Expire	7/15/2024					6601 FM 594
Medicare 1:						BURTON, TX 77835
Medicare 2:						
Phone	(979) 431-4848	Fax	(979) 431-4846			PHONE: FAX:
Type:	Parent Agency	Administrator	JENNIFER LEWIS			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZOS	Region	05	Date Licensed	04/08/2021	Owner Information
License #	020103					CENTURY HOME CARE PARTNERS LLC
Lic Expire	8/13/2022					5412 CROSSWATER DR
Medicare 1:						COLLEGE STATION, TX 77845
Medicare 2:						PHONE:
Phone	(979) 330-4544	Fax				FAX:
Type:	Parent Agency	Administrator	ADELA REED			Services: Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	03/04/2009	Owner Information
License #	012482					ARONCARE INC
Lic Expire	3/31/2023					244 SOUTHWEST PKWY EAST
Medicare 1:						COLLEGE STATION, TX 77840
Medicare 2:						PHONE:
Phone	(979) 764-3076	Fax	(979) 696-2061			FAX:
Type:	Parent Agency	Administrator	ARON W COLLINS			Services: Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	05/05/2014	Owner Information
License #	016377					HALLMARK HOMECARE, LP
Lic Expire	5/31/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	747505 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	979 7649000	Fax	979 7649001			FAX:
Type:	Parent Agency	Administrator	LISA HILBURN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	02/05/2014	Owner Information
License #	016142					HALLMARK HOMECARE, LP
Lic Expire	2/28/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	747020 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	979 7649000	Fax	979 7649001			FAX:
Type:	Parent Agency	Administrator	LISA HILBURN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	05/02/2014	Owner Information
License #	016303					HALLMARK HOMECARE, LP
Lic Expire	5/31/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	671738 HOSPICE					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	979 2684710	Fax	979 2684726			FAX:
Type:	Parent Agency	Administrator	MARIAH NELSON			Services: Hospice In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	07/06/2007	Owner Information
License #	011573					OHERBST, INC
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300
Medicare 1:	677153 HHA-18					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(979) 774-7770	Fax	(979) 778-9435			FAX:
Type:	Parent Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services
County	BRAZOS	Region	05	Date Licensed	07/06/2007	Owner Information
License #	011573					OHERBST, INC
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300
Medicare 1:	677153 HHA-18					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(979) 774-7770	Fax	(979) 778-9435			FAX:
Type:	Parent Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZOS	Region	06	Date Licensed	07/06/2007	Owner Information
License #	011573					OHERBST, INC
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300
Medicare 1:	67Q7153009					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(512) 863-3842	Fax	(512) 863-2018			FAX:
Type:	Branch Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services
County	BRAZOS	Region	06	Date Licensed	07/06/2007	Owner Information
License #	011573					OHERBST, INC
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300
Medicare 1:	67Q7153009					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(512) 863-3842	Fax	(512) 863-2018			FAX:
Type:	Branch Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services
County	BRAZOS	Region	05	Date Licensed	07/26/2006	Owner Information
License #	010639					TRINIDAD PEREZ
Lic Expire	7/31/2022					3501 SOUTH TEXAS AVENUE SUITE 202
Medicare 1:	679685 HHA-18					BRYAN, TX 77802
Medicare 2:						PHONE:
Phone	(979) 846-7870	Fax	(979) 691-5781			FAX:
Type:	Parent Agency	Administrator	KIMBERLY JOHN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	05/24/2016	Owner Information
License #	017414					GENTLE HOSPICE CARE AND TRANSITION LLC
Lic Expire	5/31/2022					7240 CHASE OAKS BLVD.
Medicare 1:	74-1758					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(979) 267-2137	Fax	(979) 267-2137			FAX:
Type:	Parent Agency	Administrator	CHRIS JOHN CURREY			Services: Hospice In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	10/05/2010	Owner Information
License #	013790					DC CARE INC
Lic Expire	10/31/2022					1908 GREENFIELD PLAZA
Medicare 1:						BRYAN, TX 77802-4344
Medicare 2:						PHONE:
Phone	(979) 268-6880	Fax	(979) 260-3900			FAX:
Type:	Parent Agency	Administrator	DAVID GEST			Services: Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	12/20/2016	Owner Information
License #	017806					HOMESPARK, LLC
Lic Expire	12/31/2023					4311 VELENCIA CT
Medicare 1:						COLLEGE STATION, TX 77845
Medicare 2:						PHONE:
Phone	(979) 260-0320	Fax	(979) 446-1473			FAX:
Type:	Parent Agency	Administrator	DONOVAN FRENCH			Services: Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	11/15/2011	Owner Information
License #	002186					HOSPICE BRAZOS VALLEY INC
Lic Expire						502 WEST 26TH STREET
Medicare 1:						BRYAN, TX 77803
Medicare 2:						PHONE:
Phone	(979) 446-0740	Fax	(979) 446-0963			() - 512 FAX:
Type:	Alternate Delivery Site	Administrator	CRAIG BORCHARDT			Services: Hospice In-Patient Hospice: YES

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BRAZOS** Region 05 Date Licensed 02/11/1991
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 502 W 26TH STREET
Medicare 1: 451547 HOSPICE BRYAN, TX 77803
Medicare 2:
Phone (979) 821-2266 Fax (979) 821-2763
Type: Parent Agency Administrator LISA MCNAIR

Owner Information
HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: () - 512 FAX:
Services: Hospice
In-Patient Hospice: YES

County **BRAZOS** Region 05 Date Licensed 12/23/2006
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2023 3030 E 29TH ST STE 116
Medicare 1: 67Q7694001 BRYAN, TX 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Branch Agency Administrator LAURA WATERS

Owner Information
CENTRAL TEXAS HOMECARE, LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BRAZOS** Region 05 Date Licensed 04/15/2015
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 3030 EAST 29TH STREET, STE 116
Medicare 1: 671795 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 04/15/2015
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 3030 EAST 29TH STREET, STE 116
Medicare 1: 671795 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 04/15/2015
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 3030 EAST 29TH STREET, STE 116
Medicare 1: 671795 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 04/15/2015
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 3030 EAST 29TH STREET, STE 116
Medicare 1: 671795 BRYAN, TEXAS 77802
Medicare 2:
Phone (979) 260-1100 Fax (979) 268-4050
Type: Alternate Delivery Site Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **BRAZOS** Region 05 Date Licensed 10/14/2010
License # 010271 MERRYMAN HOME HEALTH INC
Lic Expire 5/30/2021 1818 BARAK LANE SUITE#200
Medicare 1: BRYAN, TX 77802
Medicare 2:
Phone (979) 703-1966 Fax (979) 703-1967
Type: Branch Agency Administrator KIMBERLY MCCORMICK

Owner Information
MERRYMAN HOME HEALTH INC
PO BOX 247
FRANKLIN, TX 77856
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZOS	Region	06	Date Licensed	06/29/2010	Owner Information	
License #	012397					PATHFINDER PEDIATRIC HOME CARE INC	
Lic Expire	1/31/2023					318 BRIAR ROCK RD	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(979) 774-2244	Fax	(281) 456-2479			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHARLES M WILCOX				
County	BRAZOS	Region	05	Date Licensed	06/05/2020	Owner Information	
License #	020034					EDITION HEALTH SERVICES INC	
Lic Expire	6/5/2022					101 W RENNER RD	
Medicare 1:						RICHARDSON, TEXAS 75082	
Medicare 2:						PHONE:	FAX:
Phone	(979) 314-2620	Fax	(979) 314-2920			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACE MILLS			In-Patient Hospice: NO	
County	BRAZOS	Region	05	Date Licensed	03/19/2021	Owner Information	
License #	020616					REMARKABLE LTC PARTNERS OF BRAZOS VALLEY LP	
Lic Expire	3/19/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(979) 314-2620	Fax	(979) 314-2920			Services: Hospice	
Type:	Parent Agency	Administrator	GRACE MILLS			In-Patient Hospice: NO	
County	BRAZOS	Region	05	Date Licensed	12/28/2016	Owner Information	
License #	017824					RAHBCS HOME CARE LLC	
Lic Expire	12/31/2022					5104 GANTON CT	
Medicare 1:						COLLEGE STATION, TX 77845	
Medicare 2:						PHONE:	FAX:
Phone	(979) 422-2284	Fax	(979) 485-2817			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JEFFERSON CHRISTIAN				
County	BRAZOS	Region	05	Date Licensed	06/13/2018	Owner Information	
License #	018783					LAUREL CARE INC	
Lic Expire	8/30/2022					9415 WHITNEY LANE	
Medicare 1:						COLLEGE STATION, TX 77845	
Medicare 2:						PHONE:	FAX:
Phone	(979) 314-9771	Fax	(979) 314-9762			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAUREL GRIGGS				
County	BRAZOS	Region	05	Date Licensed	02/10/2012	Owner Information	
License #	014635					REGINA V ROBERTSON	
Lic Expire	2/28/2024					1800 BROTHERS BLVD	
Medicare 1:	747824 HHA-18					COLLEGE STATION, TX 77845	
Medicare 2:						PHONE:	FAX:
Phone	(979) 693-3208	Fax	(979) 314-9002			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	REGINA ROBERTSON				
County	BRAZOS	Region	05	Date Licensed	06/27/2006	Owner Information	
License #	010576					STANDARDS OF CARE INC	
Lic Expire	3/31/2024					111 WEST 2ND STREET	
Medicare 1:	45Q3122001					CAMERON, TEXAS 76520	
Medicare 2:						PHONE:	FAX:
Phone	(979) 776-0900	Fax	(979) 776-5128			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	ROBYN HURST				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZOS	Region	05	Date Licensed		Owner Information
License #	017978					STRIVE HEALTH SERVICES LLC
Lic Expire	3/31/2023					1915 S AUSTIN AVE STE 108
Medicare 1:						GEORGETOWN, TX 78626
Medicare 2:						PHONE:
Phone	(512) 688-5694	Fax	(512) 688-5695			FAX:
Type:	Branch Agency	Administrator	SIERRAH EDMONDS			Services: Licensed Home Health Services; Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	08/01/2017	Owner Information
License #	018330					TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire	7/31/2023					1605 ROCK PRAIRIE ROAD SUITE 206
Medicare 1:	679189 HHA-18					COLLEGE STATION, TX 77845
Medicare 2:						PHONE:
Phone	979 8461283	Fax	979 6930459			FAX:
Type:	Parent Agency	Administrator	JAMES MATTHEW LANG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BRAZOS	Region	05	Date Licensed	12/23/2014	Owner Information
License #	016579					TEXAS HOME HEALTH HOSPICE, LP
Lic Expire	12/31/2022					17855 N DALLAS PKWY STE 200
Medicare 1:	741588 HOSPICE					DALLAS, TX 75287-6857
Medicare 2:						PHONE:
Phone	(979) 314-9235	Fax	(979) 314-7240			FAX:
Type:	Parent Agency	Administrator	ANDREA RICHARDSON			Services: Hospice In-Patient Hospice: NO
County	BRAZOS	Region	06	Date Licensed	03/16/2018	Owner Information
License #	017937					ADVOCATE PEDIATRIC HOME CARE, LLC
Lic Expire	12/31/2022					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(979) 431-3380	Fax	(979) 690-1008			FAX:
Type:	Branch Agency	Administrator	BRITNEY BRAZELL, RN			Services: Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	07/29/2011	Owner Information
License #	014287					THC HOSPICE CARE ACQUISITION, LLC
Lic Expire	7/31/2023					PO BOX 9980
Medicare 1:	451753 HOSPICE					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(979) 822-5511	Fax	(866) 908-8704			FAX:
Type:	Parent Agency	Administrator	JILL VEZORAK			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	BRAZOS	Region	05	Date Licensed	07/29/2011	Owner Information
License #	014288					TRADITIONS HHC ACQUISITION, LLC
Lic Expire	7/31/2023					PO BOX 9980
Medicare 1:	457877 HHA-18					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(979) 822-5511	Fax	(866) 908-8704			FAX:
Type:	Parent Agency	Administrator	JILL VEZORAK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BRAZOS	Region	05	Date Licensed	07/29/2011	Owner Information
License #	014288					TRADITIONS HHC ACQUISITION, LLC
Lic Expire	7/31/2023					PO BOX 9980
Medicare 1:	457877 HHA-18					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(979) 822-5511	Fax	(866) 908-8704			FAX:
Type:	Parent Agency	Administrator	JILL VEZORAK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BRAZOS	Region	05	Date Licensed	07/29/2011	Owner Information	
License #	014288					TRADITIONS HHC ACQUISITION, LLC	
Lic Expire	7/31/2023					PO BOX 9980	
Medicare 1:						COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(979) 822-5511	Fax	(866) 908-8704			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHESTER REKIETA				
County	BRAZOS	Region	05	Date Licensed	07/29/2011	Owner Information	
License #	014288					TRADITIONS HHC ACQUISITION, LLC	
Lic Expire	7/31/2023					PO BOX 9980	
Medicare 1:						COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(979) 822-5511	Fax	(866) 908-8704			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHESTER REKIETA				
County	BRAZOS	Region	05	Date Licensed	11/07/2012	Owner Information	
License #	015187					REW HOMECARE INC	
Lic Expire	11/30/2022					707 TEXAS AVE STE 204A	
Medicare 1:						COLLEGE STATION, TX 77840	
Medicare 2:						PHONE:	FAX:
Phone	(979) 209-0027	Fax	(979) 393-0003			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAUDIA MASSIE				
County	BREWSTER	Region	02	Date Licensed	07/26/2013	Owner Information	
License #	015776					AGAVE HOME HEALTH LLC	
Lic Expire	7/31/2024					508 EAST AVENUE SUITE E	
Medicare 1:	747914 HHA-18					ALPINE, TX 79830	
Medicare 2:						PHONE:	FAX:
Phone	(432) 837-5907	Fax	(866) 523-1745			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA JUETT				
County	BREWSTER	Region	02	Date Licensed	06/01/2000	Owner Information	
License #	007333					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP	
Lic Expire	5/31/2022					1919 S SHILOH RDSTE 102 LB 28	
Medicare 1:						GARLAND, TX 75042	
Medicare 2:						PHONE:	FAX: (972) 792-6739
Phone	(432) 837-5451	Fax	(432) 837-2901			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	DEBORAH RODRIGUEZ				
County	BROOKS	Region	07	Date Licensed		Owner Information	
License #	016722					FIRST HOME HEALTHCARE LLC	
Lic Expire	2/28/2023					PO BOX 1877	
Medicare 1:						ALICE, TX	
Medicare 2:						PHONE:	FAX:
Phone	(361) 667-3410	Fax	(361) 667-3411			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	ARELY MATHEWS				
County	BROOKS	Region	07	Date Licensed	12/08/2000	Owner Information	
License #	002164					HEALTH CARE UNLIMITED, INC	
Lic Expire	11/30/2022					1100 E LAUREL	
Medicare 1:	67Q7285001					MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(361) 325-1661	Fax	(361) 325-4883			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOSEPH RAMON III				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BROOKS	Region	07	Date Licensed		Owner Information	
License #	013683					MI CASA HOME HEALTH AGENCY	
Lic Expire	10/31/2022					2020 N JOHNSON STREET	
Medicare 1:						ALICE, TEXAS 78332	
Medicare 2:						PHONE:	FAX:
Phone	(361) 664-3900	Fax	(361) 667-3277			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	BLANCA CASTILLO-GARCIA				
County	BROOKS	Region	07	Date Licensed	05/24/2006	Owner Information	
License #	008584					PALM VALLEY HEALTH CARE II INC	
Lic Expire	8/31/2024					119E CANTON	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(361) 325-1201	Fax	(361) 325-4732			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	HORACIO CANALES, III				
County	BROWN	Region	01	Date Licensed		Owner Information	
License #	009222					ALPHA OMEGA HOSPICE LP	
Lic Expire	10/31/2021					500 FAULCONER DRIVE	
Medicare 1:						CHARLOTTESVILLE, VA 22903	
Medicare 2:						PHONE:	FAX:
Phone	NA	Fax	NA			Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	JACKIE HART				
County	BROWN	Region	01	Date Licensed	11/01/2013	Owner Information	
License #	016067					CARTER HEALTHCARE OF BRADY LLC	
Lic Expire	2/28/2025					3105 S. MERIDIAN AVE	
Medicare 1:						OKLAHOMA CITY, OK 73119	
Medicare 2:						PHONE:	FAX:
Phone	(254) 893-5990	Fax	(254) 893-5992			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	DAVID BERNARD				
County	BROWN	Region	01	Date Licensed	06/05/2018	Owner Information	
License #	015793					CLEAR PATH HOME CARE LLC	
Lic Expire	10/31/2023					1515 WEST WALKER	
Medicare 1:						BRECKENRIDGE, TX 76424	
Medicare 2:						PHONE:	FAX:
Phone	(325) 430-0151	Fax	(325) 430-0152			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	JAMES SIMMONDS				
County	BROWN	Region	01	Date Licensed	09/16/2020	Owner Information	
License #	020902					PECAN BAYOU HEALTHCARE LLC	
Lic Expire	9/16/2022						
Medicare 1:	677177 HHA						
Medicare 2:						PHONE:	FAX:
Phone	(325) 646-4900	Fax	(325) 646-8605			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JONATHAN "TRAVIS" JONES				
County	BROWN	Region	01	Date Licensed	04/26/2017	Owner Information	
License #	018129					BRADY HEALTH CARE SERVICES, INC	
Lic Expire	4/30/2023					521 E. BAKER ST., SUITE B	
Medicare 1:						BROWNWOOD, TX 76801	
Medicare 2:						PHONE:	FAX:
Phone	(325) 372-3897	Fax	(325) 372-3968			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	SUSAN GREENWAY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE A,
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 597-3994 Fax (325) 597-0325
Type: Branch Agency Administrator SUSAN GREENWAY

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE C,
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 372-3897 Fax (325) 372-3968
Type: Branch Agency Administrator SUSAN GREENWAY

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE C,
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 372-3897 Fax (325) 372-3968
Type: Branch Agency Administrator SUSAN GREENWAY

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE A,
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 597-3994 Fax (325) 597-0325
Type: Branch Agency Administrator SUSAN GREENWAY

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE A,
Medicare 1: BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 597-3994 Fax (325) 597-0325
Type: Branch Agency Administrator SUSAN GREENWAY

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 5/31/2024 2510 CROCKETT DRIVE
Medicare 1: BROWNWOOD, TEXAS 76801
Medicare 2:
Phone 325 6465565 Fax 325 6412399
Type: Branch Agency Administrator DANA WHITE

Owner Information

EH OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **BROWN** Region 01 Date Licensed 11/30/2007
License # 011726 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 1423 COGGIN AVE
Medicare 1: BROWNWOOD, TX 768014233
Medicare 2:
Phone (325) 643-5604 Fax (325) 646-2278
Type: Parent Agency Administrator LISA CUPPS

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County BROWN	Region 01	Date Licensed 11/30/2007	Owner Information
License # 011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE		GIRLING HEALTH CARE, INC
Lic Expire 11/30/2022	1423 COGGIN AVE		12900 FOSTER
Medicare 1:	BROWNWOOD, TX 768014233		OVERLAND PARK, NC 28117
Medicare 2:			PHONE: FAX:
Phone (325) 643-5604	Fax (325) 646-2278		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LISA CUPPS		
County BROWN	Region 01	Date Licensed 11/30/2007	Owner Information
License # 011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE		GIRLING HEALTH CARE, INC
Lic Expire 11/30/2022	1423 COGGIN AVE		12900 FOSTER
Medicare 1:	BROWNWOOD, TX 768014233		OVERLAND PARK, NC 28117
Medicare 2:			PHONE: FAX:
Phone (325) 643-5604	Fax (325) 646-2278		Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LISA CUPPS		
County BROWN	Region 02	Date Licensed	Owner Information
License # 021369	HEARTS OF GLADYS WE CARE LLC		HEARTS OF GLADYS WE CARE LLC
Lic Expire 2/7/2025	403 E COMMERCE		
Medicare 1:	BROWNWOOD, TEXAS 75840		
Medicare 2:			PHONE: FAX:
Phone 83255976487	Fax		Services: Personal Assistance Services
Type: Parent Agency	Administrator CATHLYN WARNELL		
County BROWN	Region 01	Date Licensed 11/12/2018	Owner Information
License # 019084	HILL COUNTRY HOME CARE		PATRICK BELL
Lic Expire 11/12/2022	1000 NORTH COUNTRY ROAD 310		1000 NORTH COUNTY ROAD 310
Medicare 1:	EARLY, TEXAS 76802		EARLY, TX 76802
Medicare 2:			PHONE: FAX:
Phone (325) 220-2273	Fax (325) 242-8045		Services: Personal Assistance Services
Type: Parent Agency	Administrator PATRICK BELL		
County BROWN	Region 01	Date Licensed 06/30/2015	Owner Information
License # 010522	INTERIM HOSPICE OF WEST TEXAS		FALCON SOUTH PLAINS HOSPICE LP
Lic Expire 6/30/2023	118 C SOUTH PARK DRIVE		3305 101ST ST STE 100
Medicare 1: 671561 Hospice	BROWNWOOD, TX 76801		LUBBOCK, TX 79423
Medicare 2:			PHONE: () - 0 FAX:
Phone (325) 643-1113	Fax (325) 643-1088		Services: Hospice
Type: Alternate Delivery Site	Administrator BRANDI LARSON		In-Patient Hospice: NO
County BROWN	Region 01	Date Licensed 07/01/2007	Owner Information
License # 011448	KINDRED AT HOME		INTEGRACARE OF OLNEY HOME HEALTH, LLC
Lic Expire 6/30/2023	118 SOUTH PARK DRIVE SUITE D		12900 FOSTER STREET SUITE #400
Medicare 1: 459371 HHA-18	BROWNWOOD, TX 76801		OVERLAND PARK, KS 66213
Medicare 2:			PHONE: FAX:
Phone (325) 643-5525	Fax (325) 646-2158		Services: Licensed and Certified Home Health Services
Type: Parent Agency	Administrator MOLLY KENNEDY		
County BROWN	Region 01	Date Licensed 11/30/2007	Owner Information
License # 011763	KINDRED HOSPICE		GIRLING HEALTH CARE, INC
Lic Expire 11/30/2023	2400 CROCKETT DRIVE SUITE 300		12900 FOSTER
Medicare 1: 451707 HOSPICE	BROWNWOOD, TX 76801		OVERLAND PARK, NC 28117
Medicare 2:			PHONE: FAX:
Phone (325) 643-5718	Fax (325) 643-6249		Services: Hospice
Type: Parent Agency	Administrator SAMANTHA SIMMONS		In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BROWN** Region 01 Date Licensed 04/12/2016
License # 018546
Lic Expire 4/30/2022
Medicare 1:
Medicare 2:
Phone (325) 641-0272
Type: Parent Agency

KLARUS HOME CARE
120 SOUTH PARK DRIVE, SUITE E
BROWNWOOD, TX 76801
Fax (325) 641-0271
Administrator BEVERLY STUBBS

Owner Information

BROWNWOOD KLARUS LLC
7688 HIGHWAY 67 / 377
COMANCHE, TX 76442-2133
PHONE:
Services: Licensed Home Health Services

FAX:

County **BROWN** Region 03 Date Licensed
License # 017548
Lic Expire 4/30/2022
Medicare 1: 67Q9784001
Medicare 2:
Phone (817) 349-9050
Type: Branch Agency

KLARUS HOME CARE
120 SOUTH PARK DR., SUITE E
BROWNWOOD, TX 76801
Fax
Administrator BEVERLY STUBBS

Owner Information

KLARUS HOME CARE LLC
6421 CAMP BOWIE BLVD, SUITE #100
FORT WORTH, TX 76116
PHONE:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

FAX:

County **BROWN** Region 03 Date Licensed 04/01/2002
License # 007938
Lic Expire 3/31/2023
Medicare 1: 45-1688
Medicare 2:
Phone (940) 627-1011
Type: Alternate Delivery Site

SOLARIS HOSPICE INC
107 SOUTH PARK DRIVE SUITE D
BROWNWOOD, TX 76801
Fax (940) 627-3160
Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE:
Services: Hospice
In-Patient Hospice: NO

FAX:

County **BURNET** Region 05 Date Licensed 08/01/2017
License # 018353
Lic Expire 7/31/2023
Medicare 1: 679520 HHA-18
Medicare 2:
Phone (830) 798-8272
Type: Parent Agency

ACCENTCARE HOME HEALTH OF MARBLE FALLS
1100 MISSION HILLS DRIVE SUITE 100
MARBLE FALLS, TX 78654
Fax (830) 798-7025
Administrator CHRISTINE MORGAN

Owner Information

TEXAS HOME HEALTH GROUP OF MARBLE FALLS, LLC
1100 MISSION HILLS DR SUITE 100
MARBLE FALLS, TX 78654
PHONE:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

FAX:

County **BURNET** Region 05 Date Licensed
License # 019773
Lic Expire 10/25/2023
Medicare 1:
Medicare 2:
Phone 830 6377938
Type: Alternate Delivery Site

ALTUS HOSPICE
1002 MARBLE HEIGHTS DRIVE, SUITE 3
MARBLE FALLS, TX 78654
Fax 830 6377942
Administrator HEATHER COURTNEY

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE:
Services: Hospice
In-Patient Hospice: NO

FAX:

County **BURNET** Region 05 Date Licensed
License # 019773
Lic Expire 10/25/2023
Medicare 1:
Medicare 2:
Phone 830 6377938
Type: Alternate Delivery Site

ALTUS HOSPICE
1002 MARBLE HEIGHTS DRIVE, SUITE 3
MARBLE FALLS, TX 78654
Fax 830 6377942
Administrator HEATHER COURTNEY

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE:
Services: Hospice
In-Patient Hospice: NO

FAX:

County **BURNET** Region 05 Date Licensed 03/04/2015
License # 016739
Lic Expire 3/31/2023
Medicare 1: 677154 HHA-18
Medicare 2:
Phone (512) 756-7511
Type: Parent Agency

ASCENSION AT HOME
407 NORTH WATER ST
BURNET, TX 786112450
Fax (844) 809-2238
Administrator

Owner Information

SETON HIGHLAND LAKES HOME HEALTH LLC
309 INDUSTRIAL BOULEVARD
BURNET, TX 78611
PHONE:
Services: Licensed and Certified Home Health Services

FAX:

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	BURNET	Region	05	Date Licensed	03/04/2015	Owner Information
License #	016739		ASCENSION AT HOME			SETON HIGHLAND LAKES HOME HEALTH LLC
Lic Expire	3/31/2023		407 NORTH WATER ST			309 INDUSTRIAL BOULEVARD
Medicare 1:	677154 HHA-18		BURNET, TX 78612450			BURNET, TX 78611
Medicare 2:						PHONE:
Phone	(512) 756-7511	Fax	(844) 809-2238			FAX:
Type:	Parent Agency	Administrator				Services: Licensed and Certified Home Health Services
County	BURNET	Region	05	Date Licensed	08/16/2013	Owner Information
License #	013472		CAPITOL HOME HEALTH			CAPITOL HOME HEALTH INC
Lic Expire	7/31/2022		101 HWY 281 NORTH STE 204			9015 MOUNTAIN RIDGE DRIVE STE#210
Medicare 1:			MARBLE FALLS, TX 78654			AUSTIN, TX 78759
Medicare 2:						PHONE:
Phone	(830) 265-4209	Fax	(830) 265-4213			FAX:
Type:	Branch Agency	Administrator	MELISA ARNETTE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	BURNET	Region	05	Date Licensed	10/16/2006	Owner Information
License #	010942		ENCOMPASS HEALTH HOME HEALTH			HALLMARK HOMECARE, LP
Lic Expire	10/31/2022		1002 MARBLE HEIGHTS DRIVE, SUITE B			6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	679292 HHA-18		MARBLE FALLS, TEXAS 78654			DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	830 6932657	Fax	830 6934085			FAX:
Type:	Parent Agency	Administrator	CATHERINE IVINS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	BURNET	Region	05	Date Licensed	01/12/2022	Owner Information
License #	021321		ENCOMPASS HEALTH HOSPICE			APEX HOSPICE, LLC
Lic Expire	1/12/2025		1002 MARBLE HEIGHTS DRIVE, STE B2			6688 N. CENTRAL EXPRESSWAY, STE 1300
Medicare 1:			MARBLE FALLS, TEXAS 78654			DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	(830) 262-0808	Fax	(830) 262-0788			FAX:
Type:	Parent Agency	Administrator	CATHERINE IVINS			Services: Hospice In-Patient Hospice: NO
County	BURNET	Region	07	Date Licensed	12/09/1999	Owner Information
License #	007156		HILL COUNTRY MEMORIAL HOSPICE			GREATER HILL COUNTRY HOSPICE
Lic Expire	6/30/2021		2511 HIGHWAY 281 STE 800			P O BOX 835
Medicare 1:			MARBLE FALLS, TX 78654			FREDERICKSBURG, TEXAS 78624
Medicare 2:						PHONE:
Phone	(800) 859-3169	Fax	(830) 997-3547			FAX:
Type:	Alternate Delivery Site	Administrator	KAREN O'ROURKE			Services: Hospice In-Patient Hospice: NO
County	BURNET	Region	05	Date Licensed	02/21/2018	Owner Information
License #	018627		HOME INSTEAD			RIVER PHOENIX HEALTH, LLC
Lic Expire	2/28/2022		1800 MORMON MILL RD STE A-6			1800 MORMON MILL RD # A-6
Medicare 1:			MARBLE FALLS, TX 78654			MARBLE FALLS, TX 78654
Medicare 2:						PHONE:
Phone	(512) 234-4050	Fax	(512) 234-4051			FAX:
Type:	Parent Agency	Administrator	MONICA MONASMITH			Services: Personal Assistance Services
County	BURNET	Region	05	Date Licensed	01/23/2006	Owner Information
License #	007810		OUTREACH HOME CARE			OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	11/30/2022		503 FM 1431, SUITE 102			1919 S SHILOH RDSTE 102 LB 28
Medicare 1:			MARBLE FALLS, TX 78654			GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(830) 693-1963	Fax	(830) 693-6946			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	ANDREA AGUILERA			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **BURNET** Region 05 Date Licensed
License # 012568 RIGHT AT HOME 1202
Lic Expire 4/30/2023 1001 AVENUE E
Medicare 1: MARBLE FALLS, TEXAS 78654
Medicare 2:
Phone (830) 201-1844 Fax (512) 465-9901
Type: Branch Agency Administrator KATE VANBENTHUYSEN

Owner Information

EDWIN YOUNG HEALTHCARE INC
5555 N. LAMAR BLVD., SUITE #C111
AUSTIN, TX 78751
PHONE: FAX:
Services: Personal Assistance Services

County **BURNET** Region 05 Date Licensed
License # 010520 STANDARDS HOME HEALTH
Lic Expire 5/3/2023 705 HIGHWAY 281 SUITE 200
Medicare 1: MARBLE FALLS, TEXAS 76520
Medicare 2:
Phone (830) 265-4274 Fax (830) 265-4273
Type: Branch Agency Administrator RICKY GARCIA

Owner Information

STANDARD REGIONAL HOME HEALTH, INC
111 WEST 2ND STREET
CAMERON, TEXAS 76520
PHONE: FAX:
Services: Licensed Home Health Services

County **BURNET** Region 05 Date Licensed
License # 017838 TEXAS HOME HEALTH HOSPICEAUSTIN LLC
Lic Expire 12/31/2022 1100 MISSION HILLS DR. #100 RM HOS
Medicare 1: Branch ID: 464189 MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 522-2522 Fax (830) 265-6690
Type: Alternate Delivery Site Administrator TAMI HATFIELD

Owner Information

TEXAS HOME HEALTH HOSPICEAUSTIN, LLC
17855 N DALLAS PKWY SUITE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **BURNET** Region 05 Date Licensed 08/24/2004
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 1100 MISSION HILLS STE 100
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 798-8272 Fax (830) 798-1025
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BURNET** Region 05 Date Licensed 08/24/2004
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 1100 MISSION HILLS STE 100
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 798-8272 Fax (830) 798-1025
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **BURNET** Region 05 Date Licensed 07/11/2011
License # 014453 VISITING ANGELS
Lic Expire 7/31/2023 706 4TH STREET
Medicare 1: MARBLE FALLS, TX 78654
Medicare 2:
Phone (830) 637-7118 Fax (830) 637-7116
Type: Parent Agency Administrator CRISTAL REVEN

Owner Information

MUG HOME CARE INC
815 LAKE AIR DRIVE
WACO, TX 76710
PHONE: FAX:
Services: Personal Assistance Services

County **BURNET** Region 05 Date Licensed 12/22/2017
License # 018529 YOUR DAYTIME DAUGHTER
Lic Expire 12/31/2023 17630 F.M 963
Medicare 1: BERTRAM, TEXAS 78605
Medicare 2:
Phone (512) 234-0803 Fax (512) 715-9659
Type: Parent Agency Administrator LEE GROVES

Owner Information

STICK CHICK ENTERPRISES LLC
17630 FM 963
BERTRAM, TX 78728
PHONE: FAX:
Services: Personal Assistance Services

County	CALDWELL	Region	05	Date Licensed	08/17/2021	Owner Information	
License #	020986					ELLA'S PERSONAL ASSISTANCE AND COMPANION CARE SERVICES LLC	11738 FM 1854
Lic Expire	8/17/2024					11738 FM 1854	DALE, TEXAS 78616
Medicare 1:						DALE, TEXAS 78616	PHONE:
Medicare 2:							FAX:
Phone	(512) 559-0023	Fax	(512) 559-0023				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CRYSTAL JOHNSON				
County	CALHOUN	Region	07	Date Licensed	08/23/2010	Owner Information	
License #	013682					CALHOUN HOME HEALTH LLC	
Lic Expire	8/31/2022					P. O BOX 7126	
Medicare 1:	457762 HHA-18					VICTORIA, TX 77903-7126	
Medicare 2:						PHONE:	FAX:
Phone	(361) 552-6367	Fax	(361) 552-3182				Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	BARRY WATSON				
County	CAMERON	Region	07	Date Licensed	03/13/2006	Owner Information	
License #	010343					A & M NURSING SERVICES LLC	
Lic Expire	3/31/2022					P O BOX 532890	
Medicare 1:	679777 HHA-18					HARLINGEN, TX 78553	
Medicare 2:						PHONE:	FAX:
Phone	(956) 421-3999	Fax	(956) 421-3902				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARY FLORES				
County	CAMERON	Region	07	Date Licensed	08/31/2016	Owner Information	
License #	017716					A BETTER CHOICE HOME HEALTH SERVICES INC	
Lic Expire	8/31/2022					1725 BOCA CHICA BLVD SUITE E	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:						PHONE:	FAX:
Phone	(956) 554-9995	Fax	(956) 554-9994				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	NANCY BOTELLO				
County	CAMERON	Region	07	Date Licensed	06/17/2021	Owner Information	
License #	020838					A BETTER HOME CARE, LLC	
Lic Expire	6/17/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	9565946001, 95662197	Fax	(956) 431-0461				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SERGIO MENDOZA				
County	CAMERON	Region	07	Date Licensed	08/06/2012	Owner Information	
License #	014979					MARIA BARRERA	
Lic Expire	8/31/2022					PO BOX 4352	
Medicare 1:						BROWNSVILLE, TEXAS 78523	
Medicare 2:						PHONE:	FAX:
Phone	(956) 574-0596	Fax	(956) 574-0086				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MARIA BARRERA				
County	CAMERON	Region	07	Date Licensed	05/30/1997	Owner Information	
License #	005661					ABUNDANT LIFE HOME HEALTH INC	
Lic Expire	5/31/2022					45 FIRESIDE DRIVE	
Medicare 1:	747457 HHA-18					BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	956 5447714	Fax	956 5441033				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	FREDERICK GONZALES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	09/14/2000	Owner Information	
License #	007432					ACCLAIM HEALTH SERVICES INC	
Lic Expire	9/30/2022					3505 BOCA CHICA BLVD STE 203	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 986-0942	Fax	(956) 986-0961			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROGELIO CAZARES				
County	CAMERON	Region	07	Date Licensed	02/21/2020	Owner Information	
License #	019838					ACE ATTENDANT SERVICES, LLC	
Lic Expire	2/21/2022					2106 N. MINNESOTA AVE.	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 908-5900	Fax	(956) 554-7829			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DORA ZAVALA				
County	CAMERON	Region	07	Date Licensed	09/09/2021	Owner Information	
License #	021036					ADORABLE PRIMARY HOME CARE INCORPORATED	
Lic Expire	9/9/2024					4002 PAREDES LINE RD STE 28	
Medicare 1:						BROWNSVILLE, TEXAS 78526	
Medicare 2:						PHONE:	FAX:
Phone	(956) 338-6655	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSA ISELA RIOS ZUNIGA				
County	CAMERON	Region	07	Date Licensed	05/01/2001	Owner Information	
License #	007610					E L PANCIERA INC	
Lic Expire	4/30/2023					17 BOCA CHICA BLVD SUITE C	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:						PHONE:	FAX:
Phone	(956) 546-9444	Fax	(956) 546-9477			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EMIL PANCIERA				
County	CAMERON	Region	07	Date Licensed	11/01/2014	Owner Information	
License #	016535					AGUA CRISTALINA HOME CARE LLC	
Lic Expire	10/31/2022					105 E JACKSON SUITE C	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 365-3095	Fax	(956) 230-8180			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NANCY ECHAVARRIA				
County	CAMERON	Region	07	Date Licensed	05/11/2021	Owner Information	
License #	020746					ALAMEDA HEALTH SERVICES, LLC	
Lic Expire	5/11/2024					30891 LEAL ROAD	
Medicare 1:						SAN BENITO, TEXAS 78586	
Medicare 2:						PHONE:	FAX:
Phone	956 264 7417	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RUDY LOPEZ				
County	CAMERON	Region	07	Date Licensed	09/21/2016	Owner Information	
License #	017643					ALAS DE AMOR PHC INC	
Lic Expire	9/30/2022					9801 KINGBIRD DRIVE	
Medicare 1:						HARLINGEN, TX 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 800-1698	Fax	(956) 800-1690			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARICELA LOPEZ MATOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	08/28/2003	Owner Information	
License #	008620					ALIVIO HOME CARE	
Lic Expire	8/31/2023					1875 TAXCO DR	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 541-3484	Fax	(956) 541-3036			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAUDIA VALENCIA				
County	CAMERON	Region	07	Date Licensed	10/27/2004	Owner Information	
License #	009377					ALIVIO HOME HEALTH INC	
Lic Expire	10/31/2023					715 W JEFFERSON ST	
Medicare 1:						BROWNSVILLE, TEXAS 78520	
Medicare 2:						PHONE:	FAX:
Phone	(956) 504-6779	Fax	(956) 986-2624			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA NEWTON				
County	CAMERON	Region	07	Date Licensed	05/22/2007	Owner Information	
License #	011456					SANTA CRUZ HEALTH SERVICES INC	
Lic Expire	5/31/2024					2102 W TEEGE AVENUE	
Medicare 1:	673110					HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 412-3337	Fax	(956) 412-3338			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANTONIO S. ALVIAR, JR., RN				
County	CAMERON	Region	07	Date Licensed		Owner Information	
License #	010852					LEGACY HOME CARE SERVICES INC	
Lic Expire	10/31/2022					PO BOX 61180	
Medicare 1:						CORPUS CHRISTI, TX 78466	
Medicare 2:						PHONE:	FAX:
Phone	(956) 295-3233	Fax	(956) 295-3259			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	AMBROSE HERNANDEZ				
County	CAMERON	Region	07	Date Licensed	05/05/2000	Owner Information	
License #	007328					ALL TEXAS HEALTH CARE INC	
Lic Expire	5/31/2023					302 E. TYLER AVENUE SUITE 2	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 425-2273	Fax	(956) 425-2218			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LISA WELLS				
County	CAMERON	Region	06	Date Licensed		Owner Information	
License #	012478					ALLHEAL HOME HEALTH, INC	
Lic Expire	3/31/2023					3305 WEST DAVIS, SUITE #100	
Medicare 1:	747314					CONROE, TX 77304	
Medicare 2:						PHONE:	FAX:
Phone	(936) 756-2277	Fax				Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	LINDSEY GROTHE				
County	CAMERON	Region	07	Date Licensed	02/26/2018	Owner Information	
License #	018635					ALORA HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	2/28/2022					513 E JACKSON STE 317	
Medicare 1:	74-1752					HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 216-0013	Fax	(956) 216-0014			Services: Hospice	
Type:	Parent Agency	Administrator	BLANCA QUINTANILLA			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	11/12/2019	Owner Information	
License #	019693					ALPHA MED, LLC	
Lic Expire	11/12/2021					6724 GEORGIA PINE	
Medicare 1:						BROWNSVILLE, TEXAS 78526	
Medicare 2:						PHONE:	FAX:
Phone	(956) 459-7133	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KRYSTINA GIL				
County	CAMERON	Region	07	Date Licensed	03/03/2015	Owner Information	
License #	016664					AMABLE HOME CARE LLC	
Lic Expire	3/31/2024					PO BOX 432	
Medicare 1:	971612 Hospice					SANTA ROSA, TX 78593	
Medicare 2:						PHONE:	FAX:
Phone	(956) 277-0351	Fax	(956) 277-0446			Services: Hospice; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	AMY PONCE			In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	11/27/2012	Owner Information	
License #	015231					AMAZING GRACE PRIMARY HOME CARE LLC	
Lic Expire	11/30/2022					212 N ARROYO BLVD	
Medicare 1:						LOS FRESNOS, TX 78566	
Medicare 2:						PHONE:	FAX:
Phone	(956) 233-1718	Fax	(866) 677-8911			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TIANA COLVILLE				
County	CAMERON	Region	07	Date Licensed	12/01/2009	Owner Information	
License #	013021					AMBIENTE ALEGRE HOME HEALTH	
Lic Expire	11/30/2021					347 RENFRO BLVD	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 459-2073	Fax	(956) 621-2884			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FERNANDO SALAZAR				
County	CAMERON	Region	07	Date Licensed	05/15/2018	Owner Information	
License #	019792					AMBROSE ETERNITY HOME SERVICES, LLC	
Lic Expire	1/24/2022					3505 BOCA CHICA BLVD., STE 205	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 454-7501	Fax	18664759389			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADAM ARREDONDO				
County	CAMERON	Region	07	Date Licensed	01/17/2020	Owner Information	
License #	019788					AMEDISYS HOSPICE, LLC	
Lic Expire	1/17/2025					3854 AMERICAN WAY, SUITE: A	
Medicare 1:	971583					BATON ROUGE, LOUISIANA	
Medicare 2:						PHONE:	FAX:
Phone	(956) 300-0865	Fax	(888) 562-0818			Services: Hospice	
Type:	Parent Agency	Administrator	MIRIAM VALDIVIEZ			In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed		Owner Information	
License #	003177					HUB CITY HOME HEALTH INC	
Lic Expire	11/30/2023					506 VALLEY BROOK RD, STE 201	
Medicare 1:	67Q7522004					MCMURRAY, PA 15317	
Medicare 2:						PHONE:	FAX:
Phone	(956) 567-0421	Fax	(956) 567-0421			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Branch Agency	Administrator	JESSICA MONTNEY			Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	07/09/2018	Owner Information		
License #	009369					AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC	AMERICAN MEDICAL HOME HEALTH SERVICES SAN ANTONIO LLC 506 VALLEY BROOK RD, STE 201	
Lic Expire	10/31/2024					1042 GARNER FIELD RD STE A	MCMURRAY, PA 15317	
Medicare 1:	45Q7907001					UVALDE, TX 78801	PHONE:	FAX:
Medicare 2:								
Phone	(830) 460-3013					Fax (830) 460-3411		
Type:	Branch Agency					Administrator	JESSICA MONTNEY	Services: Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/01/2006	Owner Information		
License #	010645					AMIGO HEALTH SERVICES CORP	AMIGO HEATH SERVICES CORP 2394 E PRICE RD BROWNSVILLE, TX 78521	
Lic Expire	7/31/2022					2414 E PRICE RD STE B103	PHONE:	FAX:
Medicare 1:						BROWNSVILLE, TX 78521		
Medicare 2:								
Phone	(956) 982-8500					Fax (956) 982-8501		
Type:	Parent Agency					Administrator	CELINA MARTINEZ	Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/22/2018	Owner Information		
License #	018897					AMIGOS HEALTH CARE INC	AMIGOS HEALTH CARE INC 2106 N. MINNESOTA AVENUE BROWNSVILLE, TX 78521	
Lic Expire	8/31/2022					2024 N MINNESOTA AVE.	PHONE:	FAX:
Medicare 1:						BROWNSVILLE, TEXAS 78521		
Medicare 2:								
Phone	(956) 621-3139					Fax (956) 621-1588		
Type:	Parent Agency					Administrator	DAVID ZAVALA	Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	09/09/2021	Owner Information		
License #	021035					AMISTAD HOME CARE SERVICES, INC	AMISTAD HOME CARE SERVICES, INC	
Lic Expire	9/9/2024					24 DRAPER DR	PHONE:	FAX:
Medicare 1:						BROWNSVILLE, TEXAS 78521		
Medicare 2:								
Phone	(956) 621-4828					Fax		
Type:	Parent Agency					Administrator	ALBINITA BRISENO	Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	12/16/1999	Owner Information		
License #	007200					AMOR HEALTH SERVICES INC	AMOR HEALTH SERVICES INC 1150 EAST 13TH STREET OFFICE B BROWNSVILLE, TX 78520	
Lic Expire	12/31/2022					1150 EAST 13TH STREET, SUITE B	PHONE:	FAX:
Medicare 1:						BROWNSVILLE, TX 78520		
Medicare 2:								
Phone	(956) 986-6030					Fax (956) 541-8445		
Type:	Parent Agency					Administrator	MARIA TORRE-CONLEY	Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/30/2016	Owner Information		
License #	017602					ANGELES DIVINOS HOME HEALTH CARE INC	ANGELES DIVINOS HOME HEALTH CARE INC SAME AS PHYSICAL ADDRESS HARLINGEN, TX 78550	
Lic Expire	8/31/2022					1724 ED CAREY DRIVE SUITE B	PHONE:	FAX:
Medicare 1:						HARLINGEN, TX 78550		
Medicare 2:								
Phone	956 3898000					Fax 956 4357228		
Type:	Parent Agency					Administrator	OSCAR C BURKHOLDER	Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	03/22/2007	Owner Information		
License #	011177					ANGELES GUARDIANES HOME HEALTH INC	ANGELES GUARDIANES HOME HEALTH INC SAME BROWNSVILLE, TX 78521	
Lic Expire	3/31/2022					55 WEST ELIZABETH ST	PHONE:	FAX:
Medicare 1:						BROWNSVILLE, TX 78520		
Medicare 2:								
Phone	(956) 574-9423					Fax (956) 574-0155		
Type:	Parent Agency					Administrator	MARIO RENE CAMPOS	Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	06/30/1999	Owner Information	
License #	007069					ANGELES HOME HEALTH, INC	
Lic Expire	6/30/2022					1635 W SAN MARCELO BLVD	
Medicare 1:						BROWNSVILLE, TX 78526-1967	
Medicare 2:						PHONE:	FAX:
Phone	(956) 541-1975	Fax	(956) 504-9091			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NORA M GARZA				
County	CAMERON	Region	07	Date Licensed	09/11/2013	Owner Information	
License #	006460					ANGELITOS PRIMARY HOME CARE INC	
Lic Expire	4/30/2023					704 E GRIFFIN PKWYSTE 100	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE: (956) 624-6965	FAX: (956) 581-9918
Phone	(956) 943-3000	Fax	(956) 943-3002			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	JUAN PEREZ				
County	CAMERON	Region	07	Date Licensed	09/13/2011	Owner Information	
License #	014397					APC HOME HEALTH SERVICE, INC	
Lic Expire	9/30/2023					1805 BELL STREET	
Medicare 1:	457193 HHA-18					HARLINGEN, TX	
Medicare 2:						PHONE: () - 1	FAX:
Phone	(956) 428-8301	Fax	(956) 428-5291			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANDREW S. PAINTER				
County	CAMERON	Region	07	Date Licensed	09/13/2011	Owner Information	
License #	014398					APC HOME HEALTH SERVICE, INC	
Lic Expire	9/30/2023					1805 BELL STREET	
Medicare 1:						HARLINGEN, TX	
Medicare 2:						PHONE: () - 1	FAX:
Phone	956 4287334	Fax	956 4283336			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOVIE CANTU				
County	CAMERON	Region	07	Date Licensed	07/19/2021	Owner Information	
License #	020915					APOLLO HEALTH CARE, INC	
Lic Expire	7/19/2023					30317 SHARE 28 ROAD	
Medicare 1:						LOS FRESNOS, TEXAS 78566	
Medicare 2:						PHONE:	FAX:
Phone	956 5640073	Fax	(956) 621-1588			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	LESLIE KELM			In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	06/23/2015	Owner Information	
License #	016872					AQUARIO PRIMARY HOME CARE	
Lic Expire	6/30/2023					3116 EAST 14TH STREET	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 544-7730	Fax	(956) 621-0700			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRENDA CANO				
County	CAMERON	Region	07	Date Licensed	10/18/2021	Owner Information	
License #	021137					ARMONIA FAMILIAR, INC	
Lic Expire	10/18/2024					701 PALM VALLEY DR E	
Medicare 1:						HARLINGEN, TEXAS 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 579-8899	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARTHA LOPEZ DAVILA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	10/13/1999	Owner Information	
License #	007137					ATHC PROVIDER SERVICES INC	
Lic Expire	10/31/2023					302 E. TYLER AVENUE, STE 2	
Medicare 1:						HARLINGEN, TEXAS 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 425-2220	Fax	(956) 425-2218			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LISA WELLS				
County	CAMERON	Region	07	Date Licensed	05/15/2020	Owner Information	
License #	019941					ATZ PRIMARY CARE, INC	
Lic Expire	5/15/2022					2024 N MINNESOTA AVE. B	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 579-7881	Fax	(956) 621-1588			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID ZAVALA				
County	CAMERON	Region	07	Date Licensed	09/09/2015	Owner Information	
License #	014807					EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(956) 435-7638	Fax	(956) 854-4338			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	EDUARDO HINOJOSA				
County	CAMERON	Region	07	Date Licensed	01/08/2020	Owner Information	
License #	019765					AYUDA HOME HEALTH INC	
Lic Expire	1/8/2022					522 S TEXAS BLVD STE 105	
Medicare 1:						WESLACO, TEXAS 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 291-0522	Fax	(956) 513-0727			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EDWIN B NEWTON				
County	CAMERON	Region	07	Date Licensed	06/21/2018	Owner Information	
License #	018794					T & B ESPINO INC	
Lic Expire	6/30/2022					2226 ATHENS ST	
Medicare 1:						BROWNSVILLE, TEXAS 78520	
Medicare 2:						PHONE:	FAX:
Phone	(956) 455-8081	Fax	(956) 443-0912			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BLANCA TORRE				
County	CAMERON	Region	07	Date Licensed	03/02/2005	Owner Information	
License #	009611					BEACON HARBOR HOME HEALTH INC	
Lic Expire	3/31/2022					292 KINGS HIGHWAY SUITE 9	
Medicare 1:	677897 HHA-18					BROWNSVILLE, TX 78521	
Medicare 2:						PHONE:	FAX:
Phone	(956) 548-0016	Fax	(956) 548-0024			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY FRANCES LOPEZ				
County	CAMERON	Region	07	Date Licensed	05/20/2021	Owner Information	
License #	020766					CARINOSA HEALTHCARE INC	
Lic Expire	5/20/2023					2809 S EXPRESSWAY 83 STE F	
Medicare 1:	453108					HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 664-9667	Fax	(956) 664-2190			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NOEMI OLIVO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 06/27/1997
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE HARLINGEN, TX 78550
Medicare 2:
Phone (888) 224-9897 Fax (956) 423-2027
Type: Parent Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 06/27/1997
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE HARLINGEN, TX 78550
Medicare 2:
Phone (888) 224-9897 Fax (956) 423-2027
Type: Parent Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 06/27/1997
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 2809 SOUTH EXPRESSWAY 83
Medicare 1: 741522 HOSPICE HARLINGEN, TX 78550
Medicare 2:
Phone (888) 224-9897 Fax (956) 423-2027
Type: Parent Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 01/30/2006
License # 010266 BELIEVE IN US PRIMARY HOME CARE INC
Lic Expire 1/31/2023 2416 WEST BUSINESS HIGHWAY 77
Medicare 1: SAN BENITO, TX 78586
Medicare 2:
Phone (956) 399-1511 Fax (956) 399-1561
Type: Parent Agency Administrator REBECCA VALDEZ

Owner Information

BELIEVE IN US PRIMARY HOME CARE INC
2416 WEST BUSINESS HIGHWAY 77
SAN BENITO, TX 78586
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/05/2021
License # 020433 BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC
Lic Expire 1/5/2023 7601 PECAN AVE.
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 466-5008 Fax 18668118644
Type: Parent Agency Administrator FRANCES ELIAS

Owner Information

BENDICION DIVINA PERSONAL ASSISTANCE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 10/01/2019
License # 019628 BLUEBONNET PRIMARY HOME CARE LLC
Lic Expire 10/1/2021 1342 SQUAW VALLEY DR UNIT B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 517-6260 Fax
Type: Parent Agency Administrator VANESSA TREVINO

Owner Information

BLUEBONNET PRIMARY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/23/2015
License # 016871 BUENA VIDA PRIMARY HOME CARE
Lic Expire 6/30/2023 4035 BOCA CHICA BLVD. STE 3
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 546-1115 Fax (956) 546-1104
Type: Parent Agency Administrator JAZMIN MARTINEZ

Owner Information

ROSA ELIA MARTINEZ
3116 E 14TH ST
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County	CAMERON	Region	07	Date Licensed	08/18/2021	Owner Information	
License #	020988					C&M HOSPICE LLC	
Lic Expire	8/18/2024						
Medicare 1:							
Medicare 2:							
Phone	(956) 793-3227	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	HEATHER KENON			Services: Hospice In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	10/17/2006	Owner Information	
License #	010809					FABIAN SILGUERO	
Lic Expire	10/31/2023					PO BOX 595	
Medicare 1:	747168 HHA-18;74					LA FERIA, TX 78559	
Medicare 2:							
Phone	(956) 797-4290	Fax	(956) 797-4287			PHONE:	FAX:
Type:	Parent Agency	Administrator	IDA NORIEGA			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	04/29/2021	Owner Information	
License #	020726					CARDINAL HOSPICE LLC	
Lic Expire	4/29/2024						
Medicare 1:	971669 Hospice						
Medicare 2:							
Phone	(956) 793-3227	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	HEATHER KENON			Services: Hospice In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	10/01/1994	Owner Information	
License #	003165					CARING FOR YOU HOME HEALTH INC	
Lic Expire	9/30/2024					PO BOX 6218	
Medicare 1:	677594 HHA-18					BROWNSVILLE, TX 78523	
Medicare 2:							
Phone	(956) 546-1361	Fax	(956) 542-3365			PHONE:	FAX:
Type:	Parent Agency	Administrator	NOEMI TORRE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	12/13/2018	Owner Information	
License #	019155					CARING HANDS HEALTHCARE AGENCY, LLC	
Lic Expire	12/13/2022					1405 N ILLINOIS AVE	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:							
Phone	(956) 372-1060	Fax	(956) 372-1068			PHONE:	FAX:
Type:	Parent Agency	Administrator	AIDE RUIZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	12/17/2003	Owner Information	
License #	008815					CHRISTIAN QUALITY HOME HEALTH CARE INC	
Lic Expire	12/31/2024					113 EAST PORTE COURT	
Medicare 1:	679438 HHA-18					HARLINGEN, TX 78550	
Medicare 2:							
Phone	(956) 425-9494	Fax	(956) 425-9492			PHONE:	FAX:
Type:	Parent Agency	Administrator	CAZANDRA DE LOS SANTOS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	10/31/2017	Owner Information	
License #	018416					CME HOME MAKER SERVICES LLC	
Lic Expire	10/31/2024					301 MEXICO BLVD, STE. G4	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:							
Phone	(956) 504-9944	Fax	(956) 504-9945			PHONE:	FAX:
Type:	Parent Agency	Administrator	HERLINDA VASQUEZ			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed		Owner Information
License #	012190					CMS PRIMARY HOME CARE INC
Lic Expire	8/31/2021					1300 N. 10TH STREET, STE #210
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE:
Phone	(956) 424-9897	Fax	(866) 800-3018			FAX:
Type:	Branch Agency	Administrator	SANTIAGO MORIN			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	03/23/2021	Owner Information
License #	020631					MBG HOME CARE
Lic Expire	3/23/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 357-7802	Fax				FAX:
Type:	Parent Agency	Administrator	MICAH GIBBS			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/05/2020	Owner Information
License #	020096					COSTA HOME CARE, LLC
Lic Expire	8/5/2022					5238 LOS ARBOLES AVE.
Medicare 1:						BROWNSVILLE, TX 78520
Medicare 2:						PHONE:
Phone	(956) 982-8578	Fax	(956) 982-8741			FAX:
Type:	Parent Agency	Administrator	CYNTHIA GONZALEZ			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	07/09/2021	Owner Information
License #	020896					DAILY BLESSING HOME CARE, LLC
Lic Expire	7/9/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 272-5456	Fax				FAX:
Type:	Parent Agency	Administrator	EDUARDO OZUNA			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	10/21/2013	Owner Information
License #	015820					DELCO HEALTH CARE, LLC
Lic Expire	10/31/2023					35 BUSINESS DRIVE SUITE A
Medicare 1:	747941 HHA-18					BROWNSVILLE, TX 78521
Medicare 2:						PHONE:
Phone	(956) 312-9530	Fax	(956) 284-0759			FAX:
Type:	Parent Agency	Administrator	LILY DELLOTA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	02/19/2014	Owner Information
License #	016165					DREAM CARE LLC
Lic Expire	2/28/2022					1725 BOCA CHICA BLVD SUITE C
Medicare 1:	679503 HHA-18					BROWNSVILLE, TX 78520
Medicare 2:						PHONE:
Phone	(956) 548-2915	Fax	(956) 548-2901			FAX:
Type:	Parent Agency	Administrator	NANCY BOTELLO			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	CAMERON	Region	07	Date Licensed	10/24/2016	Owner Information
License #	017705					EL BUEN CAMINO HOME HEALTH CARE LLC
Lic Expire	10/31/2022					305 CALLE AMISTOSA R202
Medicare 1:						BROWNSVILLE, TX 78520
Medicare 2:						PHONE:
Phone	(956) 621-1772	Fax	(956) 443-0472			FAX:
Type:	Parent Agency	Administrator	LUIS PEREZ			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	07/21/2020	Owner Information	
License #	020065					EL SINAI HOME CARE, LLC	
Lic Expire	7/21/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 483-2681	Fax	(956) 253-1684			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RAFAEL ALVAREZ				
County	CAMERON	Region	07	Date Licensed	10/26/2020	Owner Information	
License #	020264					EL SINAI HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	10/26/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 431-0462	Fax	(956) 431-0461			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ISABEL ALANIZ				
County	CAMERON	Region	07	Date Licensed	02/02/2017	Owner Information	
License #	017898					ETERNAL LOVE HEALTH CARE INC	
Lic Expire	2/28/2023					617 HACKBERRY ST	
Medicare 1:						HARLINGEN, TX 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 368-5079	Fax	(956) 516-3580			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERASTO URESTE JR				
County	CAMERON	Region	07	Date Licensed	10/15/2020	Owner Information	
License #	020239					CJ SERVICES TEXAS LLC	
Lic Expire	10/15/2022					423 CHAMPIONS DR	
Medicare 1:						BROWNSVILLE, TEXAS 78520	
Medicare 2:						PHONE:	FAX:
Phone	(956) 280-5586	Fax	(956) 280-5586			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SERGIO JESUS ARRIAGA				
County	CAMERON	Region	07	Date Licensed	03/16/2021	Owner Information	
License #	020609					EXCEPTIONAL HEALTH SERVICES, LLC	
Lic Expire	3/16/2024					SAME	
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 567-9763	Fax	(956) 253-3760			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MAURICIO ARREDONDO				
County	CAMERON	Region	07	Date Licensed	01/08/2021	Owner Information	
License #	020443					FAITH FAMILY FRIENDS PHC, LLC	
Lic Expire	1/8/2023					17827 ABD RD	
Medicare 1:						HARLINGEN, TEXAS 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 336-7125	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MERCEDES SAUCEDA				
County	CAMERON	Region	07	Date Licensed	02/23/2017	Owner Information	
License #	017930					FIRST LIGHT PRIMARY HOME CARE, LLC	
Lic Expire	2/28/2023					23067 ROYAL PALM DRIVE	
Medicare 1:						HARLINGEN, TX 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 230-3892	Fax	(956) 230-2292			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA DEL ROSARIO FERNANDEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	04/14/2021	Owner Information	
License #	020696					FLAMINGO PRIMARY HOME CARE, LLC	
Lic Expire	4/14/2024					24 CUBA ST	SAME
Medicare 1:						BROWNSVILLE, TX 78526	
Medicare 2:							PHONE:
Phone	(956) 538-3664	Fax	18009672518				FAX:
Type:	Parent Agency	Administrator	MONICA FUENTES			Services:	Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	01/15/2021	Owner Information	
License #	020468					FLOR DE LA FE HOME HEALTH LLC	
Lic Expire	1/15/2023					4804 BEAVER POND DR	
Medicare 1:	748010					BROWNSVILLE, TEXAS 78520	
Medicare 2:							PHONE:
Phone	(956) 466-8862	Fax	(855) 761-1439				FAX:
Type:	Parent Agency	Administrator	JOSEFINA MEDINA			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	CAMERON	Region	07	Date Licensed	06/21/2013	Owner Information	
License #	015613					DAZ & ASSOCIATES LLC	
Lic Expire	6/30/2023					5686 BUCKEYE CT.	
Medicare 1:						BROWNSVILLE, TX 78526	
Medicare 2:							PHONE:
Phone	(956) 350-2300	Fax	(956) 350-2185				FAX:
Type:	Parent Agency	Administrator	ADRIANA ZAMORA			Services:	Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	01/23/2019	Owner Information	
License #	019220					GL HOSPICE CARE LLC	
Lic Expire	5/31/2021					1313 E ALTON GLOOR STE I-4	
Medicare 1:						BROWNSVILLE, TEXAS 78526	
Medicare 2:							PHONE:
Phone	956 5614413	Fax	956 6212301				FAX:
Type:	Parent Agency	Administrator	XYLINA GUTIERREZ			Services:	Hospice In-Patient Hospice: NO
County	CAMERON	Region	07	Date Licensed	03/17/2021	Owner Information	
License #	021008					JUAN JOSE DE LEON JR	
Lic Expire	3/17/2024					123 OLD PORT ISABEL RD STE. A5	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:							PHONE:
Phone	(956) 589-6813	Fax	(956) 554-7336				FAX:
Type:	Parent Agency	Administrator	JUAN DELEON			Services:	Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/15/2008	Owner Information	
License #	012169					GREATER VALLEY HOSPICE ALLIANCE LP	
Lic Expire	8/31/2022					605 MACO DRIVE	
Medicare 1:	671629 HOSPICE					HARLINGEN, TX 78550	
Medicare 2:							PHONE:
Phone	(956) 428-2386	Fax	(956) 428-2541				FAX:
Type:	Parent Agency	Administrator	DANIELLE MARTINEZ			Services:	Hospice In-Patient Hospice: NO
County	CAMERON	Region	07	Date Licensed	08/25/2004	Owner Information	
License #	009266					HALO HOME HEALTH LLC	
Lic Expire	8/31/2024					1473 E. ALTON GLOOR SUITE D	
Medicare 1:	673104 HHA-18					BROWNSVILLE, TX 78526	
Medicare 2:							PHONE:
Phone	(956) 541-2449	Fax	(956) 546-6163				FAX:
Type:	Parent Agency	Administrator	TAMMY RANGEL			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	01/12/2007	Owner Information	
License #	010995					HANDS OF ANGELS HOME HEALTH CARE INC	
Lic Expire	1/31/2024					SAME AS PHYSICAL ADDRESS	
Medicare 1:						HARLINGEN, TX 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 423-5900	Fax	(956) 440-1287			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELSA BURKHOLDER				
County	CAMERON	Region	07	Date Licensed	05/30/2018	Owner Information	
License #	018764					HAPPY FAMILY PRIMARY HOME CARE LLC	
Lic Expire	5/31/2022					30602 ST. FRANCIS AVE	
Medicare 1:						LOS FRESNOS, TEXAS 78566	
Medicare 2:						PHONE:	FAX:
Phone	(956) 639-7201	Fax	(866) 249-6129			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSEFINA BOLANOS				
County	CAMERON	Region	07	Date Licensed	07/19/1994	Owner Information	
License #	003014					HARLINGEN ACUTE CARE, INC	
Lic Expire	7/31/2024					27689 S BAKER POTTS RD	
Medicare 1:	747943 HHA-18					HARLINGEN, TX 78552	
Medicare 2:						PHONE:	FAX:
Phone	(956) 412-2002	Fax	(956) 412-2879			(956) 412-2002	(956) 412-2879
Type:	Parent Agency	Administrator	MARIA RUIZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	04/04/2001	Owner Information	
License #	002164					HEALTH CARE UNLIMITED, INC	
Lic Expire	11/30/2022					1100 E LAUREL	
Medicare 1:	67Q7285002					MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 428-7878	Fax	(956) 428-8882			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOSEPH RAMON III				
County	CAMERON	Region	07	Date Licensed	05/31/2017	Owner Information	
License #	018085					HEART OF AN ANGEL PRIMARY HOME CARE AGENCY, LLC	
Lic Expire	5/31/2024					6758 TENAZA DRIVE	
Medicare 1:						BROWNSVILLE, TX 78526	
Medicare 2:						PHONE:	FAX:
Phone	956 6211002	Fax	956 3297972			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JEHU LEDEZMA				
County	CAMERON	Region	07	Date Licensed	07/23/2012	Owner Information	
License #	014945					HOME HEALTH CHECK LLC	
Lic Expire	7/31/2022					14693 PALIS DRIVE	
Medicare 1:	747911 HHA-18					LA FERIA, TX 78559	
Medicare 2:						PHONE:	FAX:
Phone	(956) 440-8023	Fax	(956) 440-8190			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	ROBERT VENTO				
County	CAMERON	Region	07	Date Licensed	06/27/2003	Owner Information	
License #	008530					HOME HEALTH SOLUTIONS, PLLC	
Lic Expire	6/30/2023					2810 N 77 SUNSHINE STRIP	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 425-8300	Fax	(956) 425-8355			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAURA SOSA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	12/01/2004	Owner Information
License #	009456					INFINITY CARE PROVIDERS INC
Lic Expire	11/30/2022					3505 BOCA CHICA
Medicare 1:						BROWNSVILLE, TX 78521
Medicare 2:						PHONE:
Phone	(956) 542-7232	Fax	(956) 542-5993			FAX:
Type:	Parent Agency	Administrator	VIRGINIA RUIZ			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	05/18/1994	Owner Information
License #	002897					TEPCARE HOMEHEALTH SERVICES INC
Lic Expire	5/31/2022					P.O. BOX 5108
Medicare 1:	458093 HHA-18					BROWNSVILLE, TX 78523
Medicare 2:						PHONE:
Phone	(956) 541-4410	Fax	(956) 541-4434			FAX:
Type:	Parent Agency	Administrator	HARIGOVINDAN NAMPOOTHIRI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	07/08/2016	Owner Information
License #	017509					J&M GUARDIANS PRIMARY HOME CARE, LLC
Lic Expire	7/31/2022					219 S CAGE BLVD SUITE 7
Medicare 1:						PHARR, TX 78577
Medicare 2:						PHONE:
Phone	(956) 281-4686	Fax	(956) 545-0462			FAX:
Type:	Parent Agency	Administrator	VANESSA SERRATA PECERO			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/20/2018	Owner Information
License #	019045					J&M HOME HEALTH LLC
Lic Expire	8/20/2022					183 KLEBERG AVE
Medicare 1:						BROWNSVILLE, TEXAS 78526
Medicare 2:						PHONE:
Phone	(956) 561-4209	Fax	(956) 561-4398			FAX:
Type:	Parent Agency	Administrator	BRIANNA YZAGUIRRE			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/31/2004	Owner Information
License #	009279					JERICO HEALTH SERVICES INC
Lic Expire	8/31/2022					2815 CENTRAL BLVD SUITE D
Medicare 1:						BROWNSVILLE, TX 78520
Medicare 2:						PHONE:
Phone	(956) 546-7500	Fax	(956) 546-3245			FAX:
Type:	Parent Agency	Administrator	JEHU LEDEZMA			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/11/2021	Owner Information
License #	020974					K&M HOSPICE LLC
Lic Expire	8/11/2024					20534 SAM HOUSTON BLVD. STE E
Medicare 1:						RIO HONDO, TEXAS 78583
Medicare 2:						PHONE:
Phone	(956) 793-3227	Fax				FAX:
Type:	Parent Agency	Administrator	HEATHER KENON			Services: Hospice In-Patient Hospice: NO
County	CAMERON	Region	07	Date Licensed	09/10/2014	Owner Information
License #	014065					NATIONAL NURSING & REHAB SA PEDIATRICS, INC
Lic Expire	4/30/2024					85 NE LOOP 410 SUITE 500
Medicare 1:						SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(954) 440-0551	Fax	(954) 440-1942			FAX:
Type:	Branch Agency	Administrator	MARC PICTROWSKI			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 07/31/2008
License # 012130 KINDRED HOSPICE
Lic Expire 7/31/2023 410-A N. ED CAREY DRIVE
Medicare 1: 451667 HOSPICE HARLINGEN, TX 785507960
Medicare 2:
Phone (956) 423-1101 Fax (956) 423-1318
Type: Parent Agency Administrator JUDY PARISER

Owner Information
ODYSSEY HEALTHCARE OF SOUTH TEXAS , LLC
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 03/25/2003
License # 008379 LA FAMILIA HOME CARE
Lic Expire 3/31/2022 910 EAST GRIMES AVENUE
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 365-3646 Fax (956) 365-3651
Type: Parent Agency Administrator SAMANTHA SALAZAR

Owner Information
MIZPAH RESIDENTIAL CARE INC
902 E GRIMES AVE
HARLINGEN, TX 78550
PHONE: (956) 365-3654 FAX: (956) 230-5440
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 11/19/2009
License # 013049 LA GUADALUPANA PRIMARY HOME CARE
Lic Expire 11/30/2023 913 E HARRISON ST STE 7
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (830) 428-0147 Fax (956) 428-0651
Type: Branch Agency Administrator RICHARD GARZA

Owner Information
LA GUADALUPANA PRIMARY HOME CARE LLC
338 N MONROE STREET
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/09/2021
License # 020521 LA PLAZA HOME HEALTH SERVICES
Lic Expire 2/9/2023 1244 E. 14TH ST.
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 266-1855 Fax (956) 542-5648
Type: Parent Agency Administrator WENDOLYN ZAMORA

Owner Information
LA PLAZA HOME HEALTH SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/21/2020
License # 019884 LA VIDA DIVINA LLC
Lic Expire 4/21/2022 4652 BEAVER POND DR.
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (512) 696-7417 Fax (956) 396-0555
Type: Parent Agency Administrator PRISCILLA TORRE

Owner Information
LA VIDA DIVINA LLC
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/25/2011
License # 014304 LAS JACARANDAS HEALTHCARE SERVICES
Lic Expire 8/31/2024 645 VILLA MARIA BLVD. SUITE B
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 550-0999 Fax (956) 550-0993
Type: Parent Agency Administrator ABRAHAM BARRIENTES

Owner Information
LAS JACARANDAS ASSISTED LIVING LLC
1024 BELTHAIR
BROWNSVILLE, TX 78520
PHONE: (956) 550-0999 FAX: (956) 550-0993
Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023 222 N. EXPRESSWAY, SUITE 201B
Medicare 1: BROWNSVILLE, TEXAS 78521
Medicare 2:
Phone (956) 295-3233 Fax (956) 295-3259
Type: Branch Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Personal Assistance Services

County	CAMERON	Region	07	Date Licensed	03/30/2021	Owner Information	
License #	020660					LEGENDS PRIMARY HOME CARE, LLC	
Lic Expire	3/30/2024					3 CONQUISTADOR DRIVE	
Medicare 1:						BROWNSVILLE, TEXAS 78520	
Medicare 2:							PHONE: FAX:
Phone	(956) 667-5309	Fax	(956) 667-5310			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ARGELIO VELASQUEZ				
County	CAMERON	Region	07	Date Licensed	12/04/2020	Owner Information	
License #	020374					LIBERTY HOME CARE, INC	
Lic Expire	12/4/2022					P.O. BOX 3361	
Medicare 1:						HARLINGEN, TX 78551	
Medicare 2:							PHONE: FAX:
Phone	(956) 421-1111	Fax	(956) 421-2222			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NORA ESTRADA				
County	CAMERON	Region	07	Date Licensed	07/30/2020	Owner Information	
License #	020086					SUNGLO HOME HEALTH SERVICES INC	
Lic Expire	7/30/2022					3201 S EXPRESSWAY 83	
Medicare 1:						HARLINGEN, TEXAS 78550	
Medicare 2:							PHONE: (956) 423-6100 FAX: (956) 365-3387
Phone	(956) 423-6100	Fax	(956) 365-3387			Services: Hospice	
Type:	Parent Agency	Administrator	AMABELI GONZALEZ			In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	05/18/2021	Owner Information	
License #	020762					LINE CARE HEALTH SERVICES, LLC	
Lic Expire	5/18/2024					SAME	
Medicare 1:							
Medicare 2:							PHONE: FAX:
Phone	(956) 620-4154	Fax	(956) 435-0311			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARVELIA VARGAS				
County	CAMERON	Region	07	Date Licensed	02/12/2020	Owner Information	
License #	019827					LITTLE HAVEN HOME HEALTH	
Lic Expire	2/12/2022					2350 CENTRAL BLVD	
Medicare 1:						BROWNSVILLE, TX	
Medicare 2:							PHONE: FAX:
Phone	(956) 525-7014	Fax	(956) 544-2780			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	SHUBHRA SHARMA				
County	CAMERON	Region	07	Date Licensed	07/22/2014	Owner Information	
License #	016330					LITTLE LIGHTHOUSE REHAB AT HOME LLC	
Lic Expire	7/31/2022					P.O. BOX 1965	
Medicare 1:						LA FERIA, TEXAS 78559	
Medicare 2:							PHONE: FAX:
Phone	(956) 797-2300	Fax	(956) 797-0000			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	NELFA YVETTE PEREZ				
County	CAMERON	Region	07	Date Licensed	01/14/2014	Owner Information	
License #	015976					JLW HOME HEALTH INC	
Lic Expire	1/31/2024					21271 VISTA DRIVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:							PHONE: FAX:
Phone	956 4250606	Fax	956 4250620			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNIFER WHITE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 12/14/2011
License # 014526 LONE STAR HOME HEALTH
Lic Expire 12/31/2024 1409 TESORO AVE
Medicare 1: RANCHO VIEJO, TX 78575
Medicare 2:
Phone (956) 203-3212 Fax (956) 550-8999
Type: Parent Agency Administrator DIANA GONZALEZ

Owner Information

LONE STAR HOME HEALTH
SAME
BROWNSVILLE, TX 78520
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 03/03/2021
License # 020567 LOS GIRASOLES HOME CARE AGENCY, LLP
Lic Expire 3/3/2023 1575 US HWY 281 STE.113
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 312-6878 Fax
Type: Parent Agency Administrator MARIBEL AGUILAR

Owner Information

LOS GIRASOLES HOME CARE AGENCY, LLP
PHONE:
FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed
License # 021359 LUZ DE PADRES LLC
Lic Expire 1/27/2025 222 N EXPRESSWAY 77 83 STE 157
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone 956 2464646 Fax 210 9618535
Type: Parent Agency Administrator AZUCENA CORTINAS

Owner Information

LUZ DE PADRES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/31/2020
License # 020427 MAGNOLIA HOME CARE
Lic Expire 12/31/2022 1905 S. ARDEN ST
Medicare 1: HARLINGEN, TEXAS 78552
Medicare 2:
Phone (956) 428-4911 Fax (956) 428-4911
Type: Parent Agency Administrator DAFFNE BUENO LOPEZ

Owner Information

LRV GROUP LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/22/2021
License # 020845 MAXIMO HOME HEALTHCARE LLC
Lic Expire 6/22/2024 21 GUERRERO ST
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 372-5983 Fax
Type: Parent Agency Administrator GUS RESENDEZ

Owner Information

MAXIMO HOME HEALTHCARE, LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/13/2021
License # 020453 MED GUARD HOME CARE, LLC
Lic Expire 1/13/2023 33990 MESQUITE BEAN DRIVE
Medicare 1: LOS FRESNOS, TEXAS 78566
Medicare 2:
Phone (956) 801-6319 Fax (956) 477-5559
Type: Parent Agency Administrator EDNA CANTU

Owner Information

MED GUARD HOME CARE, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/31/2013
License # 015421 MED TEAM INC
Lic Expire 1/31/2023 147 E. PRICE ROAD
Medicare 1: BROWNSVILLE, TEXAS 785213527
Medicare 2:
Phone (956) 565-9228 Fax (956) 565-9149
Type: Parent Agency Administrator ADEMAR GARZA

Owner Information

THE HOME CARE TEAM, INC
45 NE LOOP 410, SUITE 800
SAN ANTONIO, TEXAS 78216
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	CAMERON	Region	07	Date Licensed	05/30/2002	Owner Information
License #	007958					THE HOME CARE TEAM, INC
Lic Expire	5/31/2023					45 NE LOOP 410, SUITE 800
Medicare 1:						SAN ANTONIO, TEXAS 78216
Medicare 2:						PHONE: FAX:
Phone	(956) 504-9000	Fax	(956) 504-9040			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ADEMAR GARZA			
County	CAMERON	Region	07	Date Licensed	08/23/2000	Owner Information
License #	007400					MEDIC HOME CARE INCORPORATED
Lic Expire	8/31/2023					9001WEST BUSINESS 83
Medicare 1:						HARLINGEN, TX 78552
Medicare 2:						PHONE: FAX:
Phone	(956) 423-5424	Fax	(956) 423-0450			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	VICENTA HADDAD			
County	CAMERON	Region	07	Date Licensed	07/12/2013	Owner Information
License #	015862					MEDICAL CALLS HOME CARE LLC
Lic Expire	10/31/2023					2815 CENTRAL BLVD SUITE C
Medicare 1:	747445 HHA-18					BROWNSVILLE, TX 78520
Medicare 2:						PHONE: FAX:
Phone	(956) 550-1100	Fax	(956) 550-1135			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CAROLINA LEDEZMA			
County	CAMERON	Region	07	Date Licensed	12/17/2015	Owner Information
License #	017186					MEDICAL CHOICE HOME HEALTH LLC
Lic Expire	12/31/2021					2604 CARLOS AVENUE
Medicare 1:	748014 HHA					BROWNSVILLE, TX 78526
Medicare 2:						PHONE: FAX:
Phone	(956) 372-1742	Fax	(956) 372-1748			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MAYRA RODRIGUEZ			
County	CAMERON	Region	07	Date Licensed	03/31/2003	Owner Information
License #	008396					AAA HEALTHWATCH INC
Lic Expire	3/31/2024					34 SOUTH PRICE RD
Medicare 1:	679289 HHA-18					BROWNSVILLE, TEXAS 78521
Medicare 2:						PHONE: FAX:
Phone	(956) 554-0006	Fax	(956) 554-0007			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	GEORGE CANO			
County	CAMERON	Region	07	Date Licensed	09/18/2017	Owner Information
License #	018366					MESQUITE HOME HEALTH LLC
Lic Expire	9/30/2021					724 N SAM HOUSTON BLVD
Medicare 1:	747425 HHA-18					SAN BENITO, TX 78586-5265
Medicare 2:						PHONE: FAX:
Phone	(956) 361-5558	Fax	(956) 361-5559			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SUSAN RUVALCABA			
County	CAMERON	Region	07	Date Licensed	06/29/2021	Owner Information
License #	020871					MONARCA HEALTH CARE, LLC
Lic Expire	6/29/2024					491 AGUA VIVA LN
Medicare 1:						BROWNSVILLE, TEXAS 78521
Medicare 2:						PHONE: FAX:
Phone	(956) 300-0193	Fax	(956) 300-0194			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CLAUDIA GARZA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	04/26/2021	<u>Owner Information</u>		
License #	020719				MONARCA HOME CARE CORP	MONARCA HOME CARE CORP		
Lic Expire	4/26/2024				3116 E 14TH ST			
Medicare 1:					BROWNSVILLE, TEXAS 78521			
Medicare 2:						PHONE:		FAX:
Phone	(956) 374-2525	Fax	(956) 513-0685			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	RICARDO MARTINEZ JR					
County	CAMERON	Region	07	Date Licensed	10/26/2017	<u>Owner Information</u>		
License #	018404				MONTALVO HOME CARE COMPANY	MONTALVO HOME CARE COMPANY		
Lic Expire	10/31/2024				844 W. PRICE RD UNIT 844 WP	6604 GARDEN WOODS APT #B		
Medicare 1:					BROWNSVILLE, TX 78520	BROWNSVILLE, TX 78526		
Medicare 2:						PHONE:		FAX:
Phone	(956) 551-6826	Fax	(956) 621-0044			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MELISSA MONTALVO					
County	CAMERON	Region	07	Date Licensed	09/15/2018	<u>Owner Information</u>		
License #	019486				MT SINAI HOSPICE	MT SINAI LLC		
Lic Expire	7/19/2024				513 E JACKSON ST STE 201	8006 WASHINGTONIA COURT		
Medicare 1:	971622 Hospice				HARLINGEN, TEXAS 785506877	HARLINGEN, TEXAS 78552		
Medicare 2:						PHONE:		FAX:
Phone	(956) 230-1627	Fax				Services: Hospice		
Type:	Parent Agency	Administrator	SARA AGUILERA			In-Patient Hospice: NO		
County	CAMERON	Region	07	Date Licensed	06/17/2015	<u>Owner Information</u>		
License #	016862				MY SAFE HEAVEN CORPORATION	MY SAFE HEAVEN CORPORATION		
Lic Expire	6/30/2023				355 W. ELIZABETH ST SUITE 117	3642 E 27TH ST		
Medicare 1:					BROWNSVILLE, TX 78520	BROWNSVILLE, TX 78521		
Medicare 2:						PHONE:		FAX:
Phone	(956) 542-3600	Fax	(956) 561-4300			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	VIOLA ESPARZA					
County	CAMERON	Region	07	Date Licensed	12/01/2016	<u>Owner Information</u>		
License #	017763				NCR HOME CARE SERVICES LLC	NCR HOME CARE SERVICES, LLC		
Lic Expire	11/30/2022				3744 MAGALI CIRCLE	3744 MAGALI CIRCLE		
Medicare 1:					BROWNSVILLE, TX 78521	BROWNSVILLE, TX 78521		
Medicare 2:						PHONE: (956) 554-9068		FAX:
Phone	(956) 554-9068	Fax	(956) 554-9068			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	NORA CECILIA ROSAS					
County	CAMERON	Region	07	Date Licensed	07/08/2021	<u>Owner Information</u>		
License #	020887				NOVA PRIMARY HOME CARE, LLC	NOVA PRIMARY HOME CARE, LLC		
Lic Expire	7/8/2024				711 N SAM HOUSTON BLVD	711 N. SAM HOUSTON BLVD		
Medicare 1:					SAN BENITO, TEXAS 78586	SAN BENITO, TEXAS 78586		
Medicare 2:						PHONE:		FAX:
Phone	(956) 626-3366	Fax				Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	SAN JUANITA CAVAZOS					
County	CAMERON	Region	07	Date Licensed	11/17/2020	<u>Owner Information</u>		
License #	020324				NOVAK PRIMARY HOME CARE	NOVAK PRIMARY HOME CARE LLC		
Lic Expire	11/17/2022				3536 MONTCLAIR ST.			
Medicare 1:					BROWNSVILLE, TEXAS 78520			
Medicare 2:						PHONE:		FAX: (956) 801-3101
Phone	956 8013100	Fax	956 8013101			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ARNOLDO PENA					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	02/08/2018	Owner Information
License #	018605					NUESTRA CASA HOMECARE SERVICES LLC
Lic Expire	7/1/2022					3535 OVIEDO
Medicare 1:						BROWNSVILLE, TEXAS 78520
Medicare 2:						PHONE: FAX:
Phone	(956) 904-5105	Fax	(956) 904-5104			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	PATRICIO CARRANCO			
County	CAMERON	Region	07	Date Licensed	02/15/2021	Owner Information
License #	019960					NUEVO DESTINO PRIMARY HOME CARE LLC
Lic Expire	5/27/2022					1132 CHAMPLAIN DR
Medicare 1:						BROWNSVILLE, TEXAS 78526
Medicare 2:						PHONE: FAX:
Phone	(956) 496-2755	Fax	(956) 496-2756			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MINERVA RANGE;			
County	CAMERON	Region	07	Date Licensed	05/18/2011	Owner Information
License #	015566					NURSE PLACEMENT SERVICES
Lic Expire	5/31/2024					1805 BELL ST
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE: FAX:
Phone	956 4288301	Fax	956 4285291			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JOVIE CANTU			
County	CAMERON	Region	07	Date Licensed	09/23/1995	Owner Information
License #	002388					AMS A MEDICAL SERVICE, INC
Lic Expire	9/30/2022					PO BOX 338
Medicare 1:						MCALLEN, TX 78505
Medicare 2:						PHONE: FAX:
Phone	(956) 412-0888	Fax	(956) 412-0890			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ANDY SANCHEZ			
County	CAMERON	Region	07	Date Licensed	09/23/1995	Owner Information
License #	002388					AMS A MEDICAL SERVICE, INC
Lic Expire	9/30/2022					PO BOX 338
Medicare 1:						MCALLEN, TX 78505
Medicare 2:						PHONE: FAX:
Phone	(956) 412-0888	Fax	(956) 412-0890			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ANDY SANCHEZ			
County	CAMERON	Region	07	Date Licensed	04/05/1996	Owner Information
License #	004672					NURSES THAT CARE SITTER SERVICES, INC
Lic Expire	4/30/2023					PO BOX 52562
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE: FAX:
Phone	(956) 364-2270	Fax	(956) 412-5942			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ANDY SANCHEZ			
County	CAMERON	Region	07	Date Licensed	10/08/2020	Owner Information
License #	020219					ONE MEDICAL HOME CARE, LLC
Lic Expire	10/8/2022					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(956) 801-6319	Fax	(956) 477-5559			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	YESENIA CAMARILLO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 11/03/2020
License # 020284 OPTIMUM HOSPICE LLC
Lic Expire 11/3/2022 20534 SAM HOUSTON BLVD
Medicare 1: 971691 RIO HONDO, TEXAS 78583
Medicare 2:
Phone (956) 793-3227 Fax
Type: Parent Agency Administrator HEATHER KENON

Owner Information

OPTIMUM HOSPICE LLC

PHONE: FAX:

Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 05/01/2018
License # 018732 OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 4/30/2022 355 W ELIZABETH STREET SUITE 130
Medicare 1: 74-1793 (HOSPICE) BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 280-5339 Fax (956) 280-5655
Type: Parent Agency Administrator ISABEL MEDELEZ

Owner Information

OUR CARING HANDS HOSPICE AND PALLIATIVE CARE LLC

355 W ELIZABETH ST SUITE 130

BROWNSVILLE, TX 78520

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 04/28/2004
License # 009058 PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC
Lic Expire 4/30/2023 1213 E ALTON GLOOR BLVD SUITE D
Medicare 1: 453136 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 542-9130 Fax (956) 542-9135
Type: Parent Agency Administrator CAROLINA GONZALEZ

Owner Information

PARA NINOS DEL VALLE PEDIATRIC HOME HEALTH PLLC

1213 E ALTON GLOOR BLVD SUITE D

BROWNSVILLE, TX 78526

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 07/01/2018
License # 019596 PATRIOT PRIMARY HOME CARE, LLC
Lic Expire 9/12/2021 874 W. PRICE RD.
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone 956 4551869 Fax 956 5442569
Type: Parent Agency Administrator DAVID TOBIAS

Owner Information

PATRIOT PRIMARY HOME CARE, LLC

PHONE: FAX:

Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/18/2021
License # 020844 POR SU GRACIA PRIMARY HOME CARE LLC
Lic Expire 6/18/2024 5233 SAGEBRUSH RD.
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone (956) 543-8700 Fax
Type: Parent Agency Administrator JAZMIN MARTINEZ

Owner Information

POR SU GRACIA PRIMARY HOME CARE

PHONE: FAX:

Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/24/2019
License # 019345 PRESENCIA PRIMARY HOME CARE SERVICES LLC
Lic Expire 4/24/2021 1001 CHAMPLAIN DR.
Medicare 1: BROWNSVILLE, TEXAS 78526
Medicare 2:
Phone 956 6211412 Fax 956 6211435
Type: Parent Agency Administrator DAVE GUERRERO

Owner Information

PRESENCIA PRIMARY HOME CARE SERVICES LLC

PHONE: FAX:

Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 08/08/2019
License # 019518 PRIME HOME CARE INC
Lic Expire 8/8/2021 805 W. PRICE RD. STE. C-5
Medicare 1: BROWNSVILLE, TEXAS 78520
Medicare 2:
Phone (956) 579-4587 Fax
Type: Parent Agency Administrator ASHA VARGHESE

Owner Information

PRIME HOME CARE INC

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	08/24/2021	Owner Information	
License #	021002					PROCARE HOSPICE AND PALLIATIVE HEALTH SERVICES, LLC	
Lic Expire	8/24/2024						
Medicare 1:							
Medicare 2:							
Phone	(956) 299-3474	Fax	(956) 545-0365			PHONE:	FAX:
Type:	Parent Agency	Administrator	YESENIA CAMARILLO			Services: Hospice; Licensed Home Health Services; Personal Assistance Services	In-Patient Hospice: NO
County	CAMERON	Region	07	Date Licensed	07/06/2017	Owner Information	
License #	018145					PROTON PROVIDERS AT HOME, LLC	
Lic Expire	7/31/2024					2325 E. BOWIE AVE	
Medicare 1:						HARLINGEN, TEXAS 78550	
Medicare 2:							
Phone	956 2308383956592015	Fax	(956) 364-2615			PHONE:	FAX:
Type:	Parent Agency	Administrator	MARIA MENDEZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	05/12/2021	Owner Information	
License #	020748					PROVIDING PROVIDERS LLC	
Lic Expire	5/12/2023						
Medicare 1:							
Medicare 2:							
Phone	(956) 617-5105	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	ANTULIO RODRIGUEZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	05/09/2006	Owner Information	
License #	010912					PTL HEALTH CARE, INC	
Lic Expire	5/31/2023					150 UPTOWN	
Medicare 1:	677859 HHA-18					BROWNSVILLE, TX 78520	
Medicare 2:							
Phone	956 8381801	Fax	956 8380170			PHONE:	FAX:
Type:	Parent Agency	Administrator	DIANA GARCIA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	CAMERON	Region	07	Date Licensed	02/11/2014	Owner Information	
License #	016031					PURE VIP HEALTH CARE LLC	
Lic Expire	2/28/2022					1873 APOLLO AVE.	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:							
Phone	(956) 203-8773	Fax	(956) 443-0006			PHONE:	FAX:
Type:	Parent Agency	Administrator	JOSE ANGEL PEREZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	08/15/2011	Owner Information	
License #	014283					R GARCIA HEALTH SERVICES LLC	
Lic Expire	8/31/2023					2115 BOCA CHICA BLVD SUITE C	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:							
Phone	(956) 465-5293	Fax	(956) 504-0383			PHONE:	FAX:
Type:	Parent Agency	Administrator	RICHARD GARCIA			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	01/21/1980	Owner Information	
License #	003055					RIO GRANDE HOME HEALTH AGENCY INC	
Lic Expire	5/31/2022					1713 E TYLER SUITE A	
Medicare 1:	457089 HHA-18					HARLINGEN, TX 78550	
Medicare 2:							
Phone	(956) 423-7100	Fax	(956) 423-7241			PHONE:	FAX:
Type:	Parent Agency	Administrator	SHIRLEY A BYRD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	11/10/2021	Owner Information	
License #	021199					RIO GRANDE PHC SERVICES, LLC	
Lic Expire	11/10/2024					2435 JAIME CIRCLE	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:							PHONE:
Phone	(956) 293-7104	Fax					FAX:
Type:	Parent Agency	Administrator	PATRICIA RODRIGUEZ			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	04/08/1999	Owner Information	
License #	006957					SHALOM HOME CARE INC	
Lic Expire	4/30/2022					PO BOX 5567	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:							PHONE:
Phone	(956) 504-9321	Fax	(956) 504-9377				FAX:
Type:	Parent Agency	Administrator	PATRICIA COLUNGA			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	08/24/2009	Owner Information	
License #	012803					SAFEHAVEN HEALTHCARE LLC	
Lic Expire	8/31/2023					5453 RUSTIC MANOR DR	
Medicare 1:	671641 HOSPICE					BROWNSVILLE, TX 78526	
Medicare 2:							PHONE:
Phone	(956) 504-2780	Fax	(956) 544-2780				FAX:
Type:	Parent Agency	Administrator	SHUBHRA SHARMA			Services: Hospice In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	08/04/2010	Owner Information	
License #	010616					SAINT BENEDICTS HOME HEALTH INC	
Lic Expire	7/31/2024					424 E MAIN	
Medicare 1:						ROBSTOWN, TX 78380	
Medicare 2:							PHONE:
Phone	(956) 364-2706	Fax	(956) 364-2743				FAX:
Type:	Branch Agency	Administrator	BRENDA RAMON			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	09/17/2021	Owner Information	
License #	021060					SAINT MICHAEL'S HOME HEALTH CARE LLC	
Lic Expire						1132 CHAMPLAIN DR	
Medicare 1:						BROWNSVILLE, TEXAS 78550	
Medicare 2:							PHONE:
Phone	(956) 590-2364	Fax	(956) 435-0211				FAX:
Type:	Parent Agency	Administrator	JULIO YANEZ JR			Services: Licensed Home Health Services; Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	10/26/2017	Owner Information	
License #	018402					SAN ANGEL PRIMARY HOME CARE LLC	
Lic Expire	10/31/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:							PHONE:
Phone	(956) 621-0556	Fax	(956) 443-0755				FAX:
Type:	Parent Agency	Administrator	JOSE DE LA O			Services: Personal Assistance Services	
County	CAMERON	Region	07	Date Licensed	10/09/1995	Owner Information	
License #	004014					SAN MARTIN HOME HEALTH INC	
Lic Expire	10/31/2022					700 PAREDES AVENUE SUITE 300	
Medicare 1:	678233 HHA-18					BROWNSVILLE, TX 78521	
Medicare 2:							PHONE:
Phone	(956) 544-6385	Fax	(956) 544-6536				FAX:
Type:	Parent Agency	Administrator	SUSANA VILLARREAL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	07/23/2010	Owner Information
License #	013482					SANTA FE PRIMARY HOME CARE SERVICES CORPORATION
Lic Expire	7/31/2022					3465 E. RUBEN TORRES BLVD. STE B
Medicare 1:						BROWNSVILLE, TX 78526
Medicare 2:						PHONE: FAX:
Phone	(956) 550-9901	Fax	(956) 550-8383			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ESTRELLA FRAIRE			
County	CAMERON	Region	07	Date Licensed	09/05/2007	Owner Information
License #	011559					SEASONS HOME HEALTH LLC
Lic Expire	9/30/2023					5460 PAREDES LINE RD, STE 205
Medicare 1:						BROWNSVILLE, TX 78526
Medicare 2:						PHONE: FAX:
Phone	(956) 621-0949	Fax	(888) 844-4752			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JUANA RINCON			
County	CAMERON	Region	07	Date Licensed	10/04/2012	Owner Information
License #	015115					SINCERITY HEALTH SERVICES LLC
Lic Expire	10/31/2022					6683 PINO AZUL DRIVE
Medicare 1:	747908 HHA-18					BROWNSVILLE, TX 78526
Medicare 2:						PHONE: FAX:
Phone	(956) 350-9707	Fax	18008789860			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JAIME LOPEZ			
County	CAMERON	Region	07	Date Licensed	07/23/2010	Owner Information
License #	013481					SONRISA HOME CARE LLC
Lic Expire	7/31/2022					PO BOX 1052
Medicare 1:	747779 HHA-18					SANTA ROSA, TEXAS 78593
Medicare 2:						PHONE: FAX:
Phone	(956) 412-1870	Fax	(956) 412-0773			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	EDWARD RIPPISTINE III			
County	CAMERON	Region	07	Date Licensed	10/04/1993	Owner Information
License #	002649					SOUTH TEXAS NURSING CARE INC
Lic Expire	3/1/2022					509 WEST HARRISON
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE: FAX:
Phone	(956) 423-7477	Fax	(956) 423-7240			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JOSEPH SAUCEDA			
County	CAMERON	Region	07	Date Licensed	12/01/2005	Owner Information
License #	010168					STAT NURSING HOME HEALTH CARE INC
Lic Expire	11/30/2022					1301 E LOS EBANOS BLDG B
Medicare 1:	743155 HHA-18					BROWNSVILLE, TX 78520
Medicare 2:						PHONE: FAX:
Phone	(956) 554-7828	Fax	(956) 554-7829			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	DORA ZAVALA			
County	CAMERON	Region	07	Date Licensed	07/12/2006	Owner Information
License #	010603					STAY HEALTHY HOMECARE INC
Lic Expire	7/31/2022					P.O. BOX 1560
Medicare 1:	747078 HHA-18					SAN BENITO, TEXAS 78586
Medicare 2:						PHONE: FAX:
Phone	(956) 361-4407	Fax	(956) 361-4451			Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SABRINA LARA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 05/02/1991
License # 002231 SUNGLO HOME HEALTH SERVICES INC
Lic Expire 5/31/2022 2026 E. TYLER AVE
Medicare 1: 677238 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-6100 Fax (956) 365-3387
Type: Parent Agency Administrator MARY YVETTE NIETO

Owner Information

SUNGLO HOME HEALTH SERVICES INC
3201 S EXPRESSWAY 83
HARLINGEN, TEXAS 78550
PHONE: (956) 423-6100 FAX: (956) 365-3387

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 04/04/2007
License # 011422 SUPERIOR HOME HEALTH SERVICES LLC
Lic Expire 12/28/2021 5020 IBC CIRCLE
Medicare 1: BROWNSVILLE, TX 78526
Medicare 2:
Phone (866) 971-0037 Fax (956) 971-0106
Type: Branch Agency Administrator BELINDA JO JUAREZ

Owner Information

SUPERIOR HOME HEALTH SERVICES LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TEXAS 78230
PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **CAMERON** Region 07 Date Licensed 06/01/2017
License # 014420 SUPERIOR HOSPICE OF MCALLEN LLC
Lic Expire 10/31/2021 5020 IBC CIRCLE
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 878-1636 Fax (956) 878-1638
Type: Alternate Delivery Site Administrator SONYA GARZA

Owner Information

SUPERIOR HOSPICE OF MCALLEN LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TEXAS 78230
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 06/24/2011
License # 014183 TESOROS DE LA FE HOME HEALTH LLC
Lic Expire 6/30/2023 1247 LAKESIDE BLVD.
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 545-9718 Fax (956) 621-4312
Type: Parent Agency Administrator GRISELDA RENDON

Owner Information

TESOROS DE LA FE HOME HEALTH LLC
903 HONEYDALE ROAD
BROWNSVILLE, TX 78520
PHONE: FAX:

Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/29/2011
License # 014554 TEXAS NURSE CARE HOME HEALTH AGENCY LLC
Lic Expire 12/31/2024 1313 E ALTON GLOOR BLVD STE I-2
Medicare 1: 747831 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 621-3203 Fax (956) 621-3201
Type: Parent Agency Administrator JESSICA GUERRERO

Owner Information

TEXAS NURSE CARE HOME HEALTH AGENCY LLC
1313 E. ALTON GLOOR STE I-2
BROWNSVILLE, TEXAS 78526
PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **CAMERON** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 6/30/2022 814 E. TYLER
Medicare 1: HARLINGEN, TX 78550
Medicare 2:
Phone (956) 412-1401 Fax (956) 412-7952
Type: Parent Agency Administrator VANESSA SANDOVAL SANDOAL

Owner Information

TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 6/30/2022 422 E ELIZABETH STREET
Medicare 1: BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 548-1067 Fax (956) 548-1508
Type: Branch Agency Administrator VANESSA SANDOVAL SANDOVAL

Owner Information

TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County	CAMERON	Region	07	Date Licensed	12/16/2020	Owner Information	
License #	020409					THE LIGHTHOUSE PRIMARY HOME CARE, INC	
Lic Expire	12/16/2022					36326 DODDS RD	
Medicare 1:						LOS FRESNOS, TEXAS 78566	
Medicare 2:							PHONE: FAX:
Phone	(956) 559-1627	Fax	(888) 357-1380				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CONCEPCION YBARRA				
County	CAMERON	Region	07	Date Licensed	10/04/2017	Owner Information	
License #	018357					THE MEDICAL TEAM INC	
Lic Expire	10/31/2023					1902 CAMPUS COMMONS DRIVE, SUITE 650	
Medicare 1:	74-1765					RESTON, VA 20191	
Medicare 2:							PHONE: FAX:
Phone	(956) 504-9000	Fax	(956) 504-9040				Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	LAURA GARCIA				
County	CAMERON	Region	07	Date Licensed	04/24/2017	Owner Information	
License #	018016					TORRE HEALTH SERVICES, INC	
Lic Expire	4/30/2024					2414 E. PRICE RD. STE. A-103	
Medicare 1:						BROWNSVILLE, TX 78521	
Medicare 2:							PHONE: FAX:
Phone	(956) 280-5458	Fax	(956) 992-1092				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	LAURA TORRE				
County	CAMERON	Region	07	Date Licensed	02/09/2010	Owner Information	
License #	013090					TRICOUNTY HEALTHCARE	
Lic Expire	2/28/2025					613 W. SESAME DRIVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:							PHONE: FAX:
Phone	(956) 399-4500	Fax	(956) 399-4505				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	HENRY FERNANDEZ				
County	CAMERON	Region	07	Date Licensed	03/03/2010	Owner Information	
License #	013146					IRAZEMA ROBERTS	
Lic Expire	3/31/2022					P O BOX 247 RIO HONDO, TX 78583	
Medicare 1:						RIO HONDO, TEXAS 78583	
Medicare 2:							PHONE: FAX:
Phone	(956) 748-4711	Fax	(956) 748-2667				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	IRAZEMA ROBERTS				
County	CAMERON	Region	07	Date Licensed	07/30/1999	Owner Information	
License #	007302					TRINITY HOME HEALTH CARE INC	
Lic Expire	7/31/2023					PO BOX 1118	
Medicare 1:	678034 HHA-18					SANTA ROSA, TEXAS 78593	
Medicare 2:							PHONE: FAX:
Phone	(956) 361-3568	Fax	(956) 350-4122				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	DONAMARIE THEYS				
County	CAMERON	Region	07	Date Licensed	11/29/2021	Owner Information	
License #	021230					TRUE CARE SERVICES LLC	
Lic Expire	11/29/2024					3751 E. 14TH ST SUITE 111	
Medicare 1:						BROWNSVILLE, TEXAS 78521	
Medicare 2:							PHONE: FAX:
Phone	(956) 455-3349	Fax					Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ALFREDO GARCIA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CAMERON** Region 07 Date Licensed 11/10/2016
License # 017915 UNIDOS PRIMARY HOME CARE LLC
Lic Expire 11/30/2022 3305 SOUTH EXPRESSWAY 83
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 423-1164 Fax (866) 789-7010
Type: Parent Agency Administrator MARY ANN VILLAFANA

Owner Information

UNIDOS PRIMARY HOME CARE LLC
16770 PRIMERA ROAD
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 02/07/1997
License # 005268 UNIQUE HOME HEALTH
Lic Expire 2/28/2023 3505 BOCA CHICA BLVD SUITE 410
Medicare 1: BROWNSVILLE, TX 78521
Medicare 2:
Phone (956) 550-9001 Fax (956) 550-9042
Type: Parent Agency Administrator MARTHA GARCIA

Owner Information

MARTHA LETICIA GARCIA
1935 CORDOBA DRIVE
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 12/01/1998
License # 006851 UNITED HOME CARE
Lic Expire 11/30/2023 2405 E HARRISON AVE
Medicare 1: 459309 HHA-18 HARLINGEN, TX 78550
Medicare 2:
Phone (956) 423-4747 Fax (956) 423-4167
Type: Parent Agency Administrator ANNA JAMES

Owner Information

PARADIGM HEALTH MANAGEMENT CORPORATION
2405 E HARRISON AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/10/2011
License # 014056 VALLEY ANGELS HOME HEALTH LLC
Lic Expire 1/31/2024 315 JOSE MARTI SUITE A
Medicare 1: 673170 HHA-18 BROWNSVILLE, TX 78526
Medicare 2:
Phone (956) 541-4400 Fax (956) 541-4924
Type: Parent Agency Administrator GRACIELA CHONG

Owner Information

VALLEY ANGELS HOME HEALTH LLC
26 SOUTH CORIA STREET SUITE D
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **CAMERON** Region 07 Date Licensed 07/15/2006
License # 010693 VALLEY CARE HOME HEALTH SERVICES LLC
Lic Expire 7/31/2022 435 PAREDES LINE RD SUITE B
Medicare 1: 679181 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 542-1987 Fax (956) 542-7123
Type: Parent Agency Administrator URANIA SORIA

Owner Information

VALLEY CARE HOME HEALTH SERVICES LLC
435 PAREDES LINE RD SUITE B
BROWNSVILLE, TX 78521
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 05/19/1998
License # 006515 VALLEY VIEW PRIMARY HOME CARE
Lic Expire 5/31/2022 609 W. VAN BUREN
Medicare 1: HARLINGEN, TEXAS 78550
Medicare 2:
Phone (956) 440-9605 Fax (956) 440-9612
Type: Parent Agency Administrator LUZ ELIZARDE

Owner Information

VALLEY VIEW PRIMARY HOME CARE
609 WEST VAN BUREN
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **CAMERON** Region 07 Date Licensed 01/26/2006
License # 010261 VALLEYWIDE HOME CARE
Lic Expire 1/31/2025 805 WEST PRICE ROAD STE B4
Medicare 1: 679781 HHA-18 BROWNSVILLE, TX 78520
Medicare 2:
Phone (956) 544-3234 Fax (956) 544-3274
Type: Parent Agency Administrator CHUTEI VARKEY

Owner Information

CAREWELL INC
805 WEST PRICE ROAD STE B4
BROWNSVILLE, TX 78520
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	CAMERON	Region	07	Date Licensed	12/06/1995	Owner Information
License #	004119					VICKI ROY HOME HEALTH CARE INC
Lic Expire	12/31/2023					SAME AS ABOVE
Medicare 1:	678165 HHA-18					HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(956) 412-7733	Fax	(956) 412-8717			FAX:
Type:	Parent Agency	Administrator	YOLANDA ANZALDUA			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	01/01/2003	Owner Information
License #	008271					VICKI ROY HOME HEALTH SERVICE LP
Lic Expire	12/31/2023					606 LELA STREET STE B
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(956) 412-9400	Fax	(956) 412-9407			FAX:
Type:	Parent Agency	Administrator	SULEMA CATANO			Services: Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/24/2021	Owner Information
License #	021004					VIDA HOME CARE SERVICES LLC
Lic Expire	8/24/2024					3865 VIVIAN DR
Medicare 1:						BROWNSVILLE, TX 78521
Medicare 2:						PHONE:
Phone	(956) 589-5485	Fax				FAX:
Type:	Parent Agency	Administrator	KATIA TORRE			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	08/05/2019	Owner Information
License #	019510					VIRGINIA'S HOME CARE, INC
Lic Expire	8/5/2021					1607 ZAMORA DR
Medicare 1:						BROWNSVILLE, TEXAS 78526
Medicare 2:						PHONE:
Phone	(956) 544-1963	Fax	(956) 544-1963			FAX:
Type:	Parent Agency	Administrator	VIRGINIA RUIZ			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	11/08/2018	Owner Information
License #	019078					VIVE HOME AND HEALTH SERVICES, LLC
Lic Expire	11/8/2022					2404 EL GUSTO ST
Medicare 1:						BROWNSVILLE, TEXAS 78520
Medicare 2:						PHONE:
Phone	(956) 525-7555	Fax	(956) 525-7071			FAX:
Type:	Parent Agency	Administrator	MIGUEL GUTIERREZ-SALINAS			Services: Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	02/27/2012	Owner Information
License #	014661					VON'D KIDS LLC
Lic Expire	2/28/2022					3505 BOCA CHICA BLVD SUITE 204
Medicare 1:						BROWNSVILLE, TX 78521
Medicare 2:						PHONE:
Phone	(956) 544-8300	Fax	(956) 544-8301			FAX:
Type:	Parent Agency	Administrator	NORMA GRACIA			Services: Licensed Home Health Services; Personal Assistance Services
County	CAMERON	Region	07	Date Licensed	01/17/2017	Owner Information
License #	017861					WALK IN FAITH PHC LLC
Lic Expire	1/31/2023					6604 CAROLINA PINE
Medicare 1:						BROWNSVILLE, TX 78526
Medicare 2:						PHONE:
Phone	(956) 626-1422	Fax	(844) 315-7635			FAX:
Type:	Parent Agency	Administrator	JOSIE RODRIGUEZ			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CAMERON	Region	07	Date Licensed	05/18/2021	Owner Information	
License #	020763					WILLOW HOSPICE CARE LLC	
Lic Expire	5/18/2024					20534 SAM HOUSTON BLVD.	
Medicare 1:	971705					RIO HONDO, TEXAS 78583	
Medicare 2:							PHONE:
Phone	(956) 793-3227	Fax					FAX:
Type:	Parent Agency	Administrator	HEATHER KENON			Services: Hospice	
						In-Patient Hospice: NO	
County	CAMERON	Region	07	Date Licensed	04/12/2007	Owner Information	
License #	011253					ZADKIEL THE ANGEL HOME HEALTH LLC	
Lic Expire	4/30/2022					857 E WASHINGTON SUITE A	
Medicare 1:						BROWNSVILLE, TX 78520	
Medicare 2:							PHONE:
Phone	(956) 541-3775	Fax	(956) 542-3582				FAX:
Type:	Parent Agency	Administrator	VIOLA ESPARZA			Services: Personal Assistance Services	
County	CAMP	Region	04	Date Licensed	01/11/2017	Owner Information	
License #	016734					SHORR HOSPICE HOLDINGS, LLC	
Lic Expire	10/31/2022					1115 NTH 4TH STREET.	
Medicare 1:						LONGVIEW, TX 75601	
Medicare 2:							PHONE:
Phone	(903) 533-8383	Fax	(903) 533-8388				FAX:
Type:	Alternate Delivery Site	Administrator	GLENDA STEGALL			Services: Hospice	
						In-Patient Hospice: NO	
County	CAMP	Region	04	Date Licensed	01/11/2017	Owner Information	
License #	016734					SHORR HOSPICE HOLDINGS, LLC	
Lic Expire	10/31/2022					1115 NTH 4TH STREET.	
Medicare 1:						LONGVIEW, TX 75601	
Medicare 2:							PHONE:
Phone	(903) 533-8383	Fax	(903) 533-8388				FAX:
Type:	Alternate Delivery Site	Administrator	GLENDA STEGALL			Services: Hospice	
						In-Patient Hospice: NO	
County	CAMP	Region	04	Date Licensed		Owner Information	
License #	018375					HERITAGE HOSPICE OF TEXARKANA LLC	
Lic Expire						150 QUITMAN ST.	
Medicare 1:						PITTSBURG, TX. 75686	
Medicare 2:							PHONE:
Phone	(903) 792-0716	Fax	(903) 792-0719				FAX:
Type:	Alternate Delivery Site	Administrator	CHRISTOPHER CLEMENS			Services: Hospice	
						In-Patient Hospice: NO	
County	CAMP	Region	04	Date Licensed	03/19/2014	Owner Information	
License #	016257					PREMIER HOME CARE INC	
Lic Expire	3/31/2022					SAME	
Medicare 1:	679696 HHA-18					PITTSBURG, TX 75686	
Medicare 2:							PHONE:
Phone	(888) 763-3274	Fax	(877) 667-0881				FAX:
Type:	Parent Agency	Administrator	HOLLYE ROSEWELL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	CAMP	Region	04	Date Licensed	03/01/2018	Owner Information	
License #	018735					EAST TEXAS HOME HEALTH SERVICES LLC	
Lic Expire	2/28/2022					ONE BURTON HILLS BOULEVARD, STE#250	
Medicare 1:	677037 HHA-18					NASHVILLE, TN 37215-6195	
Medicare 2:							PHONE:
Phone	9037477696; 88862342	Fax	(866) 981-3081				FAX:
Type:	Parent Agency	Administrator	KIMBRA BOGUE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CASS** Region 04 Date Licensed 04/23/2013
License # 015636 ADVANTAGECARE HOME HEALTH INC
Lic Expire 4/30/2024 35 FARM ROAD 250 SOUTH
Medicare 1: 679741 HHA-18 HUGHES SPRINGS, TX 75656
Medicare 2:
Phone (903) 639-1011 Fax (903) 639-1012
Type: Parent Agency Administrator TERRY WIMBERLY

Owner Information

HUGHES SPRINGS ADVANTAGECARE HOME HEALTH INC
P. O. BOX 552
HUGHES SPRINGS, TEXAS 75656
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **CASS** Region 04 Date Licensed 10/03/2001
License # 002875 AT HOME HEALTHCARE
Lic Expire 215 PINECREST DRIVE
Medicare 1: ATLANTA, TX 75551
Medicare 2:
Phone (903) 650-9444 Fax (903) 650-9965
Type: Branch Agency Administrator RHONDA KELLY

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **CASS** Region 04 Date Licensed
License # 011470 HERITAGE HOME HEALTH
Lic Expire 6/30/2023 904 W. MAIN ST
Medicare 1: ATLANTA, TEXAS 75551
Medicare 2:
Phone 903 7934900 Fax
Type: Branch Agency Administrator JOHN COFFEE

Owner Information

FAMILY CARE HOME HEALTH INC
4605 TEXAS BOULEVARD
TEXARKANA, TX 75503
PHONE: FAX:
Services: Licensed Home Health Services

County **CASS** Region 04 Date Licensed
License # 011470 HERITAGE HOME HEALTH
Lic Expire 6/30/2023 904 W. MAIN ST
Medicare 1: ATLANTA, TEXAS 75551
Medicare 2:
Phone 903 7934900 Fax
Type: Branch Agency Administrator JOHN COFFEE

Owner Information

FAMILY CARE HOME HEALTH INC
4605 TEXAS BOULEVARD
TEXARKANA, TX 75503
PHONE: FAX:
Services: Licensed Home Health Services

County **CASS** Region 04 Date Licensed 10/13/2017
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 307 G NORTH LOUISE ST.
Medicare 1: ATLANTA, TEXAS 75551
Medicare 2:
Phone (903) 799-7736 Fax
Type: Alternate Delivery Site Administrator CHRISTOPHER CLEMENS

Owner Information

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CASS** Region 04 Date Licensed 10/13/2017
License # 018375 HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire 904 W. MAIN ST
Medicare 1: 671646 HOSPICE ATLANTA, TEXAS 75551
Medicare 2:
Phone (903) 792-0716 Fax
Type: Parent Agency Administrator CHRISTOPHER CLEMENS

Owner Information

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **CASS** Region 04 Date Licensed 10/06/2004
License # 009349 KELTON HOME HEALTH CARE
Lic Expire 10/31/2023 301 WEST MAIN STREET
Medicare 1: 673148 HHA-18 ATLANTA, TX 755512562
Medicare 2:
Phone 903 7964040 Fax 903 7964043
Type: Parent Agency Administrator RYON KELTON

Owner Information

KELTON HOME HEALTH CARE INC
301 W MAIN ST
ATLANTA, TX 75551
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **CHAMBERS** Region 04 Date Licensed 04/10/2014
License # 016431 INNOVATIVE HEALTH SERVICES INC
Lic Expire 4/30/2022 203 SOUTH MAIN ST
Medicare 1: 677914 HHA-18 ANAHUAC, TX 77514
Medicare 2:
Phone (409) 267-6194 Fax (409) 299-3440

Type: Parent Agency Administrator MELIZA CHAVEZ

Owner Information

INNOVATIVE HEALTH SERVICES INC
P.O. BOX 530
ANAHUAC, TEXAS 77514
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **CHEROKEE** Region 04 Date Licensed 09/07/2004
License # 009294 HEALTH CONCEPTS HOME HEALTH INC
Lic Expire 9/30/2022 1520 E. RUSK STREET
Medicare 1: 673120 HHA-18 JACKSONVILLE, TEXAS 757665504
Medicare 2:
Phone (903) 586-8847 Fax (903) 586-8865

Type: Parent Agency Administrator GEORGE ANN WALKER

Owner Information

HEALTH CONCEPTS HOME HEALTH INC
1623 S JACKSON
JACKSONVILLE, TX 75766
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **CHEROKEE** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 2/28/2022 1325 NORTH DICKINSON
Medicare 1: RUSK, TX 75785
Medicare 2:
Phone (903) 675-8882 Fax (903) 675-8832

Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information

EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **CHILDRESS** Region 01 Date Licensed 07/13/1983
License # 003085 CHILDRESS REGIONAL MEDICAL CENTER HOME HEALTH SERVICES
Lic Expire 7/31/2022 901 HIGHWAY 83 NORTH
Medicare 1: 457489 HHA-18 CHILDRESS, TX 79201
Medicare 2:
Phone (940) 937-2500 Fax (940) 937-9626

Type: Parent Agency Administrator HOLLY HOLCOMB

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
PO BOX 1030
CHILDRESS, TEXAS 79201
PHONE: (940) 937-9178 FAX: (940) 937-9128
Services: Licensed and Certified Home Health Services

County **CHILDRESS** Region 01 Date Licensed 06/14/1996
License # 004642 CHILDRESS REGIONAL MEDICAL CENTER HOSPICE
Lic Expire 6/30/2023 901 HIGHWAY 83 NORTH
Medicare 1: 451658 HOSPICE CHILDRESS, TEXAS 79201
Medicare 2:
Phone 940 9372500 Fax 940 9379626

Type: Parent Agency Administrator HOLLY HOLCOMB

Owner Information

CHILDRESS COUNTY HOSPITAL DISTRICT
PO BOX 1030
CHILDRESS, TEXAS 79201
PHONE: (940) 937-9178 FAX: (940) 937-9128
Services: Hospice
In-Patient Hospice: NO

County **CLAY** Region 01 Date Licensed 06/29/1990
License # 002151 CLAY COUNTY HOME HEALTH CARE
Lic Expire 6/30/2022 310 WEST SOUTH STREET
Medicare 1: 677277 HHA-18 HENRIETTA, TEXAS 76365
Medicare 2:
Phone (940) 538-5621 Fax (940) 235-1280

Type: Parent Agency Administrator DIANA MARTIN

Owner Information

COUNTY OF CLAY CLAY COUNTY MEMORIAL HOSPITAL
310 WEST SOUTH STREET
HENRIETTA, TX 76365
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLEMAN** Region 01 Date Licensed 01/08/2014
License # 015960 COLEMAN HOME HEALTH AND HOSPICE INC
Lic Expire 1/31/2025 115 WEST STREET
Medicare 1: 747956 HHA-18;74 COLEMAN, TEXAS 76834
Medicare 2:
Phone (325) 625-3222 Fax

Type: Parent Agency Administrator PENNY PHILLIPS

Owner Information

COLEMAN HOME HEALTH AND HOSPICE INC
206 W PECAN STREET
COLEMAN, TX 76834-4148
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 10/27/2005
License # 010077 1ST GENTLE CARE HOME HEALTH LLC
Lic Expire 10/31/2023 4525 CLEVELAND DRIVE
Medicare 1: 679542 PLANO, TX 75093
Medicare 2:
Phone (214) 905-1414 Fax (214) 905-3441
Type: Parent Agency Administrator HENRY FOFANG

Owner Information

1ST GENTLE CARE HOME HEALTH LLC
12989 JUPITER RD. SUITE 101
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/10/2021
License # 020635 2ND FAMILY HOME CARE AND SUPPORT SERVICES
Lic Expire 2/10/2023 6600 CHASE OAKS BLVD SUITE 150
Medicare 1: PLANO, TX 75023
Medicare 2:
Phone (469) 759-0248 Fax (469) 759-0248
Type: Parent Agency Administrator CHERYL BEVINGTON

Owner Information

CARERITE HOME HEALTH PARTNERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/16/2021
License # 020910 A & A DEVINE HOME HEALTH LLC
Lic Expire 7/16/2024 3309 HERRON DRIVE
Medicare 1: MELISSA, TX 75454
Medicare 2:
Phone (405) 314-6181 Fax
Type: Parent Agency Administrator ESTHER TABENYANG

Owner Information

A & A DEVINE HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/30/2019
License # 019619 A PLACE AT HOME
Lic Expire 12/31/2021 400 MISTY MEADOW DR
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (972) 839-5074 Fax
Type: Parent Agency Administrator JOSEPH CHRISTIE

Owner Information

TRANSITIONAL CARE RESOURCES INC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/25/2008
License # 011975 A&S HOME HEALTH CARE
Lic Expire 4/30/2022 17822 DAVENPORT ROAD SUITE D
Medicare 1: 747089 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (972) 386-7744 Fax (972) 386-7747
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information

VINAYAKA ASSOCIATES LLC
17822 DAVENPORT ROAD SUITE D
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/18/2021
License # 021141 AAA PERSONAL CARE SERVICE
Lic Expire 10/18/2024 7604 STONEY POINT DR
Medicare 1: PLANO, TEXAS 75025
Medicare 2:
Phone (408) 839-4497 Fax
Type: Parent Agency Administrator QUANG DANGTRAN

Owner Information

QUANG JOSEPH DANGTRAN
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/25/2015
License # 016700 ABC CARING HEALTH SERVICES INC
Lic Expire 3/31/2023 2102 PARKHURST COURT
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (469) 215-9961 Fax (972) 429-8648
Type: Parent Agency Administrator UKACHI AKOGU

Owner Information

ABC CARING HEALTH SERVICES INC
2102 PARKHURST COURT
WYLIE, TX 75098
PHONE: FAX:
Services: Personal Assistance Services

County	COLLIN	Region	03	Date Licensed	04/25/2013	Owner Information	
License #	015506					ABSOLUTE CARE HOME HEALTHCARE LLC	
Lic Expire	4/30/2024					2616 ASPEN DRIVE	
Medicare 1:						MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(214) 600-0039	Fax	(214) 227-2028			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OMOWUNMI FAGBILE				
County	COLLIN	Region	03	Date Licensed	08/01/2017	Owner Information	
License #	018485					TEXAS HOME HEALTH GROUP OF MCKINNEY, LLC	
Lic Expire	7/31/2024					6800 WEISKOPF AVENUE SUITE 110	
Medicare 1:	679236 HHA-18					MCKINNEY, TX 75070-5241	
Medicare 2:						PHONE:	FAX:
Phone	(972) 569-8157	Fax	(972) 529-5646			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	BECKY ABBOTT				
County	COLLIN	Region	03	Date Licensed	11/18/2021	Owner Information	
License #	021214					ACCESS360 HOMECARE INC	
Lic Expire	11/18/2024					555 REPUBLIC DRIVE SUITE 241	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(917) 603-9800	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAVERIA NADEEM				
County	COLLIN	Region	03	Date Licensed	01/14/2014	Owner Information	
License #	015973					ACCORD PALLIATIVE AND HOSPICE CARE INC	
Lic Expire	1/31/2025					17400 N. DALLAS PARKWAY, SUITE 240	
Medicare 1:	741528 HOSPICE					DALLAS, TX 75287	
Medicare 2:						PHONE:	FAX:
Phone	4698281107 97275006	Fax	8008617750 4698281020			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TASHA GALLEGOS				
County	COLLIN	Region	03	Date Licensed	02/13/2018	Owner Information	
License #	018613					ACOM HEALTHCARE SERVICES LLC	
Lic Expire	2/28/2022					5900 S LAKE FOREST DR SUITE 300	
Medicare 1:						MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(972) 595-7233	Fax	(972) 894-7896			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADEBUKOLA OBASANYA				
County	COLLIN	Region	03	Date Licensed	11/15/2016	Owner Information	
License #	017938					ACTIVE HOME CARE SERVICES, INC	
Lic Expire	11/30/2022					246 N HIGHWAY 377 SUITE A	
Medicare 1:						PILOT POINT, TX 76258-4422	
Medicare 2:						PHONE:	FAX:
Phone	(972) 382-2014	Fax	(940) 686-0146			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	STEPHEN CIULLA				
County	COLLIN	Region	03	Date Licensed	03/31/2021	Owner Information	
License #	020926					ADAPTIVE HOME HEALTH, LLC	
Lic Expire	3/31/2024					500 NORTH CENTRAL EXPRESSWAY SUITE 440	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(214) 440-1394	Fax	(214) 440-1523			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CANDICE GRAHAM				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 09/18/2017
License # 018481 ADELAIDE HOME HEALTH LLC
Lic Expire 9/30/2023 2000 N CENTRAL EXPRESSWAY SUITE 120
Medicare 1: 677854 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 424-4024 Fax (972) 424-2244
Type: Parent Agency Administrator JOHNSON JACOB

Owner Information

ADELAIDE HOME HEALTH LLC
2000 N CENTRAL EXPWY, SUITE #120
PLANO, TX 75074
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/22/2018
License # 018800 ADEPT CARE SERVICES PLLC
Lic Expire 8/31/2020 700 CENTRAL EXPY S STE 400
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (469) 684-9777 Fax (469) 533-1788
Type: Parent Agency Administrator BRENDA SOWAH

Owner Information

ADEPT CARE SERVICES PLLC
1833 SHOELBILLE DRIVE
LITTLE ELM, TX 75068
PHONE:
FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/21/2018
License # 019113 ADEQUATE HEALTHCARE SERVICES
Lic Expire 11/21/2020 926 OAKCREST DRIVE
Medicare 1: WYLIE, TX 75098
Medicare 2:
Phone (469) 554-5423 Fax (972) 597-0008
Type: Parent Agency Administrator ELIZABETH MUCHORI

Owner Information

ADEQUATE SERVICES INC
926 OAKCREST DRIVE
WYLIE, TX 75098
PHONE:
FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/20/2018
License # 018792 ADVANCED NURSING SOLUTIONS
Lic Expire 6/30/2022 18451 DALLAS PARKWAY STE 150
Medicare 1: DALLAS, TX 75287
Medicare 2:
Phone (833) 619-1642 Fax (888) 298-2220
Type: Parent Agency Administrator JYOTSNA PANT

Owner Information

INTRATHECAL CARE SOLUTIONS LLC
623 HIGHLAND COLONY PKWY SUITE 100
RIDGELAND, MS 39157
PHONE:
FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 12/03/2013
License # 016395 ADVANCED SENIOR CARE HOME HEALTH
Lic Expire 12/31/2024 17822 DAVENPORT ROAD, SUITE D
Medicare 1: 679517 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (469) 587-7940 Fax (972) 838-9204
Type: Parent Agency Administrator SURESH KUMAR

Owner Information

MARTIN GRAHAM ENTERPRISES LLC
17826 DAVENPORT ROAD, SUITE A
DALLAS, TX 75252
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 03/10/2004
License # 008958 ALBERT HOME HEALTH AGENCY INC
Lic Expire 3/31/2021 1309 LEEWARD LANE
Medicare 1: 673184 HHA-18 WYLIE, TX 75098
Medicare 2:
Phone (972) 429-0057 Fax (972) 575-8926
Type: Parent Agency Administrator IMAOBONG UDOH

Owner Information

ALBERT HOME HEALTH AGENCY INC
2801 W FM 544 SUITE 104
WYLIE, TX 75098
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/01/2011
License # 014506 ALEXIAN HOME HEALTH LLC
Lic Expire 11/30/2021 1101 W PLANO PARKWAY SUITE 100
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (469) 888-9141 Fax (972) 664-0139
Type: Parent Agency Administrator FESTUS MADUBUIKE

Owner Information

ALEXIAN HOME HEALTH LLC
1485 RICHARDSON DR STE 140
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	COLLIN	Region	03	Date Licensed	03/03/2014	Owner Information	
License #	016057					ALL ABOUT YOU PAS, LLC	
Lic Expire	3/31/2022					P.O. BOX 1492	
Medicare 1:						ALLEN, TX 75009	
Medicare 2:						PHONE:	FAX:
Phone	(972) 382-1111	Fax	(972) 382-1114			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AARON BURKETT				
County	COLLIN	Region	03	Date Licensed	08/14/2019	Owner Information	
License #	019528					ALL CARE HOME HEALTH LLC	
Lic Expire	8/14/2023					SAME AS ABOVE	
Medicare 1:	748020						
Medicare 2:						PHONE:	FAX:
Phone	(469) 304-9656	Fax	(469) 304-9659			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANUJ BHATNAGAR				
County	COLLIN	Region	03	Date Licensed	07/13/2016	Owner Information	
License #	017520					ALLIANCE UNITED HOSPICE CARE LLC	
Lic Expire	1/31/2023					4230 LBJ FREEWAY SUITE 200G	
Medicare 1:	74-1736					DALLAS, TX 75244	
Medicare 2:						PHONE:	FAX:
Phone	(972) 200-3222	Fax	18883719394			Services: Hospice	
Type:	Parent Agency	Administrator	ROY A. KOSHY			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	04/01/2019	Owner Information	
License #	019311					ALMAZ PERSONAL HOME CARE SERVICES LLC	
Lic Expire	4/1/2021					2419 MACKINAC DR.	
Medicare 1:						FRISCO, TEXAS 75033	
Medicare 2:						PHONE:	FAX:
Phone	18773036146	Fax	(972) 292-9087			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HIWOT ABEBE				
County	COLLIN	Region	03	Date Licensed	12/01/2016	Owner Information	
License #	017761					DJ HOME CARE INC	
Lic Expire	11/30/2022					9300 JOHN HICKMAN PKWY BLDG 2 SUITE #205B	
Medicare 1:	677928 HHA-18					FRISCO, TX 75035-5711	
Medicare 2:						PHONE:	FAX:
Phone	(214) 618-1396	Fax	(214) 618-1397			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	UMA GUMMADI				
County	COLLIN	Region	03	Date Licensed	01/31/2017	Owner Information	
License #	017895					ANGELIC GRACE HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	1/31/2023					6600 CHASE OAKS BLVD SUITE 150	
Medicare 1:	741727 HOSPICE					PLANO, TX 75023	
Medicare 2:						PHONE:	FAX:
Phone	(469) 327-5590	Fax	(469) 327-5557			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESA BATES			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	07/20/2011	Owner Information	
License #	014225					ALWAYS WTH YOU HOMECARE LLC	
Lic Expire	7/31/2024					5232 VILLAGE CREEK DRIVE SUITE 201	
Medicare 1:						PLANO, TX 75093	
Medicare 2:						PHONE:	FAX:
Phone	(214) 550-0755	Fax	(214) 432-4230			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AARTI MATHUR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 07/13/2018
License # 018831 AM & PM NURSE
Lic Expire 7/31/2022 9320 FENWAY DRIVE
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (954) 260-8090 Fax (972) 886-8004
Type: Parent Agency Administrator IMAFIDON OSAGIE

Owner Information

AM & PM HEALTHCARE INC
9320 FENWAY DRIVE
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/17/2008
License # 012515 AMERICAN CHOICE HEALTHCARE INC
Lic Expire 10/31/2022 502 WATERS EDGE WAY
Medicare 1: 747297 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (214) 918-9972 Fax 972 9416965
Type: Parent Agency Administrator MOCHUMBE MEROKA

Owner Information

AMERICAN CHOICE HEALTHCARE INC
502 WATERS EDGE WAY
MURPHY, TEXAS 75094
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 10/30/2009
License # 012934 AMERICAN FAMILY HEALTH SERVICES INC
Lic Expire 10/31/2024 707 BUSINESS WAY
Medicare 1: 747577 HHA-18 WYLIE, TX 75098
Medicare 2:
Phone (972) 429-3902 Fax (972) 429-3903
Type: Parent Agency Administrator DIRISU MUSA

Owner Information

AMERICAN FAMILY HEALTH SERVICES INC
707 BUSINESS WAY
WYLIE, TX 75098
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/16/2014
License # 016565 AMERISTARS BEST CARE INC
Lic Expire 12/31/2022 2301 OHIO DRIVE SUITE # 285
Medicare 1: 971577 (HOSPICE) PLANO, TX 75093
Medicare 2:
Phone (972) 468-8281 Fax (972) 468-8282
Type: Parent Agency Administrator APRIL ALLEN

Owner Information

AMERISTARS BEST CARE INC
4505 TORINO PLACE
PLANO, TX 75093
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 03/19/2010
License # 013181 AMY HOME HEALTH
Lic Expire 3/31/2022 1221 ABRAMS ROAD SUITE 232
Medicare 1: 747536 HHA-18 RICHARDSON, TX 750815578
Medicare 2:
Phone (972) 784-4248 Fax (972) 782-4209
Type: Parent Agency Administrator PRECIOUS EZEOMA

Owner Information

AMY HOME HEALTH SERVICES INC
2905 REATA DRIVE
WYLIE, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/16/2014
License # 016566 ANCHOR OF HOPE HOSPICE
Lic Expire 12/31/2022 7708 SAN JACINTO PLACE STE 100
Medicare 1: 741566 HOSPICE PLANO, TX 75024
Medicare 2:
Phone (469) 351-4466 Fax (469) 327-3071
Type: Parent Agency Administrator HEATHER CLARK

Owner Information

ANCHOR OF HOPE HOSPICE LLC
7708 SAN JACINTO PLACE STE 100
PLANO, TX 75024-3206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region Date Licensed
License # 021373 ANEW HOME CARE SERVICES LLC
Lic Expire 2/8/2025 2600 K AVE SUITE 259
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (469) 786-0250 Fax
Type: Parent Agency Administrator MADOM NASH

Owner Information

ANEW HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 04/24/2009
License # 012734 ANOINTED HOME HEALTH CARE
Lic Expire 11/1/2023 801 E PLANO PKWY, SUITE 140, ROOM 101
Medicare 1: 747399 HHA-18 PLANO, TEXAS 75470
Medicare 2:
Phone (972) 329-1777 Fax (214) 306-5794

Type: Parent Agency Administrator JOHN THOMAS

Owner Information
ANOINTED HHC INC
1001 W PLEASANT RUN ROAD
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/09/2021
License # 021194 APEX HOME HEALTH CARE AND MANAGEMENT LLC
Lic Expire 11/9/2024 1575 BOYLE PKWY
Medicare 1: ALLEN, TX 75013
Medicare 2:
Phone (972) 400-6818 Fax (214) 503-0433

Type: Parent Agency Administrator MELVIES EBEN

Owner Information
APEX HOME HEALTH CARE AND MANAGEMENT LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/16/2006
License # 010684 APPLICARE HOME HEALTH SERVICES INC
Lic Expire 8/31/2024 1141 ROCHESTER WAY
Medicare 1: 743103 HHA-18 PLANO, TX 75094
Medicare 2:
Phone (972) 384-1476 Fax (972) 202-0244

Type: Parent Agency Administrator CHISOM OCHULOR

Owner Information
APPLICARE HOME HEALTH SERVICES INC
1141 ROCHESTER WAY
PLANO, TX 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/13/2017
License # 018377 ARABELLA PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 10/31/2021 309 S. JUPITER RD, SUITE 100
Medicare 1: 74-1745 ALLEN, TEXAS 75002
Medicare 2:
Phone (469) 545-1995 Fax (214) 785-7195

Type: Parent Agency Administrator FINA BOWIE

Owner Information
ARABELLA PALLIATIVE AND HOSPICE CAR
3424 TEMPEST LANE
OAK POINT, TX 75068
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 12/11/2020
License # 020397 ARIETELLA HEALTHCARE LLC
Lic Expire 12/11/2022 7405 RIVER PARK DRIVE
Medicare 1: MCKINNEY, TX 75071
Medicare 2:
Phone (704) 293-3984 Fax (469) 815-7804

Type: Parent Agency Administrator NDOHNWI MOMA

Owner Information
ARIETELLA HEALTHCARE LLC
7405 RIVER PARK DRIVE
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/22/2021
License # 021287 ASISTENCIA EN CASA THERAPY SERVICES INC
Lic Expire 12/22/2024 3900 STONEBRIDGE DR STE 402C
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (214) 504-4613 Fax (214) 842-8440

Type: Parent Agency Administrator HALIMA MORA

Owner Information
ASISTENCIA EN CASA THERAPY SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/08/2007
License # 011508 ASSURANCE AT HOME
Lic Expire 8/31/2019 100 ALLENTOWN PKWY SUITE 206
Medicare 1: ALLEN, TX 75002
Medicare 2:
Phone (469) 310-2992 Fax (469) 713-2878

Type: Parent Agency Administrator ROB WYLEY

Owner Information
ASSURASOURCE LTD
100 ALLENTOWN PARKWAY, SUITE 206
ALLEN, TX 75002
PHONE: FAX:
Services: Personal Assistance Services

County	COLLIN	Region	03	Date Licensed	04/09/2021	Owner Information
License #	020686					ASSURED HOSPICE LLC
Lic Expire	4/9/2023					504 TWIN KNOLL DR.
Medicare 1:						MCKINNEY, TX 75071
Medicare 2:						PHONE:
Phone	(469) 844-5286	Fax	(469) 452-6018			FAX:
Type:	Parent Agency	Administrator	ABIGAIL DEZOLLER			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	COLLIN	Region	06	Date Licensed	11/20/2014	Owner Information
License #	008994					ASTROCARE CLASS, INC
Lic Expire	1/31/2024					14950 HEATHROW FOREST PARKWAY SUITE 300
Medicare 1:						HOUSTON, TX 77032
Medicare 2:						PHONE:
Phone	(469) 815-9933	Fax	(469) 718-0359			FAX:
Type:	Branch Agency	Administrator	GLADYS WADE			Services: Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	05/13/2005	Owner Information
License #	009758					AUNT MAE'S HOME CARE INC
Lic Expire	5/31/2023					2908 CHEVERNY
Medicare 1:						MCKINNEY, TX 75070
Medicare 2:						PHONE:
Phone	(469) 742-0700	Fax	(469) 519-0223			FAX:
Type:	Parent Agency	Administrator	SOMNATH BANERJEE			Services: Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	12/18/2014	Owner Information
License #	016571					AUSTIN HOME HEALTHCARE
Lic Expire	12/31/2020					1932 HIGHLAND OAKS DRIVE
Medicare 1:						WYLIE, TX 75098
Medicare 2:						PHONE:
Phone	(972) 212-4144	Fax	(972) 212-4562			FAX:
Type:	Parent Agency	Administrator	BEATRICE OBI			Services: Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	03/28/2012	Owner Information
License #	015029					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(214) 623-5900	Fax	(214) 623-5901			FAX:
Type:	Parent Agency	Administrator	ERIK MILLER			Services: Licensed Home Health Services
County	COLLIN	Region	03	Date Licensed	07/09/2019	Owner Information
License #	019471					BAYADA HOME HEALTH CARE, INC
Lic Expire	7/9/2023					1521 GREEN OAK PLACE STE 130
Medicare 1:						KINGWOOD, TX 77339
Medicare 2:						PHONE:
Phone	(972) 378-9688	Fax	(972) 378-9699			FAX:
Type:	Parent Agency	Administrator	TIFFANY BROWN			Services: Licensed Home Health Services
County	COLLIN	Region	03	Date Licensed	06/21/2005	Owner Information
License #	009826					BLEDKOB HOME HEALTH AGENCY INC
Lic Expire	6/30/2024					1314 WINECUP COURT
Medicare 1:	677944 HHA-18					ALLEN, TX 75002
Medicare 2:						PHONE:
Phone	2145470736 ; 21460144	Fax	(214) 383-0241			FAX:
Type:	Parent Agency	Administrator	BLESSING OGIDI			Services: Licensed and Certified Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	04/06/2021	Owner Information	
License #	020676					BLOSSOM HOME HEALTH CARE LLC	
Lic Expire	4/6/2024					9304 FOREST LANE, SUITE S230	
Medicare 1:						DALLAS, TX 75243	
Medicare 2:							PHONE:
Phone	(972) 781-8098						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services
		Administrator				ALFREADA NYONEE	
County	COLLIN	Region	03	Date Licensed	11/12/2020	Owner Information	
License #	020314					BLUECARE HOMEHEALTH SERVICES LLC	
Lic Expire	11/12/2022					15298 SEA EAGLE LANE	
Medicare 1:						FRISCO, TEXAS 75035	
Medicare 2:							PHONE:
Phone	(214) 548-5538						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services; Personal Assistance Services
		Administrator				SAMKEAH TITANJI	
County	COLLIN	Region	03	Date Licensed	10/16/2020	Owner Information	
License #	020242					BNS HOME HEALTHCARE	
Lic Expire	10/16/2022					1210 WILSHIRE CT	
Medicare 1:						ALLEN, TEXAS 75002	
Medicare 2:							PHONE:
Phone	(469) 969-8664						FAX:
Type:	Parent Agency						Services: Hospice; Licensed Home Health Services; Personal Assistance Services
		Administrator				CONNIE SCOTT	In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	09/22/2020	Owner Information	
License #	020189					BONAFIDE STEADY HOME HEALTHCARE	
Lic Expire	9/22/2022					7620 VINEYARD DR	
Medicare 1:						PLANO, TEXAS 75025	
Medicare 2:							PHONE:
Phone	(469) 500-9197						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator				GERTRUDE BAKASA	
County	COLLIN	Region	03	Date Licensed	12/15/2020	Owner Information	
License #	020404					BRIDGECARE HEALTH GROUP	
Lic Expire	12/15/2022					5830 GRANITE PKWY STE 100,	
Medicare 1:						PLANO, TX 75024	
Medicare 2:							PHONE:
Phone	214 6122712						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator				DONALD ANDERSON	
County	COLLIN	Region	02	Date Licensed	11/11/2015	Owner Information	
License #	017222					BRIDGEWAY HEALTH SERVICES	
Lic Expire	11/30/2021					10470 VISTA DEL SOL, SUITE 108	
Medicare 1:	747070 HHA-18					EL PASO, TX 79925	
Medicare 2:							PHONE:
Phone	(214) 758-0900						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator				DEBORAH ELLIS	
County	COLLIN	Region	04	Date Licensed	09/14/2016	Owner Information	
License #	017818					BRIDGEWAY HEALTH SERVICES	
Lic Expire	9/30/2022					1101 E SOUTHEAST LOOP 323 STE 110	
Medicare 1:	673165 HHA-18					TYLER, TX 75701	
Medicare 2:							PHONE:
Phone	(903) 509-3374						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services
		Administrator				DEBORAH ELLIS	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	07/28/2017	Owner Information	
License #	018214					BRIGHT HORIZONS HOME HEALTHCARE INC	
Lic Expire	7/31/2024					2620 BLUFFS CT	
Medicare 1:						MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(972) 302-4826	Fax	(469) 421-9345			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MOSES ROP				
County	COLLIN	Region	03	Date Licensed	04/17/2017	Owner Information	
License #	018065					HOME CARE AND STAFFING SOLUTIONS LLC	
Lic Expire	4/30/2024					630 N CENTRAL EXPRESSWAY SUITE 460	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(214) 295-4667	Fax	(972) 379-0555			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNIFER HELAL				
County	COLLIN	Region	03	Date Licensed	05/17/2017	Owner Information	
License #	015360					ARC THERAPY SERVICES, LLC	
Lic Expire	2/28/2023					111 WESTWOOD PLACE SUITE 400	
Medicare 1:						BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(469) 872-4642	Fax	(469) 872-4643			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	ANGELA KASICH			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	01/20/2021	Owner Information	
License #	020471					CAM'S CARE LLC	
Lic Expire	1/20/2023					1575 REDBUD BLVD STE.218	
Medicare 1:						MCKINNEY, TX 750694334	
Medicare 2:						PHONE:	FAX:
Phone	(469) 734-3805	Fax	(469) 562-0176			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TOWANDA CRAWFORD				
County	COLLIN	Region	01	Date Licensed	07/15/1999	Owner Information	
License #	002242					CAPROCK HOME HEALTH SERVICES INC	
Lic Expire	9/30/2022					8806 UNIVERSITY AVENUE	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:						PHONE:	FAX:
Phone	(972) 943-5706	Fax	(972) 943-5727			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	SHANNON STEIGLEDER				
County	COLLIN	Region	03	Date Licensed	11/29/2021	Owner Information	
License #	021231					CARDINAL HOME HEALTH SERVICES LLC	
Lic Expire	11/29/2024					1209 NOCONA DRIVE	
Medicare 1:						MCKINNEY, TEXAS 75071	
Medicare 2:						PHONE:	FAX:
Phone	(214) 548-5914	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	THEA PATTERSON				
County	COLLIN	Region	03	Date Licensed	09/28/2005	Owner Information	
License #	009998					CARE MOUNTAIN INC	
Lic Expire	9/30/2022					814 SHARPSHIRE	
Medicare 1:						GRAND PRAIRIE, TX 75050	
Medicare 2:						PHONE:	FAX:
Phone	(972) 266-8978	Fax	14693272784			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RICK PUTCHIO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	09/18/2020	Owner Information	
License #	020185					CAREAID HOME HEALTH AGENCY LLC	
Lic Expire	9/18/2022					CAREAID HOME HEALTH AGENCY LLC	
Medicare 1:						429 FOREFRONT AVENUE	
Medicare 2:						CELINA, TEXAS 75009	
Phone	(386) 717-1200	Fax	(682) 223-9349			PHONE:	FAX:
Type:	Parent Agency	Administrator	KUDZANAYI MUSHOURWI			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	07/09/2007	Owner Information	
License #	011465					CAREFUL CARE SERVICES LLC	
Lic Expire	7/31/2022					4237 LAVACA DIVE	
Medicare 1:	747026 HHA-18					PLANO, TEXAS 75074	
Medicare 2:						PHONE:	FAX:
Phone	(214) 501-2113	Fax	(972) 422-8626			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FABIAN OJUKWU				
County	COLLIN	Region	03	Date Licensed	08/20/2019	Owner Information	
License #	019540					CARING HEART HOME HEALTH AGENCY INC	
Lic Expire	8/20/2021					1808 BROWN STONE DRIVE	
Medicare 1:						PLANO, TEXAS 75074	
Medicare 2:						PHONE:	FAX:
Phone	(646) 413-5680	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OKECHUKWU IMOH				
County	COLLIN	Region	03	Date Licensed	11/30/2021	Owner Information	
License #	021241					CARING HOPE LLC	
Lic Expire	11/30/2024					306 TRAKEHENER TRAIL	
Medicare 1:						CELINA, TEXAS 75009	
Medicare 2:						PHONE:	FAX:
Phone	(469) 335-4445	Fax	(682) 223-9349			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MALVERN VITO				
County	COLLIN	Region	03	Date Licensed	02/23/2010	Owner Information	
License #	013264					CARMEL HEALTH CARE SERVICES, PLLC	
Lic Expire	2/28/2022					4306 BAYSTONE COURT	
Medicare 1:	677949 HHA-18					ROWLETT, TX 75088	
Medicare 2:						PHONE:	FAX:
Phone	972 871 8100	Fax	972 8718104			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	RAJAN CHIRAYIL				
County	COLLIN	Region	04	Date Licensed		Owner Information	
License #	017401					VICTORY HOME HEALTH OF TEXAS LLC	
Lic Expire	11/30/2023					3900 JOE RAMSEY BLVD BLDG 4 SUITE C	
Medicare 1:						GREENVILLE, TX 75401	
Medicare 2:						PHONE:	FAX:
Phone	(903) 458-9012	Fax	(855) 710-7022			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	DAVID OCHOA				
County	COLLIN	Region	03	Date Licensed	11/24/2015	Owner Information	
License #	017444					VICTORY HOSPICE OF TEXAS LLC	
Lic Expire	11/30/2021					3900 JOE RAMSEY BLVD EAST BLDG 4 SUITE C	
Medicare 1:	671583 HOSPICE					GREENVILLE, TX 75401	
Medicare 2:						PHONE:	FAX:
Phone	(903) 458-9012	Fax	(855) 710-7022			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DAVID OCHOA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	11/19/2009	Owner Information
License #	013013					CENTRUM HEALTH CARE SERVICE INC
Lic Expire	11/30/2021					3012 S WELDON LANE
Medicare 1:	747398 HHA-18					ROYSE CITY, TX 75189-6199
Medicare 2:						PHONE:
Phone	(214) 909-1815	Fax	(972) 852-1185			FAX:
Type:	Parent Agency	Administrator	PRINU THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	11/10/2011	Owner Information
License #	014468					CERNA HEALTHCARE OF TEXAS LLC
Lic Expire	11/30/2023					2012 BUSINESS CENTER DR
Medicare 1:						IRVINE, CA 92612
Medicare 2:						PHONE:
Phone	(949) 298-3200	Fax	(877) 593-0964			FAX:
Type:	Parent Agency	Administrator	NICK PAYZANT			Services: Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	11/17/2003	Owner Information
License #	008759					CHARLIN HEALTHCARE SERVICES INC
Lic Expire	11/30/2021					400 CHISHOLM PL SUITE 400
Medicare 1:	453150 HHA-18					PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(972) 424-3200	Fax	(972) 578-7803			FAX:
Type:	Parent Agency	Administrator	CHARLES BRYCE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	11/18/2014	Owner Information
License #	016531					CHARLIN HOSPICE LLC
Lic Expire	11/30/2022					400 CHISHOLM PL STE 400
Medicare 1:	741578 HOSPICE					PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(972) 423-4170	Fax	(469) 368-0999			FAX:
Type:	Parent Agency	Administrator	CHARLES BRYCE			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	06/10/2015	Owner Information
License #	017061					CHOSEN HOME HEALTH SERVICES INC
Lic Expire	6/30/2023					17290 PRESTON ROAD STE 210D
Medicare 1:	747717 HHA-18					DALLAS, TX 75252
Medicare 2:						PHONE:
Phone	(972) 590-0237	Fax	(972) 584-6073			FAX:
Type:	Parent Agency	Administrator	BEENA KURUP			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	11/06/2018	Owner Information
License #	019063					CHOSEN HEALTHCARE HOLDINGS LLC
Lic Expire	11/6/2022					1445 HERITAGE DRIVE
Medicare 1:	971556					MCKINNEY, TEXAS 75069
Medicare 2:						PHONE:
Phone	(469) 625-1030	Fax	(469) 562-0218			FAX:
Type:	Parent Agency	Administrator	LORI GUERRERO			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	04/25/1994	Owner Information
License #	002860					ADDITIONAL KARE FOR KIDS INC
Lic Expire	4/30/2023					PO BOX 860847
Medicare 1:	458160 HHA-18					PLANO, TX 75086-0847
Medicare 2:						PHONE:
Phone	(972) 633-5273	Fax	(214) 383-7554			FAX:
Type:	Parent Agency	Administrator	BRADLEY GRAY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	11/09/2021	Owner Information	
License #	021198					CLEARHOME HEALTH LLC	
Lic Expire	11/9/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 888-9854	Fax	(972) 767-3390			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REGINAH NYIKA				
County	COLLIN	Region	03	Date Licensed	06/02/2016	Owner Information	
License #	017640					CLOVER HEALTH LLC	
Lic Expire	6/30/2022					1004 CAVERN DRIVE	
Medicare 1:	747469 HHA-18					MESQUITE, TX 75181-4419	
Medicare 2:						PHONE:	FAX:
Phone	(214) 484-2013	Fax	(214) 774-9309			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOHN THOMAS				
County	COLLIN	Region	03	Date Licensed	04/10/2021	Owner Information	
License #	020689					CHAVDA HOLDINGS LLC	
Lic Expire	4/10/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	862 485 3204	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CHIRAG CHAVDA				
County	COLLIN	Region	03	Date Licensed	05/18/2015	Owner Information	
License #	016809					PICACHEMOLINA WWJD LLC	
Lic Expire	9/30/2023					2016 RED ROCK DRIVE	
Medicare 1:						MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(214) 592-0840	Fax	(214) 592-0842			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RAMONCITO MOLINA				
County	COLLIN	Region	03	Date Licensed	12/16/2019	Owner Information	
License #	019842					SDX HOME CARE OPERATIONS LLC	
Lic Expire	12/16/2021					6640 POE AVE STE 200	
Medicare 1:						DAYTON, OH 45414	
Medicare 2:						PHONE:	FAX:
Phone	(972) 548-7333	Fax	(972) 548-7351			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JANET SMITH				
County	COLLIN	Region	03	Date Licensed	08/24/2021	Owner Information	
License #	021006					CONNECTIVE HOME HEALTH LLC	
Lic Expire	8/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 440-1394	Fax	(214) 440-1523			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CANDICE GRAHAM				
County	COLLIN	Region	03	Date Licensed	12/02/2008	Owner Information	
License #	012328					CORNERSTONE HOSPICE CARE LLC	
Lic Expire	12/31/2022					17776 PRESTON ROAD	
Medicare 1:	671658 HOSPICE					DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(972) 200-7225	Fax	(888) 977-3370			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	FEBA FINNEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	06/08/2011	Owner Information	
License #	014396					ARISE TODAY INC	
Lic Expire	6/30/2021					4220 S LANCASTER ROAD	
Medicare 1:	679426					DALLAS, TX 75216-6459	
Medicare 2:						PHONE:	FAX:
Phone	(214) 375-0101	Fax	(214) 375-0099			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	ASSIA MAHMOOD				
County	COLLIN	Region	03	Date Licensed	01/20/2017	Owner Information	
License #	017958					DEGUARDIAN HEALTH AGENCY INC	
Lic Expire	1/31/2021					751 EAGLE LAKE CT	
Medicare 1:						ALLEN, TX 75002	
Medicare 2:						PHONE:	FAX:
Phone	(469) 688-3631	Fax	(469) 656-9128			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	IFEOMA NWAOGU				
County	COLLIN	Region	03	Date Licensed	05/28/2021	Owner Information	
License #	020798					DEVOTED HOME HEALTHCARE LLC	
Lic Expire	5/28/2024					2051 WHETSTONE WAY	
Medicare 1:						PROSPER, TX 75078	
Medicare 2:						PHONE:	FAX:
Phone	(972) 939-9736	Fax	(682) 444-7042			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	IFELOUWA AKINKOYE				
County	COLLIN	Region	03	Date Licensed	09/11/2020	Owner Information	
License #	020170					DIVINE HEALTH CARE LLC	
Lic Expire	9/11/2022					5851 LEGACY CIRCLE SUITE 600	
Medicare 1:						PLANO, TX 75024	
Medicare 2:						PHONE:	FAX:
Phone	(501) 353-5392	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	LATOYAL ROBINSON				
County	COLLIN	Region	03	Date Licensed	09/08/2020	Owner Information	
License #	020153					DOMINION HOME HEALTHCARE SERVICES, LLC	
Lic Expire	9/8/2022					733 EDINBURGH DRIVE	
Medicare 1:						ANNA, TEXAS 75409	
Medicare 2:						PHONE:	FAX:
Phone	(469) 657-2183	Fax	(214) 831-4032			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ADEREMILEKUN JUNAID				
County	COLLIN	Region	03	Date Licensed	02/12/2004	Owner Information	
License #	008907					DOVE HOME CARE LLC	
Lic Expire	2/28/2022					283 STONE RIDGE DR	
Medicare 1:	453112 HHA-18					SUNNYVALE, TX 75182	
Medicare 2:						PHONE:	FAX:
Phone	(972) 864-0473	Fax	(972) 864-0479			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LETTY JOHN				
County	COLLIN	Region	03	Date Licensed	03/02/2007	Owner Information	
License #	011119					DOVER HEALTHCARE SERVICES LLC	
Lic Expire	3/31/2022					2516 SHADY GROVE LANE	
Medicare 1:	679693					MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(214) 351-3360	Fax	(214) 988-1488			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OLASENI OBASANYA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 02/25/2009
License # 012463 ECINA HOME HEALTH CARE SERVICES INC
Lic Expire 2/28/2023 2600 K AVENUE SUITE 235
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (469) 964-5238 Fax (972) 801-6877
Type: Parent Agency Administrator MARIE-FRANTZ RENE

Owner Information

ECINA HOME HEALTH CARE SERVICES INC
4201 MIDPARK LANE
PLANO, TX 75074
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 06 Date Licensed 06/03/2016
License # 018515 ELIK DIALYSIS HOME THERAPY MEMORIAL INC
Lic Expire 6/30/2022 500 NORTH COIT ROAD, SUITE 2085
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (972) 238-7788 Fax (972) 238-7699
Type: Branch Agency Administrator MONICA BROOKS

Owner Information

ELIK DIALYSIS HOME THERAPY MEMORIAL INC
1445 NORTH LOOP WEST SUITE #720
HOUSTON, TX 77008
PHONE:
FAX:
Services: Licensed Home Health Services with Dialysis

County **COLLIN** Region 03 Date Licensed 07/15/2020
License # 020944 EMERALD CHOICE HOMECARE SOLUTIONS
Lic Expire 7/15/2023 704 E 15TH ST
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (469) 914-0029 Fax
Type: Parent Agency Administrator TAMERAT BEKELE

Owner Information

EMERALD CHOICE HOMECARE SOLUTIONS DALLAS LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 07/01/2015
License # 016948 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2023 780 NORTH WATTERS ROAD, SUITE 160
Medicare 1: 677952 HHA-18 ALLEN, TEXAS 75013
Medicare 2:
Phone 972 5294340 Fax 972 5294335
Type: Parent Agency Administrator KARA BAGLEY

Owner Information

TEXAS SENIOR CARE, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 12/01/2004
License # 009527 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2023 780 NORTH WATTERS ROAD, SUITE 160
Medicare 1: 457789 HHA-18 ALLEN, TEXAS 75013
Medicare 2:
Phone 214 3839880 Fax 214 3839875
Type: Parent Agency Administrator KARA BAGLEY

Owner Information

TEXAS SENIOR CARE, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/15/2017
License # 018449 ENCOMPASS PREMIER HEALTH CARE
Lic Expire 11/30/2021 5501 LEBEAU LN
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (972) 425-0287 Fax (972) 425-0367
Type: Parent Agency Administrator VERA BERGMAN

Owner Information

ENCOMPASS PREMIER HEALTH CARE LIMITED LIABILITY COMPANY
5501 LEBEAU LN
FRISCO, TX 75035
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 06/27/2019
License # 019448 ENVITAL HEALTHCARE INC
Lic Expire 6/27/2023 1609 WARM SPRINGS DRIVE
Medicare 1: 748015 HHA ALLEN, TX 75002
Medicare 2:
Phone (214) 697-0023 Fax (214) 509-9452
Type: Parent Agency Administrator DOROTHY EFFANGA

Owner Information

ENVITAL HEALTHCARE INC
1609 WARM SPRINGS DRIVE
ALLEN, TX 75002
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	03/11/2020	Owner Information	
License #	019852					SABA INTERNATIONAL INC	
Lic Expire	3/11/2022					9229 BLUE WATER DRIVE	
Medicare 1:						PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(469) 540-0266	Fax	(469) 409-4060			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FAISAL MALIK				
County	COLLIN	Region	03	Date Licensed	08/19/2019	Owner Information	
License #	019533					EVIDENCE HOME CARE LLC	
Lic Expire	8/19/2021					818 BLACKHAWK DR	
Medicare 1:						PRINCETON, TEXAS 75407	
Medicare 2:						PHONE:	FAX:
Phone	2143105872 97237063	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LYLIAN APONO				
County	COLLIN	Region	03	Date Licensed	10/21/2014	Owner Information	
License #	016795					EXCEL PLUS HOME HEALTH INC	
Lic Expire	10/31/2022					17822 DAVENPORT RD STE D	
Medicare 1:	677847 HHA-18					DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(972) 386-7744	Fax	(214) 367-5887			Services: Hospice; Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	SATHYAJITH NAIR			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	03/30/2021	Owner Information	
License #	020656					F & N CARE SERVICES, LLC	
Lic Expire	3/30/2024					716 GOLDEN NUGGET DR.	
Medicare 1:						MCKINNEY, TX 75069	
Medicare 2:						PHONE:	FAX:
Phone	(405) 371-1734	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NGYE-SOH SAMA				
County	COLLIN	Region	03	Date Licensed	09/24/2021	Owner Information	
License #	021084					FAITH & FAVOR HEALTHCARE INC	
Lic Expire	9/24/2024					5609 DATEWOOD LANE	
Medicare 1:						MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(214) 789-2482	Fax	(469) 519-1365			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KELVIN MBIYAMBANG-DOH				
County	COLLIN	Region	03	Date Licensed	01/02/2004	Owner Information	
License #	008845					FAVORITE HOME HEALTH CARE LLC	
Lic Expire	1/31/2024					9555 LEBANON ROAD # 504	
Medicare 1:	679487 HHA-18					FRISCO, TX 75035	
Medicare 2:						PHONE:	FAX:
Phone	(972) 335-0410	Fax	(972) 335-0420			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	CATHERINE ISIOFIA-OKOYE			Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	05/16/2019	Owner Information	
License #	019382					FIRST CALL HOME HEALTH AGENCY INC	
Lic Expire	5/16/2023					6937 HICKORY CREEK	
Medicare 1:	748026 HHA					PLANO, TX 75023	
Medicare 2:						PHONE:	FAX:
Phone	(214) 783-3191	Fax	(469) 543-0689			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	SHEILA HIMANJE-KALINDA			Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	09/30/2019	Owner Information	
License #	019620			FIRST PHYSICIANS HOME HEALTH SERVICE LLC		FIRST PHYSICIANS HOME HEALTH SERVICE LLC	
Lic Expire	9/30/2021			600 LEGACY DR, APT 616			
Medicare 1:				PLANO, TEXAS 75023			
Medicare 2:						PHONE:	FAX:
Phone	(214) 929-0469			Fax		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency			Administrator	PERLA CRUZ		
County	COLLIN	Region	03	Date Licensed	01/30/2020	Owner Information	
License #	019675			FIRSTLIGHT HOME CARE OF NORTH EAST DALLAS		INDEPENDENT CARE AGENCY, LLC	
Lic Expire	10/31/2021			888 S. GREENVILLE AVE. SUITE 207		3521 WILSHIRE WAY, APT. 3110	
Medicare 1:				RICHARDSON, TEXAS 75081		RICHARDSON, TEXAS 75082	
Medicare 2:						PHONE:	FAX:
Phone	(972) 863-2273			Fax (972) 217-8588		Services: Personal Assistance Services	
Type:	Parent Agency			Administrator	STEPHANIE JOHNSON		
County	COLLIN	Region	03	Date Licensed	11/30/2021	Owner Information	
License #	021236			FIRSTLIGHT HOME CARE OF PLANO		NEIMA CARE INC	
Lic Expire				500 N CENTRAL EXPRESS PKWY			
Medicare 1:				PLANO, TEXAS 75074			
Medicare 2:						PHONE:	FAX:
Phone	(973) 303-5262			Fax (214) 271-8861		Services: Personal Assistance Services	
Type:	Parent Agency			Administrator	DEREJE ABEBE		
County	COLLIN	Region	03	Date Licensed	09/01/2011	Owner Information	
License #	014423			GENUINE HOME HEALTH SERVICES		SKAK ENTERPRISES INC	
Lic Expire	8/31/2023			28 BUCKINGHAM LN		2828 W PARKER RD SUITE 106	
Medicare 1:	679631 HHA-18			ALLEN, TX 75002		PLANO, TX 75075-9197	
Medicare 2:						PHONE:	FAX:
Phone	(972) 867-8700			Fax (972) 867-8777		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency			Administrator	TOM KORUTHU		
County	COLLIN	Region	03	Date Licensed	02/25/2009	Owner Information	
License #	012466			GLAD HOME HEALTH CARE		GLAD HOME HEALTH CARE , INC	
Lic Expire	2/28/2021			600 HANOVER DRIVE		600 HANOVER DRIVE	
Medicare 1:	747656 HHA-18			ALLEN, TX 75002		ALLEN, TX 75002-4774	
Medicare 2:						PHONE:	FAX:
Phone	(214) 383-5815			Fax (214) 495-0337		Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency			Administrator	GLADYS TAMBONG		
County	COLLIN	Region	03	Date Licensed	07/03/2019	Owner Information	
License #	019468			GLOBAL HOME CARE SERVICES		LABET CONSULTING LLC	
Lic Expire	7/3/2021			1311 MARKETING PLACE DR. SUITE 180		921 SPRING FALLS DR.	
Medicare 1:				GARLAND, TEXAS 75041		MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(972) 987-9020			Fax (972) 698-7794		Services: Personal Assistance Services	
Type:	Parent Agency			Administrator	TOLOLOPE LABEODAN		
County	COLLIN	Region	03	Date Licensed	02/23/1996	Owner Information	
License #	004312			GOODWIN HOME HEALTH CARE SERVICES INC		GOODWIN HOME HEALTH CARE SERVICES INC	
Lic Expire	2/28/2023			1201 S SHERMAN ST STE 201 ROOM B		17822 DAVENPORT RD SUITE D	
Medicare 1:	678308 HHA-18			RICHARDSON, TX 75252		DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(214) 342-1119			Fax (214) 342-1580		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency			Administrator	FARZANA KHAN		

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	01/10/2003	Owner Information	
License #	008284					GRACE HOME HEALTH INC	
Lic Expire	1/31/2023					5045 LORIMAR DR SUITE 260	
Medicare 1:	679309 HHA-18					PLANO, TX 75093	
Medicare 2:						PHONE:	FAX:
Phone	(469) 326-1700	Fax	(469) 326-1704			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACY ZACHARIAH				
County	COLLIN	Region	03	Date Licensed	10/12/2021	Owner Information	
License #	021122					GRACE LIFE HOME CARE AGENCY LLC	
Lic Expire	10/12/2024					7825 MCCALLUM BLVD	
Medicare 1:						DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	972 8033850	Fax	019728033850			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ABOSEDE SOWEMIMO				
County	COLLIN	Region	03	Date Licensed	08/10/2021	Owner Information	
License #	020973					GRACE PRIMARY HOME HEALTH CARE, INC	
Lic Expire	8/10/2024					5045 LORIMAR DRIVE, SUITE 265	
Medicare 1:						PLANO, TX 750935720	
Medicare 2:						PHONE:	FAX:
Phone	469 3261700	Fax	469 3261704			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACY ZACHARIAH				
County	COLLIN	Region	03	Date Licensed	07/23/2014	Owner Information	
License #	016334					GRANNY NANNIES DALLAS, LLC	
Lic Expire	7/31/2022					17290 PRESTON ROAD SUITE 210-C	
Medicare 1:						DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(972) 544-1169	Fax	(214) 272-2401			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GREGG YOUNG				
County	COLLIN	Region	03	Date Licensed	10/29/2020	Owner Information	
License #	020277					GREATER JOY HOME HEALTHCARE SERVICES LLC	
Lic Expire	10/29/2022					207 TRENTON DRIVE	
Medicare 1:						WYLIE, TX 75098	
Medicare 2:						PHONE:	FAX:
Phone	(832) 990-2432	Fax	(832) 905-0233			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOY IWEH				
County	COLLIN	Region	03	Date Licensed	10/20/2014	Owner Information	
License #	016493					GREEN HILLS HOSPICE LLC	
Lic Expire	10/31/2020					2665 VILLA CREEK DRIVE, SUITE 254	
Medicare 1:	741636 HOSPICE					DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(972) 803-3990	Fax	(972) 803-3988			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	NIEVA CUA				
County	COLLIN	Region	03	Date Licensed	08/08/2011	Owner Information	
License #	014269					DECOURSIN SPECIAL CARE INC	
Lic Expire	8/31/2023					3308 PRESTON RD., SUITE 350-200	
Medicare 1:						PLANO, TX 75093	
Medicare 2:						PHONE:	FAX:
Phone	(469) 277-3540	Fax	(469) 277-3820			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DOUG DECOURSIN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	01/29/2013	Owner Information
License #	015344					MKKC CORP
Lic Expire	1/31/2024					6841 VIRGINIA PARKWAY #103-168
Medicare 1:						MCKINNEY, TX 75071
Medicare 2:						PHONE:
Phone	(469) 301-2227	Fax	(469) 301-2227			FAX:
Type:	Parent Agency	Administrator	MARSHALL ODEN			Services: Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	09/21/2006	Owner Information
License #	011216					GUARDIAN HEALTH CARE INC
Lic Expire	9/30/2022					13737 NOEL ROAD SUITE 1400
Medicare 1:						DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(214) 678-9500	Fax	(214) 678-0900			FAX:
Type:	Branch Agency	Administrator	AMANDA PRUETT			Services: Licensed and Certified Home Health Services
County	COLLIN	Region	03	Date Licensed	11/08/2012	Owner Information
License #	015191					HARBOR HOSPICE OF SOUTH DALLAS FORT WORTH LP
Lic Expire	11/30/2022					3406 COLLEGE STREET
Medicare 1:	741571 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(972) 943-0349	Fax	(972) 692-7232			FAX:
Type:	Parent Agency	Administrator	DEBORAH THOMAS			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	08/15/2008	Owner Information
License #	012167					HEALTHY CHOICE HOMECARE LLC
Lic Expire	8/31/2022					4521 FIREWHEEL DR
Medicare 1:	747118 HHA-18					PLANO, TX 75024
Medicare 2:						PHONE:
Phone	(972) 612-5370	Fax	(972) 767-1820			FAX:
Type:	Parent Agency	Administrator	XINGKUI "KURT" PAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	10/30/2008	Owner Information
License #	012285					HEBRON HEALTH CARE SERVICES INC
Lic Expire	10/31/2020					9535 FOREST LN # 290
Medicare 1:	747304 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(972) 807-2541	Fax	(972) 807-2542			FAX:
Type:	Parent Agency	Administrator	IFEOMA IROKWE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	07/01/2020	Owner Information
License #	020029					HELGA HEALTHCARE, PLLC
Lic Expire	7/1/2022					4507 OLIVE LANE
Medicare 1:						MELISSA, TX
Medicare 2:						PHONE:
Phone	(469) 320-1997	Fax	(469) 533-9583			FAX:
Type:	Parent Agency	Administrator	CELESTINE ORONDO			Services: Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	06/21/2012	Owner Information
License #	014884					AND HOME HEALTHCARE, LLC
Lic Expire	6/30/2022					2000 N CENTRAL EXPRESSWAY STE 102
Medicare 1:						PLANO, TX 75074
Medicare 2:						PHONE:
Phone	(972) 422-0444	Fax	(972) 422-8144			() - 1 FAX:
Type:	Parent Agency	Administrator	ALTON BLAKELY			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	11/11/2020	Owner Information	
License #	020308					HELPING HANDS SERVICE TEXAS, LLC	
Lic Expire	11/11/2022					5916 FOSSIL RIDGE DR	
Medicare 1:						PLANO, TEXAS 75093	
Medicare 2:							PHONE:
Phone	(972) 904-2593	Fax					FAX:
Type:	Parent Agency	Administrator	MICHAEL ELKIN			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	12/15/2011	Owner Information	
License #	014533					HERITAGE KEEPERS LLC	
Lic Expire	12/31/2021					6505 WEST PARK BLVD.	
Medicare 1:						PLANO, TEXAS 75093	
Medicare 2:							PHONE:
Phone	(214) 432-5451	Fax	(888) 811-8916				FAX:
Type:	Parent Agency	Administrator	MARY KASINGER			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	09/13/2007	Owner Information	
License #	011581					HIGHLAND SPRINGS HOME CARE LLC	
Lic Expire	9/30/2023					8000 FRANKFORD ROAD	
Medicare 1:						DALLAS, TX 75252	
Medicare 2:							PHONE:
Phone	(972) 232-8086	Fax	(800) 281-9558				FAX:
Type:	Parent Agency	Administrator	ROSE ANDERSON			Services: Licensed Home Health Services; Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	12/13/2018	Owner Information	
License #	019154					HOLISTIC PLUS HOME CARE SERVICES LLC	
Lic Expire	12/13/2022					SAME AS ABOVE	
Medicare 1:							
Medicare 2:							PHONE:
Phone	(972) 369-7383	Fax					FAX:
Type:	Parent Agency	Administrator	TABETH MASENDA			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	07/23/2021	Owner Information	
License #	020931					HOME AGAIN HOME CARE SERVICES LLC	
Lic Expire	7/23/2024					104 PARKHURST LANE	
Medicare 1:						ALLEN, TX 75013	
Medicare 2:							PHONE:
Phone	469 688 3437	Fax					FAX:
Type:	Parent Agency	Administrator	SIMBA MUKETIWA			Services: Licensed Home Health Services; Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	07/24/2017	Owner Information	
License #	018410					MD FRIEND MEDICAL BILLING SOLUTIONS LLC	
Lic Expire	7/31/2021					8825 SMOKEY DR	
Medicare 1:						PLANO, TX 75025	
Medicare 2:							PHONE:
Phone	(214) 586-0120	Fax	(214) 586-0119				FAX:
Type:	Parent Agency	Administrator	MENDY NDEWEMAAN			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	08/24/2016	Owner Information	
License #	017593					TEP PRODUCTIONS INC	
Lic Expire	8/31/2022					4265 CHEVY CHASE LANE	
Medicare 1:						FRISCO, TX 75033	
Medicare 2:							PHONE:
Phone	(972) 548-0392	Fax	(972) 782-4664				FAX:
Type:	Parent Agency	Administrator	MATTHEW PRINCIOTTO			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 12/30/2020
License # 020422 HOME CARE FOR THE 21ST CENTURY ALLEN TX
Lic Expire 12/30/2022 850 CENTRAL PARKWAY EAST #250
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (682) 307-0116 Fax
Type: Parent Agency Administrator YI XIONG

Owner Information

APF HEALTH CARE ENTERPRISE LLC
1813 TRUSCOTT LANE
ALLEN, TX 78013
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/20/2020
License # 020334 HOME CARE FOR THE 21ST CENTURY HH ALLEN TX
Lic Expire 11/20/2022 850 CENTRAL PARKWAY EAST #250
Medicare 1: 748011 PLANO, TX 750745545
Medicare 2:
Phone (682) 370-0116 Fax
Type: Parent Agency Administrator YI XIONG

Owner Information

APF HEALTH CARE ENTERPRISE LLC
1813 TRUSCOTT LANE
ALLEN, TX 78013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/19/2009
License # 012791 HOME HEALTH & BEYOND SERVICES LLC
Lic Expire 8/31/2023 2300 WEST WHITE AVENUE SUITE 110
Medicare 1: 747410 HHA-18 MCKINNEY, TEXAS 75071
Medicare 2:
Phone 2144176418972369730 Fax (972) 369-7193
Type: Parent Agency Administrator FATMATA WILLIAMS

Owner Information

HOME HEALTH & BEYOND SERVICES,LLC
7432 ELM FORK DRIVR
MCKINNEY, TEXAS 75071
PHONE: 11214417641 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/07/2021
License # 021029 HOME HELPERS HOME CARE
Lic Expire 9/7/2024 2212 ABERDEEN AVENUE
Medicare 1: MCKINNEY, TEXAS 75072
Medicare 2:
Phone (540) 424-5102 Fax
Type: Parent Agency Administrator TANIMA HOQUE

Owner Information

HOQUE HEALTH LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/01/2015
License # 016614 HOME INSTEAD SENIOR CARE
Lic Expire 12/31/2022 520 CENTRAL PARKWAY E. SUITE 200
Medicare 1: PLANO, TX 75074
Medicare 2:
Phone (972) 744-9898 Fax (972) 744-9890
Type: Parent Agency Administrator TODD FELKER

Owner Information

T A FELKER ENTERPRISES LLC
6316 WALLING LN
PLANO, TX 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed
License # 016614 HOME INSTEAD SENIOR CARE
Lic Expire 10/14/2023 5900 S. LAKE FOREST, SUITE 300
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone 972 744 9898 Fax
Type: Branch Agency Administrator TODD FELKER

Owner Information

T A FELKER ENTERPRISES LLC
6316 WALLING LN
PLANO, TX 75093
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/16/2015
License # 017182 HOMEWELL CARE SERVICES PLANO
Lic Expire 12/31/2023 101 E PARK BLVD SUITE 457
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (469) 596-6500 Fax (469) 519-1009
Type: Parent Agency Administrator STEVE WHATLEY

Owner Information

BUTLERWHATLEY ENTERPRISES INC DBA HOMEWELL CARE SERVICES
1333 WEST MCDERMOTT DR SUITE 200
ALLEN, TX 75013
PHONE: FAX:
Services: Personal Assistance Services

County	COLLIN	Region	03	Date Licensed		Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:	451780					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(469) 225-9562	Fax	(469) 712-2673			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed		Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:	451780					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(469) 225-9562	Fax	(469) 712-2673			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed		Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022					
Medicare 1:	451780					
Medicare 2:						PHONE:
Phone	(469) 225-9562	Fax	(469) 712-2673			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	06/19/2018	Owner Information
License #	018791					HOSPICE SPECIALIST OF TEXAS LLC
Lic Expire	6/30/2022					2665 VILLA CREEK DR STE 104-6
Medicare 1:	74-1798 (HOSPICE)					DALLAS, TX 75234
Medicare 2:						PHONE:
Phone	(214) 536-8273	Fax	(214) 383-7594			FAX:
Type:	Parent Agency	Administrator	DAVID GROOM			Services: Hospice In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	03/23/2015	Owner Information
License #	016696					IMPLANTED PUMP MANAGEMENT, LLC
Lic Expire	3/31/2023					1401 VALLEY ROAD
Medicare 1:						WAYNE, NJ 7470
Medicare 2:						PHONE:
Phone	(201) 475-9635	Fax	(201) 475-9630			FAX:
Type:	Parent Agency	Administrator	MARISSA AMARI			Services: Licensed Home Health Services
County	COLLIN	Region	03	Date Licensed	08/13/2008	Owner Information
License #	012159					JOAB HOMEHEALTH SERVICES
Lic Expire	8/31/2022					2600 AVENUE K SUITE 214
Medicare 1:	747207 HHA-18					PLANO, TX 75074
Medicare 2:						PHONE:
Phone	(972) 423-5606	Fax	(972) 423-5610			FAX:
Type:	Parent Agency	Administrator	SAFURATU OSAMEDE SALAMI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	COLLIN	Region	03	Date Licensed	05/11/2021	Owner Information
License #	020744					JOCHBED HOME HEALTHCARE INC
Lic Expire	5/11/2023					1090 W EXCHANGE PKWY APT 3320
Medicare 1:						ALLEN, TX 75013
Medicare 2:						PHONE:
Phone	(972) 900-5133	Fax	(469) 838-6478			FAX:
Type:	Parent Agency	Administrator	ANNIE DAVIES			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 01/02/2006
License # 010221 KBS HOME HEALTH AGENCY INC
Lic Expire 1/31/2025 7214 HIGHWAY 78, SUITE 18
Medicare 1: 679535 HHA-18 SACHSE, TX 75048
Medicare 2:
Phone (214) 227-5800 Fax (214) 227-5844
Type: Parent Agency Administrator BOB OCHULO

Owner Information

KBS HOME HEALTH AGENCY INC
1008 STONEWALL ST SUITE F
GARLAND, TX 75043
PHONE: (214) 227-5800 FAX: (214) 227-5844
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 05 Date Licensed
License # 019418 KINESIS HOME HEALTH CARE LLC
Lic Expire 6/12/2023 8900 INDEPENDENCE PARKWAY #14206
Medicare 1: PLANO, TEXAS 75025
Medicare 2:
Phone (512) 551-9159 Fax NA
Type: Branch Agency Administrator HILDA CASTILLO

Owner Information

KINESIS HOME HEALTH CARE LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/31/2006
License # 010715 KOC HEALTHCARE SERVICES INC
Lic Expire 8/31/2022 3200 14TH STREET SUITE 504
Medicare 1: 677836 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 384-1039 Fax (972) 202-3055
Type: Parent Agency Administrator ADAORA NWORA

Owner Information

KOC HEALTHCARE SERVICES INC
3200 14TH STREET STE 504
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/14/2018
License # 016016 LALA HEALTHCARE SOLUTIONS LLC
Lic Expire 2/28/2024 5600 TENNYSON PARKWAY, SUITE 345
Medicare 1: PLANO, TEXAS 75024
Medicare 2:
Phone (469) 829-4900 Fax (866) 740-7952
Type: Branch Agency Administrator MICHELLE BRILL

Owner Information

LALA HEALTHCARE SOLUTIONS LLC
4713 PARKHAVEN DR
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 09/15/2004
License # 009311 LIFELINE HEALTHCARE SERVICES INC
Lic Expire 9/30/2023 2600 K AVENUE SUITE 102
Medicare 1: 457804 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 423-8500 Fax (972) 423-6600
Type: Parent Agency Administrator MERCY ALAO

Owner Information

LIFELINE HEALTHCARE SERVICES, INC
P O BOX 740788
DALLAS, TX 75374
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 02/04/2020
License # 019801 LIZ AND MEG HOME HEALTH CARE
Lic Expire 2/4/2022 217 LAMONT ROAD
Medicare 1: ANNA, TX 75409
Medicare 2:
Phone (469) 878-9490 Fax (469) 425-1239
Type: Parent Agency Administrator MACDONALD JEGEDE

Owner Information

MACFIT&SONS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 10/01/2021
License # 021092 LOVEWELL HOSPICE
Lic Expire 10/1/2024 5900 SOUTH LAKE FOREST DR SUITE 300
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 496-5699 Fax (469) 496-5383
Type: Parent Agency Administrator DAWN M MORGAN

Owner Information

LIVEWELL ASSOCIATES LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	09/13/2016	Owner Information	
License #	017719					LOVING HEALTH CARE SERVICES LLC	
Lic Expire	9/30/2022					820 IDLEWOOD DRIVE	
Medicare 1:						ALLEN, TX 75002	
Medicare 2:						PHONE:	FAX:
Phone	(972) 752-3214	Fax	(972) 924-5713			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CONSTANCE NAMBUH				
County	COLLIN	Region	03	Date Licensed	11/21/2007	Owner Information	
License #	011703					LUCENT HOME HEALTH LLC	
Lic Expire	11/30/2021					1101 W PLANO PKWY STE 101	
Medicare 1:	743191 HHA-18					PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(972) 664-0945	Fax	(972) 664-0139			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FESTUS MADUBUIKE				
County	COLLIN	Region	03	Date Licensed		Owner Information	
License #	021339					MABEL'S HOME HEALTH CARE LLC	
Lic Expire	1/20/2025					1504 OAK TREE ROAD	
Medicare 1:						ALLEN, TEXAS 75002	
Medicare 2:						PHONE:	FAX:
Phone	(469) 251-6618	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EMMA QUAYE				
County	COLLIN	Region	03	Date Licensed	01/31/2005	Owner Information	
License #	009562					MAM UNIQUE HEALTH SERVICES INC	
Lic Expire	1/31/2021					424 ST ANDREWS DRIVE	
Medicare 1:	747283 HHA-18					ALLEN, TX 75002	
Medicare 2:						PHONE:	FAX:
Phone	(972) 678-1410	Fax	(972) 678-1295			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MARIANA A MBAH				
County	COLLIN	Region	03	Date Licensed	05/10/2016	Owner Information	
License #	017390					MDJ MEDICAL SUPPLIES & SERVICES INC	
Lic Expire	5/31/2022					1721 WEST PLANO PARKWAY STE 217	
Medicare 1:						PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(214) 341-6201	Fax	(214) 540-6621			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SYLVIA OSINLOYE				
County	COLLIN	Region	03	Date Licensed	09/16/2021	Owner Information	
License #	021052					MEL CARES FOR YOU AT HOME CARE, LLC	
Lic Expire	9/16/2024					102 S OKLAHOMA DR.	
Medicare 1:						CELINA, TX 75009	
Medicare 2:						PHONE:	FAX:
Phone	(248) 907-3917	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA WALKER				
County	COLLIN	Region	03	Date Licensed	08/16/2019	Owner Information	
License #	019532					MENSA HEALTH CARE SERVICE	
Lic Expire	8/16/2021					5301 CROSSVINE LANE	
Medicare 1:						MCKINNEY, TEXAS 75070	
Medicare 2:						PHONE:	FAX:
Phone	(214) 865-6885	Fax	(214) 865-6815			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA MANU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	09/22/2016	Owner Information	
License #	017664					MERIDIAN HEALTH SERVICES LLC	
Lic Expire	9/30/2022					1408 BRIDLE TRAIL	
Medicare 1:	679250 HHA-18					ALLEN, TX 75002-8376	
Medicare 2:						PHONE:	FAX:
Phone	(214) 491-1777	Fax	(469) 453-3338			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	BENECIA HERNANDEZ				
County	COLLIN	Region	03	Date Licensed	08/23/2017	Owner Information	
License #	018273					MONARCH SENIOR SOLUTIONS LLC	
Lic Expire	8/31/2021					7708 SAN JACINTO PLACE UNIT #100	
Medicare 1:						PLANO, TX 75024	
Medicare 2:						PHONE:	FAX:
Phone	(469) 300-2288	Fax	(972) 767-5069			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY GILLIAM				
County	COLLIN	Region	03	Date Licensed	09/08/2021	Owner Information	
License #	021032					MUCHAM HEALTHCARE SERVICES, LLC	
Lic Expire	9/8/2024					5104 CHINA BERRY DR	
Medicare 1:						MCKINNEY, TEXAS 750704671	
Medicare 2:						PHONE:	FAX:
Phone	(972) 201-6965	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NIKKY OKONKWO				
County	COLLIN	Region	03	Date Licensed	12/02/2021	Owner Information	
License #	021245					MY CHOSEN COMPANION SERVICES, LLC	
Lic Expire	12/2/2024					1445 HERITAGE DRIVE SUITE B	
Medicare 1:						MCKINNEY, TX 75069	
Medicare 2:						PHONE:	FAX:
Phone	972 294 9666	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORI GUERRERO				
County	COLLIN	Region	03	Date Licensed	07/12/2021	Owner Information	
License #	020900					NEXA CARE, HOME HEALTHCARE AGENCY, LLC	
Lic Expire	7/12/2024					555 REPUBLIC DR, SUITE 227	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(972) 836-2548	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMINA SHEHZAD				
County	COLLIN	Region	03	Date Licensed	07/01/2019	Owner Information	
License #	019364					NIK HOME CARE LLC	
Lic Expire	5/7/2021					SAME	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(972) 633-8910	Fax	(972) 633-8912			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AFSAR ATASHZAMZAM				
County	COLLIN	Region	03	Date Licensed	06/01/2010	Owner Information	
License #	013364					NOBLE CHOICE HOME HEALTHCARE INC	
Lic Expire	5/31/2022					605 BLUE FLUMAR COURT	
Medicare 1:	747742 HHA-18					MURPHY, TX 75094	
Medicare 2:						PHONE:	FAX:
Phone	(214) 473-4790	Fax	(214) 620-3137			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KOMAL SANDHU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	03/02/2021	Owner Information	
License #	020556					MICHAEL MUKORA	
Lic Expire	3/2/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 772-8416						
Type:	Parent Agency	Administrator				Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	05/24/2011	Owner Information	
License #	014124					NORTH TEXAS HOME HEALTH CARE INC	
Lic Expire	5/31/2024					5501 INDEPENDENCE PKWY SUITE #211	
Medicare 1:	747851 HHA-18					PLANO, TX 75023	
Medicare 2:						PHONE:	FAX:
Phone	(972) 612-4800	Fax	(214) 299-8667				
Type:	Parent Agency	Administrator	ASHOK CHANDRA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	12/29/2017	Owner Information	
License #	018691					NTS SENIOR SERVICES LLC	
Lic Expire	6/30/2022					2828 W PARKER RD #22H	
Medicare 1:						PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(214) 434-8793	Fax	(972) 767-4612				
Type:	Parent Agency	Administrator	ANDREA BRITTON			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	05/16/2014	Owner Information	
License #	016437					NULIF HOME HEALTHCARE SERVICES INC	
Lic Expire	5/31/2022					1933 E FRANKFORD ROAD SUITE 160	
Medicare 1:	457973 HHA-18					CARROLLTON, TX 75007-5334	
Medicare 2:						PHONE:	FAX:
Phone	(972) 492-3091	Fax	(972) 394-4304				
Type:	Parent Agency	Administrator	JOHN THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	11/15/2017	Owner Information	
License #	018448					R & H SERVICES LLC	
Lic Expire	11/30/2023					5201 CEDAR MOUNTAIN DR	
Medicare 1:						MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(469) 718-7301	Fax	(469) 718-7296				
Type:	Parent Agency	Administrator	HEATHER GREEN			Services: Licensed Home Health Services; Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	05/15/2018	Owner Information	
License #	019560					SKPK 2000 GROUP LLC	
Lic Expire	8/28/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	214 9700203	Fax					
Type:	Parent Agency	Administrator	STEVEN SINES			Services: Personal Assistance Services	
County	COLLIN	Region	03	Date Licensed	12/30/2010	Owner Information	
License #	014070					NYS HOME HEALTH LLC	
Lic Expire	12/31/2022					17754 PRESTON RD SUITE 200	
Medicare 1:	677822 HHA-18					DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	9729347060; 86693470	Fax	2145752777; 8445752777				
Type:	Parent Agency	Administrator	ZAUR GASANOV			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	02/08/2021	Owner Information	
License #	020514					OMNI HOME CARE AGENCY LLC	
Lic Expire	2/8/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	214 6864480	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMEH BEKHEET				
County	COLLIN	Region	03	Date Licensed	06/06/2016	Owner Information	
License #	017442					ON SITE HOME HEALTH CARE LLC	
Lic Expire	6/30/2022					1120 FIREWHEEL PLACE	
Medicare 1:						MCKINNEY, TX 75069	
Medicare 2:						PHONE:	FAX:
Phone	(469) 951-0477	Fax	(214) 865-6648			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SALOME SUTTER				
County	COLLIN	Region	03	Date Licensed	12/07/2020	Owner Information	
License #	020377					SOULE HAVEN, LLC	
Lic Expire	12/7/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 996-4540	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GREG SOULE				
County	COLLIN	Region	03	Date Licensed	12/15/2020	Owner Information	
License #	020405					EV SENIOR CARE, LLC	
Lic Expire	12/15/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 217-8811	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DONNA CANTRELL				
County	COLLIN	Region	03	Date Licensed	10/19/2020	Owner Information	
License #	020249					OPTASIA GRACE LLC	
Lic Expire	10/19/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 229-1962	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CLEOPAS SIMBI				
County	COLLIN	Region	03	Date Licensed	01/24/1996	Owner Information	
License #	004423					OPTIMA PROFESSIONAL SERVICES INC	
Lic Expire	1/31/2022					1217 WILLOW POINT DRIVE	
Medicare 1:	458486 HHA-18					MURPHY, TX 75041	
Medicare 2:						PHONE:	FAX:
Phone	(469) 367-0097	Fax	(469) 367-4909			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JULIANA ASONYE				
County	COLLIN	Region	03	Date Licensed	09/08/2004	Owner Information	
License #	009300					OPTIMUM HOME HEALTH CARE INC	
Lic Expire	9/30/2022					5501 INDEPENDENCE PKWY STE 304	
Medicare 1:	457978 HHA-18					PLANO, TX 75023	
Medicare 2:						PHONE:	FAX:
Phone	(972) 596-6442	Fax	(972) 596-9047			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUMA MATHEW				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 03/08/1996
License # 004803 OPTUM WOMEN'S AND CHILDREN'S HEALTH LLC
Lic Expire 3/31/2022 1311 W. PRESIDENT GEORGE BUSH HWY, SUITE 121 B
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (800) 950-3963 Fax (678) 324-2297
Type: Parent Agency Administrator ALISSA KIELY

Owner Information

OPTUM WOMEN'S AND CHILDREN'S HEALTH, LLC
2100 RIVEREDGE PARKWAY SUITE 500
ATLANTA, GA 30328
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 06/01/2000
License # 007339 OUTREACH HOME CARE
Lic Expire 5/31/2022 251 RENNER PARKWAY SUITE 100
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 840-7200 Fax (972) 840-7201
Type: Parent Agency Administrator NICKY YOUNG

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 07 Date Licensed
License # 018649 PALOMA HOSPICE AND PALLIATIVE CARE
Lic Expire 2/28/2022 2000 CENTRAL EXPRESSWAY SUITE 213
Medicare 1: PLANO, TEXAS 75074
Medicare 2:
Phone (210) 998-1680 Fax
Type: Alternate Delivery Site Administrator KELLIE GIBSON

Owner Information

PALOMA HOSPICE AND PALLIATIVE CARE
1227 WOODSEY CT
SOUTHLAKE, TX 76092
PHONE: () - 1 FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 06/10/2011
License # 014152 PARADIGM REHAB & HEALTHCARE LLC
Lic Expire 6/30/2023 2000 N CENTRAL EXPRESSWAY SUITE 209
Medicare 1: 747818 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 422-0033 Fax (469) 736-0068
Type: Parent Agency Administrator JULIE ODNEAL

Owner Information

PARADIGM REHAB & HEALTHCARE LLC
PO BOX 130010
TYLER, TX 75713
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 07/02/2020
License # 020032 PARADISE CARE SERVICES, LLC
Lic Expire 7/2/2022 801 LEGACY DRIVE APT #811
Medicare 1: PLANO, TEXAS 75023
Medicare 2:
Phone (469) 685-2655 Fax
Type: Parent Agency Administrator SHERYL HARDMAN

Owner Information

PARADISE CARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/22/2021
License # 020410 PARAGON INFUSION CARE, INC
Lic Expire 12/16/2022 3033 W PRESIDENT GEORGE BUSH HIGHWAY, SUITE 100
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (972) 588-1000 Fax (972) 588-1001
Type: Parent Agency Administrator CYNTHIA SUMRALL

Owner Information

PARAGON INFUSION CARE, INC
3033 W. PRESIDENT GEORGE BUSH HWY, STE 100
PLANO, TX 75075
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 12/21/2021
License # 021283 PARK AVENUE HOME HEALTH
Lic Expire 12/21/2024 14908 PALM DESERT LANE
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (214) 597-9905 Fax (214) 597-9906
Type: Parent Agency Administrator CHIDI EMEKA

Owner Information

PARK AVENUE HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County	COLLIN	Region	03	Date Licensed	02/02/2021	Owner Information	
License #	020501					PASSIONATE HELPERS LLC	
Lic Expire	2/2/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 720-3517	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OGHENETEGA OBRUTSE				
County	COLLIN	Region	03	Date Licensed	06/29/2021	Owner Information	
License #	020870					PASSIONATE HOME CARE SERVICES, LLC	
Lic Expire	6/29/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 800-2313	Fax	(972) 348-5998			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLYN WEBSTER				
County	COLLIN	Region	03	Date Licensed	07/31/1999	Owner Information	
License #	007109					PROS HOME HEALTHCARE, INC	
Lic Expire	7/31/2022					318 BRIAR ROCK ROAD	
Medicare 1:	677569 HHA-18					THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(817) 294-8105	Fax	(817) 346-0169			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	STEPHANIE MARTIN				
County	COLLIN	Region	03	Date Licensed	09/12/1994	Owner Information	
License #	003264					PATIENT CENTERED SERVICES INC	
Lic Expire	9/30/2022					321 N. CENTRAL EXPRESSWAY SUITE 350	
Medicare 1:	458277 HHA-18					MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(972) 424-4454	Fax	(972) 423-7906			Services: Licensed and Certified Home Health Services	(972) 423-7906
Type:	Parent Agency	Administrator	SUZANNE ALEX				
County	COLLIN	Region	03	Date Licensed	06/11/2014	Owner Information	
License #	016256					PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	6/30/2022					1721 WEST PLANO PARKWAY SUITE 130	
Medicare 1:	741567 HOSPICE					PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(972) 578-1502	Fax	(972) 578-1500			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	PAMELA EYAMBE			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	08/04/2021	Owner Information	
License #	020955					PEARLS TENDER CARE, LLC	
Lic Expire	8/4/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 690-4266	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IFEANYI UDOROH				
County	COLLIN	Region	03	Date Licensed	07/15/2020	Owner Information	
License #	020055					PECULIAR HOMECARE AGENCY LLC	
Lic Expire	7/15/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 325-9217	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALBERTINA NYANTEE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 07/16/2014
License # 016313 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 7/31/2022 17950 PRESTON ROAD SUITE 370
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 347-4611 Fax (214) 206-9314
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information

PEDATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 01/01/2003
License # 008297 PINNACLE HEALTH SERVICES INCORPORATED
Lic Expire 12/31/2023 910 FALCON TRAIL
Medicare 1: 679131 HHA-18 MURPHY, TX 75094
Medicare 2:
Phone (214) 340-4000 Fax (214) 340-4097
Type: Parent Agency Administrator ADETOKUNBO BROOKS

Owner Information

PINNACLE HEALTH SERVICES, INC
910 FALCON TRL
MURPHY, TEXAS 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/21/2021
License # 020711 PISTISCARE PEDIATRICS HOME HEALTH LLC
Lic Expire 4/21/2024 2525 APPALOOSA LANE
Medicare 1: CELINA, TX 75009
Medicare 2:
Phone (469) 202-3045 Fax (469) 202-3045
Type: Parent Agency Administrator REBECCA HORTON

Owner Information

PISTISCARE PEDIATRICS HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 07/20/2005
License # 009873 POSITIVE HOME HEALTH AGENCY
Lic Expire 7/31/2022 2600 K AVE STE. 264
Medicare 1: 677915 PLANO, TX 75074
Medicare 2:
Phone (972) 398-0643 Fax (972) 398-6044
Type: Parent Agency Administrator MAUREEN ANYIAM

Owner Information

POSITIVE HOME HEALTH SERVICES INC
2600 AVENUE K SUITE 264
PLANO, TX 75074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/29/2017
License # 018473 PREMIER CARE SERVICES
Lic Expire 11/30/2019 17740 PRESTON RD SUITE 200D
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 200-5267 Fax (972) 930-0525
Type: Parent Agency Administrator STEPHEN LARRY

Owner Information

S J LARRY PROPERTIES LLC
17740 PRESTON ROAD SUITE 200D
DALLAS, TX 75252
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/01/2005
License # 010294 PRESTIGE HEALTH SERVICES
Lic Expire 11/30/2022 303 S. JUPITER ROAD #200
Medicare 1: 679371 ALLEN, TX 75002
Medicare 2:
Phone (972) 747-0821 Fax (972) 747-9215
Type: Parent Agency Administrator CHINYERE OKONKWO

Owner Information

PRESTIGEPLUS HEALTH SERVICES INC
1101 RAINTREE CIRCLE SUITE # 210
ALLEN, TX 75013
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 03/16/2020
License # 019449 PRIM PALLIATIVE & HOSPICE CARE INC
Lic Expire 6/27/2023 5048 TENNYSON PARKWAY STE 250
Medicare 1: 971696 PLANO, TX 75024
Medicare 2:
Phone (469) 328-7219 Fax (469) 277-8468
Type: Parent Agency Administrator PRISCILLA KALESOI

Owner Information

PRIM PALLIATIVE & HOSPICE CARE INC
1708 AZURITE TRAIL
PLANO, TX 75075
PHONE: (469) 328-7219 FAX: (469) 277-8468
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 07/09/2009
License # 012696 PRINCEWILL HEALTHCARE SERVICES INC
Lic Expire 7/31/2024 974 SHADDOCK PARK LANE
Medicare 1: 747490 HHA-18 ALLEN, TX 75013
Medicare 2:
Phone (972) 727-0784 Fax (972) 727-0792

Owner Information

PRINCEWILL HEALTHCARE SERVICES INC
974 SHADDOCK PARK LANE
ALLEN, TX 75013

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SYLVIA OGBOGU-NWANKWO

County **COLLIN** Region 03 Date Licensed 11/04/2009
License # 012950 PRISTINE HOME HEALTH SERVICES INC
Lic Expire 11/30/2023 3913 ROCKWOOD DRIVE
Medicare 1: 747631 HHA-18 PLANO, TX 75074
Medicare 2:
Phone (972) 881-5551 Fax (972) 881-5553

Owner Information

PRISTINE HOME HEALTH SERVICES INC
3913 ROCKWOOD DR
PLANO, TX 75074

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator AKOQUETE ADJETEY

County **COLLIN** Region 03 Date Licensed 10/15/2001
License # 007756 PROCARE HOME CARE AGENCY
Lic Expire 10/31/2022 7924 PRESTON ROAD SUITE 100A
Medicare 1: 679143 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 712-6956 Fax (972) 712-4454

Owner Information

PROCARE HOME CARE AGENCY
9020 ENCHANGED RIDGE DRIVE
PLANO, TX 75025

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator OLUFEMI OWOSENI

County **COLLIN** Region 03 Date Licensed 01/01/2007
License # 011151 REHABCARE
Lic Expire 12/31/2021 4300 COTTON GIN ROAD, SUITE 100
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (972) 808-2351 Fax (800) 790-7956

Owner Information

REHABCARE GROUP EAST LLC
SAME
KINGWOOD, TX 77339

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator ELEANOR JOHNSON

County **COLLIN** Region 03 Date Licensed 11/18/2020
License # 020325 RELIABLE ALTERNATIVE HOME CARE, INC
Lic Expire 11/18/2022 5309 SPICEWOOD DR.
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (214) 856-4364 Fax (469) 625-2444

Owner Information

RELIABLE ALTERNATIVE HOME CARE, INC

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator CASSANDRA JOHNSON

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018611 RELIANT AT HOME
Lic Expire 8/31/2021 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150
Medicare 1: 679352 HHA-18 PLANO, TX 75075
Medicare 2:
Phone (972) 390-7733 Fax (972) 390-7738

Owner Information

HOME CARE PATIENT SERVICES, LLC
1101 RAINTREE CIRCLE SUITE 180
ALLEN, TX 75013

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator LANELL BOAZ

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018496 RELIANT AT HOME CONCIERGE CARE
Lic Expire 8/31/2024 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150
Medicare 1: PLANO, TX 75075
Medicare 2:
Phone (972) 390-7699 Fax (972) 390-7738

Owner Information

RELIANT CONCIERGE CARE LLC
1101 RAINTREE CIR STE 180
ALLEN, TX 75013

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator SUZANNE STARK

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 08/17/2017
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 8/31/2024 3033 W. PRESIDENT GEORGE BUSH HIGHWAY, SUITE 150
Medicare 1: 741594 HOSPICE PLANO, TX 75075
Medicare 2:
Phone (214) 667-8040 Fax (214) 667-8045
Type: Parent Agency Administrator ANGELA HAMMONS

Owner Information

BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 02/11/2005
License # 009432 RESILIENT HOME HEALTH AGENCY
Lic Expire 2/28/2023 5700 GRANITE PARKWAY SUITE #370
Medicare 1: 677898 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 528-9079 Fax (972) 767-4604
Type: Parent Agency Administrator GIOVAN CLAROS

Owner Information

HEALTHCARE CORPORATION OF AMERICA INC
4404 BRINKER COURT
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 04/29/2008
License # 011982 REVIVAL HOME HEALTHCARE SERVICES INC
Lic Expire 4/30/2023 8717 SMOKEY CANYON WAY
Medicare 1: 747219 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (469) 633-9557 Fax (469) 633-9555
Type: Parent Agency Administrator CHRISTIANA UDEZE

Owner Information

REVIVAL HOME HEALTHCARE SERVICES INC
8717 SMOKEY CANYON WAY
PLANO, TX 75024-7369
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 12/20/2019
License # 019479 ROCKET PEDIATRIC THERAPY
Lic Expire 7/11/2021 700 CENTRAL EXPRESSWAY S STE 400
Medicare 1: ALLEN, TEXAS 75013
Medicare 2:
Phone (214) 218-3680 Fax (888) 270-1301
Type: Parent Agency Administrator AMELIA GANNAWAY

Owner Information

ROCKET PT, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 06/14/2021
License # 020830 ROCKHAVEN HOSPICE, LLC
Lic Expire 6/14/2024 3904 NEVEDA COURT
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (832) 661-7501 Fax
Type: Parent Agency Administrator APRIL ALLEN

Owner Information

ROCKHAVEN HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **COLLIN** Region 03 Date Licensed 06/23/2021
License # 020849 RONALD'S LOVING HEART IN HOME CARE SERVICES LLC
Lic Expire 6/23/2024 6501 MEYER WAY APT 7233
Medicare 1: MCKINNEY, TEXAS 75070
Medicare 2:
Phone (469) 919-7682 Fax
Type: Parent Agency Administrator EBONY MCCOY

Owner Information

RONALD'S LOVING HEART IN HOME CARE SERVICES LLC
5201 COLLIN MCKINNEY PKWAY 1209
MCKINNEY, TEXAS 75070
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 08/19/2019
License # 019535 ROPHE HOME HEALTH LLC
Lic Expire 8/19/2021 6304 RED STONE DRIVE
Medicare 1: FRISCO, TX 75035
Medicare 2:
Phone (469) 325-1525 Fax (469) 325-1525
Type: Parent Agency Administrator BOBY GEORGE

Owner Information

ROPHE HOME HEALTH LLC
6304 RED STONE DRIVE
FRISCO, TX 75035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	02/12/2021	Owner Information	
License #	020542					ROYAL CHOICE HOME HEALTH CARE INC	
Lic Expire	2/12/2024					1346 SPIRIT FALLS DRIVE	
Medicare 1:						FRISCO, TX 75033	
Medicare 2:						PHONE:	FAX:
Phone	(214) 394-3939	Fax	(214) 975-1083			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TOI SMITH				
County	COLLIN	Region	03	Date Licensed	10/30/2020	Owner Information	
License #	020278					ROYAL PASSION HOMEHEALTH CARE SERVICES INC	
Lic Expire	10/30/2022					1001 MERCURY DRIVE	
Medicare 1:						LAVON, TX 75166	
Medicare 2:						PHONE:	FAX:
Phone	(832) 758-9253	Fax	(972) 637-8402			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SALVADO ABUMBI				
County	COLLIN	Region	03	Date Licensed	06/28/2017	Owner Information	
License #	018379					RUBY HOME HEALTH CARE LLC	
Lic Expire	6/30/2023					17950 PRESTON ROAD SUITE 440	
Medicare 1:	747857					DALLAS, TX 75252-5793	
Medicare 2:						PHONE:	FAX:
Phone	(214) 708-0420	Fax	(214) 594-8428			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SATHYAJITH NAIR				
County	COLLIN	Region	03	Date Licensed	09/19/2016	Owner Information	
License #	017634					SAINTS HOSPICE INC	
Lic Expire	9/30/2022					502 WATERS EDGE WAY SUITE B	
Medicare 1:	97-1511 (HOSPICE)					MURPHY, TX 75094	
Medicare 2:						PHONE:	FAX:
Phone	(214) 918-9976	Fax	(972) 442-7179			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MARY MOCHUMBE				
County	COLLIN	Region	03	Date Licensed	07/07/2014	Owner Information	
License #	016300					SECOND FAMILY HOME CARE, LLC	
Lic Expire	7/31/2022					8105 RASOR BLVD STE 244	
Medicare 1:						PLANO, TX 75024	
Medicare 2:						PHONE:	FAX:
Phone	9723470700 Ext 1	Fax	(972) 347-0716			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	BECCA METOYER				
County	COLLIN	Region	03	Date Licensed	03/06/2009	Owner Information	
License #	012495					SELECT HOME CARE DALLAS LLC	
Lic Expire	3/31/2021					10305 RASPBERRY RD	
Medicare 1:						MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(469) 362-5290	Fax	(469) 362-5593			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	WENDY PERRY				
County	COLLIN	Region	03	Date Licensed	03/10/2021	Owner Information	
License #	020580					SENGY, LLC	
Lic Expire	3/10/2024					5324 WILLOW WOOD LN.	
Medicare 1:						DALLAS, TEXAS 75252	
Medicare 2:						PHONE:	FAX:
Phone	(214) 457-4476	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	GALINA NAROSOV				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	03/16/2020	Owner Information	
License #	019665					RIVERSTONE CARE LLC	
Lic Expire	10/28/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 276-9739	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YVONNE ADEUGA				
County	COLLIN	Region	03	Date Licensed	02/20/2020	Owner Information	
License #	019616					SENIOR SHIELD HOME CARE, LLC	
Lic Expire	9/25/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 454-1938	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VINCENT THOMPSON JR				
County	COLLIN	Region	03	Date Licensed	10/28/2019	Owner Information	
License #	019664					SHELTER HEALTHCARE INC	
Lic Expire	10/28/2021					9831 VICKIE LN	
Medicare 1:						FRISCO, TEXAS 75035	
Medicare 2:						PHONE:	FAX:
Phone	(469) 235-3173	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VALSAMMA THOMAS				
County	COLLIN	Region	03	Date Licensed	11/12/2007	Owner Information	
License #	011681					SILVERLINE HEALTHCARE NETWORK INC	
Lic Expire	11/30/2019					923 S JUPITER ROAD	
Medicare 1:	747131 HHA-18					GARLAND, TX 75042	
Medicare 2:						PHONE:	FAX:
Phone	(972) 494-5400	Fax	(972) 494-4700			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PAUL EKE UDUMA				
County	COLLIN	Region	03	Date Licensed	12/01/2016	Owner Information	
License #	017867					SINCERE HOME HEALTH CARE INC	
Lic Expire	11/30/2022					2217 CIMMARON DRIVE	
Medicare 1:	673187 HHA-18					PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(972) 429-1072	Fax	972429 1430			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VIMALKUMAR SHUKLA				
County	COLLIN	Region	03	Date Licensed	03/25/2021	Owner Information	
License #	020647					SOLACE HOME HEALTHCARE AGENCY LLC	
Lic Expire	3/25/2023					5827 CHARLOTTE DR APT 451	
Medicare 1:						SAN JOSE, CA 95123	
Medicare 2:						PHONE:	FAX:
Phone	(469) 579-4711	Fax	(469) 579-4712			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANJEH SIMAZE CHO				
County	COLLIN	Region	03	Date Licensed	05/07/2021	Owner Information	
License #	020742					SOLEMNITY HOSPICE LLC	
Lic Expire	7/23/2024					520 CENTRAL PKWY E STE 220	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE:	FAX:
Phone	(469) 626-0041	Fax				Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TRACI COOPER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	11/04/2020	Owner Information	
License #	020287					SPECTRUM HEALTH SERVICES INC	
Lic Expire	11/4/2022					1060 WAGON WHEEL DRIVE	
Medicare 1:						ALLEN, TX 75002	
Medicare 2:						PHONE:	FAX:
Phone	(214) 995-6186	Fax	(972) 212-6927			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHARLES ASEMOTA				
County	COLLIN	Region	03	Date Licensed	08/30/2019	Owner Information	
License #	019573					SPRING OF LIFE HEALTHCARE LLC	
Lic Expire	8/30/2021					3700 MAPLESHADE LN #2072	
Medicare 1:						PLANO, TEXAS 75075	
Medicare 2:						PHONE:	FAX:
Phone	(469) 647-0228	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLEMENCIA MABUYA				
County	COLLIN	Region	03	Date Licensed	02/21/2019	Owner Information	
License #	019274					ST PETER HEALTH CARE, LLC	
Lic Expire	2/21/2023					PO BOX	
Medicare 1:						DALLAS, TEXAS 75274	
Medicare 2:						PHONE:	FAX:
Phone	(469) 203-3878	Fax	(877) 710-7898			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANZOA ROSOUR				
County	COLLIN	Region	03	Date Licensed	07/23/2014	Owner Information	
License #	016331					STELINA COMPANION AND PERSONAL CARE SERVICES LLC	
Lic Expire	11/30/2023					1333 WILDFLOWER LANE	
Medicare 1:						WYLIE, TX 75098	
Medicare 2:						PHONE:	FAX:
Phone	(860) 655-6910	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA SQUIRE				
County	COLLIN	Region	03	Date Licensed	09/12/2013	Owner Information	
License #	015765					STN HOME HEALTH SERVICES LLC	
Lic Expire	9/30/2021					3001 LAKE TERRACE DRIVE	
Medicare 1:						WYLIE, TX 75098	
Medicare 2:						PHONE:	FAX:
Phone	(214) 677-5488	Fax	(469) 893-5359			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUNDAY NWAJAGU				
County	COLLIN	Region	03	Date Licensed	07/21/2017	Owner Information	
License #	018185					SUNLIFE HOME CARE LLC	
Lic Expire	7/31/2021					627 N 6TH AVE	
Medicare 1:						TUCSON, AZ 85705	
Medicare 2:						PHONE:	FAX:
Phone	(214) 693-4678	Fax	(214) 440-1250			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBERT MURPHY				
County	COLLIN	Region	03	Date Licensed	11/22/2002	Owner Information	
License #	008219					AVEIN GROUP INC	
Lic Expire	11/30/2021					5405 KEATING CT	
Medicare 1:	679285 HHA-18					RICHARDSON, TX 75082	
Medicare 2:						PHONE:	FAX:
Phone	(972) 994-9993	Fax	(972) 994-0253			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NIEVA CUA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	04/14/2021	Owner Information	
License #	020699					SUPPORTIVE IN HOME CARE LLC	
Lic Expire	4/14/2024					11750 US HWY 380 STE. 130 #263	
Medicare 1:						CROSSROADS, TX 76227	
Medicare 2:						PHONE:	FAX:
Phone	(469) 600-4161	Fax	18004195441			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NICOLE PORTWOOD				
County	COLLIN	Region	03	Date Licensed	11/30/2018	Owner Information	
License #	019086					FRANK AND REES LIMITED LIABILITY COMPANY	
Lic Expire	11/30/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 390-7579	Fax	(972) 364-1203			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE MINNICH				
County	COLLIN	Region	03	Date Licensed	09/27/2021	Owner Information	
License #	021076					ENZ CARE, INC	
Lic Expire	9/27/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 596-0124	Fax	(214) 396-1184			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESITA GORALSKI				
County	COLLIN	Region	03	Date Licensed	09/12/2008	Owner Information	
License #	012314					TEMPLE HOME HEALTHCARE SERVICES INC	
Lic Expire	9/30/2022					5913 CHEYENNE WAY	
Medicare 1:	677987					FRISCO, TX 75034	
Medicare 2:						PHONE:	FAX:
Phone	(214) 912-1284	Fax	(214) 618-2440			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LUCY NZE				
County	COLLIN	Region	03	Date Licensed	08/31/2017	Owner Information	
License #	018363					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	8/31/2023					17855 N DALLAS PKWY STE 200	
Medicare 1:	741652 HOSPICE					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	(214) 307-7048	Fax	(214) 383-9114			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOSEPH MORANDA				
County	COLLIN	Region	03	Date Licensed	01/20/2021	Owner Information	
License #	020476					TEXAS PRO HOMECARE INC	
Lic Expire	1/20/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 385-1341	Fax	972 8484073			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GIMA MUDOH				
County	COLLIN	Region	03	Date Licensed	06/07/2018	Owner Information	
License #	018775					THE LEGACY AT HOME, INC	
Lic Expire	6/30/2022					6101 OHIO DR STE 100	
Medicare 1:	74-1795 (HOSPICE)					PLANO, TX 75024	
Medicare 2:						PHONE:	FAX:
Phone	(972) 244-7700	Fax	(972) 244-7701			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JESSICA HAECKER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLIN** Region 03 Date Licensed 11/14/2016
License # 013810 THE LEGACY AT HOME, INC
Lic Expire 1/31/2023 8240 MANDERVILLE LANE STE. 100
Medicare 1: DALLAS, TX 75231
Medicare 2:
Phone (972) 244-7700 Fax (972) 244-7701
Type: Branch Agency Administrator JESSICA HAECKER

Owner Information

THE LEGACY AT HOME, INC
6101 OHIO DR STE 100
PLANO, TX 75024
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 01/10/2011
License # 013810 THE LEGACY AT HOME, INC
Lic Expire 1/31/2023 6101 OHIO DRIVE, SUITE 100
Medicare 1: 747734 HHA-18 PLANO, TX 75024
Medicare 2:
Phone (972) 244-7700 Fax (972) 244-7701
Type: Parent Agency Administrator JESSICA HAECKER

Owner Information

THE LEGACY AT HOME, INC
6101 OHIO DR STE 100
PLANO, TX 75024
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/01/2016
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1255 W 15TH STREET SUITE 1025
Medicare 1: PLANO, TX 750757253
Medicare 2:
Phone (972) 673-0404 Fax (469) 626-9670
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information

FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 11/01/2016
License # 017833 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1255 W 15TH STREET SUITE 1025
Medicare 1: PLANO, TX 750757253
Medicare 2:
Phone (972) 673-0404 Fax (469) 626-9670
Type: Parent Agency Administrator MARCO HERNANDEZ

Owner Information

FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services

County **COLLIN** Region 03 Date Licensed 06/29/2021
License # 020872 TIMECARE HEALTH SERVICES, LLC
Lic Expire 6/29/2024 1196 OAK HILL LN
Medicare 1: MURPHY, TEXAS 75094
Medicare 2:
Phone (469) 305-1816 Fax (469) 277-4406
Type: Parent Agency Administrator BABATUNDE BABALOLA

Owner Information

TIMECARE HEALTH SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 04/26/2018
License # 018734 TOUCHING HEARTS AT HOME
Lic Expire 4/30/2022 5900 LAKE FOREST DR STE 300
Medicare 1: MCKINNEY, TX 75070
Medicare 2:
Phone (469) 342-8750 Fax (469) 342-8751
Type: Parent Agency Administrator TERRI VAN STAVERN

Owner Information

BANT HOLDINGS, LLC
2804 MEADOWSIDE DR.
MCKINNEY, TX 75071
PHONE: FAX:
Services: Personal Assistance Services

County **COLLIN** Region 03 Date Licensed 11/04/2014
License # 016747 TRADITIONS HOME HEALTHCARE
Lic Expire 11/30/2022 5045 LORIMAR DR SUITE 230
Medicare 1: 747337 HHA-18 PLANO, TX 75093
Medicare 2:
Phone (972) 378-7902 Fax (972) 378-7909
Type: Parent Agency Administrator BLESSY SIMON

Owner Information

TRADITIONS CARE TEAM INC
5045 LORIMAR DR., SUITE 230
PLANO, TEXAS 75093
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	04	Date Licensed		Owner Information	
License #	019280					TRADITIONS HOSPICE OF TYLER, LLC	
Lic Expire	1/31/2023					P.O. BOX 9980	
Medicare 1:						COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(972) 954-3604	Fax	(972) 954-3696			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	JOANNA MATTHEWS				
County	COLLIN	Region	03	Date Licensed	01/28/2021	Owner Information	
License #	020495					TRAN HOMECARE LLC	
Lic Expire	1/28/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(714) 878-1813	Fax				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SYNDY NGUYEN				
County	COLLIN	Region	03	Date Licensed	04/28/2020	Owner Information	
License #	019900					TRICORD INHOME CARE LLC	
Lic Expire	4/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 727-0300	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GLORIA OGBONNA				
County	COLLIN	Region	03	Date Licensed	11/18/2019	Owner Information	
License #	019706					TRUE HARMONY HOME HEALTH LLC	
Lic Expire	11/18/2024						
Medicare 1:	748022 HHA						
Medicare 2:						PHONE:	FAX:
Phone	(972) 372-0400	Fax				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA CORMIER				
County	COLLIN	Region	03	Date Licensed	06/25/2020	Owner Information	
License #	020018					AFFORD HOME PROPERTIES, LLC	
Lic Expire	6/25/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	562 965 4220	Fax	(972) 767-4220			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUNIL SHAH				
County	COLLIN	Region	03	Date Licensed	01/29/2020	Owner Information	
License #	019797					TX NEWLIFE HOME HEALTH CARE LLC	
Lic Expire	1/29/2022					3411 CEDAR LANE	
Medicare 1:						MELISSA, TX 75454	
Medicare 2:						PHONE:	FAX:
Phone	(214) 989-5762	Fax	(972) 369-7949			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA MADUBUIKE				
County	COLLIN	Region	03	Date Licensed	10/25/2021	Owner Information	
License #	021150					RATIDZO MAGUNJE	
Lic Expire	10/25/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 951-5721	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RATIDZO MAGUNJE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	06/15/2020	Owner Information	
License #	019999					BIG HEART COMPANION LLC	
Lic Expire	6/15/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(601) 810-4101	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TYDESHEAIA POOL				
County	COLLIN	Region	03	Date Licensed	01/12/2021	Owner Information	
License #	020449					UNIQUE HOSPICE CARE INC	
Lic Expire	1/12/2023					1012 HIDDEN CREEK DR	
Medicare 1:						ALLEN, TEXAS 75002	
Medicare 2:						PHONE:	FAX:
Phone	(630) 862-9057	Fax	(469) 421-8626			Services: Hospice	
Type:	Parent Agency	Administrator	FUHRER NDOKOH			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	05/26/2020	Owner Information	
License #	019959					VENARKS HOSPICE INC	
Lic Expire	5/26/2022					1618 BLACKBURN WAY	
Medicare 1:						PRINCETON, TX 75407	
Medicare 2:						PHONE:	FAX:
Phone	(469) 247-9720	Fax	(469) 914-9997			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	REGINALD NWORKA			In-Patient Hospice: NO	
County	COLLIN	Region	03	Date Licensed	03/14/2014	Owner Information	
License #	016080					VENUS HEALTHCARE INCORPORATED	
Lic Expire	3/31/2022					5409 S COLLINS ST STE 101	
Medicare 1:						ARLINGTON, TX 76002	
Medicare 2:						PHONE:	FAX:
Phone	(469) 353-8070	Fax	(817) 466-7273			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	INNOCENT MORGAN				
County	COLLIN	Region	03	Date Licensed	06/08/2005	Owner Information	
License #	009798					VERITAS HOME HEALTH LLC	
Lic Expire	6/30/2023					2825 REGAL ROAD SUITE 105	
Medicare 1:	677811 HHA-18					PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(972) 519-0308	Fax	(972) 519-8331			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OLGA LEVIT				
County	COLLIN	Region	03	Date Licensed	04/11/2012	Owner Information	
License #	014915					BRIGHT GOLD LLC	
Lic Expire	4/30/2022					1400 PRESTON ROAD, SUITE 400	
Medicare 1:						PLANO, TX 75093	
Medicare 2:						PHONE:	FAX:
Phone	(972) 665-9946	Fax	(469) 948-4851			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRITT HOLLINGSWORTH				
County	COLLIN	Region	03	Date Licensed		Owner Information	
License #	021334					COLLIN COUNTY CAREGIVING, LLC	
Lic Expire	12/31/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	214 4911999	Fax	(469) 617-7863			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KOBY SPEARS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	10/02/2009	Owner Information			
License #	012887					VITA HOME HEALTH CARE LLC			
Lic Expire	10/31/2021					3302 ELKHART DRIVE			
Medicare 1:						SACHSE, TX 75048			
Medicare 2:							PHONE:		FAX:
Phone	(469) 298-2327	Fax	(469) 298-2328						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	IFEANYI UZOWULU						
County	COLLIN	Region	03	Date Licensed	11/13/2020	Owner Information			
License #	020317					VITALITY PEDIATRIC HEALTHCARE , LLC			
Lic Expire	11/13/2022					3822 BASTROP STREET			
Medicare 1:						MELISSA, TEXAS 75454			
Medicare 2:							PHONE:		FAX:
Phone	(469) 346-0097	Fax							Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	GEORGE EYAKOH						
County	COLLIN	Region	03	Date Licensed	10/02/1995	Owner Information			
License #	001531					VNA			
Lic Expire	9/30/2023					7290 VIRGINIA PARKWAY SUITE 2300			
Medicare 1:						MCKINNEY, TX 75071			
Medicare 2:							PHONE:	(214) 689-0000	FAX: (214) 689-2300
Phone	(972) 562-0140	Fax	(972) 562-6539						Services: Hospice
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS						In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	10/02/1995	Owner Information			
License #	001531					VNA			
Lic Expire	9/30/2023					7290 VIRGINIA PARKWAY SUITE 2300			
Medicare 1:						MCKINNEY, TX 75071			
Medicare 2:							PHONE:	(214) 689-0000	FAX: (214) 689-2300
Phone	(972) 562-0140	Fax	(972) 562-6539						Services: Hospice
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS						In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	10/02/1995	Owner Information			
License #	001531					VNA			
Lic Expire	9/30/2023					7290 VIRGINIA PARKWAY SUITE 2300			
Medicare 1:						MCKINNEY, TX 75071			
Medicare 2:							PHONE:	(214) 689-0000	FAX: (214) 689-2300
Phone	(972) 562-0140	Fax	(972) 562-6539						Services: Hospice
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS						In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	10/02/1995	Owner Information			
License #	001531					VNA			
Lic Expire	9/30/2023					7290 VIRGINIA PARKWAY SUITE 2300			
Medicare 1:						MCKINNEY, TX 75071			
Medicare 2:							PHONE:	(214) 689-0000	FAX: (214) 689-2300
Phone	(972) 562-0140	Fax	(972) 562-6539						Services: Hospice
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS						In-Patient Hospice: NO
County	COLLIN	Region	03	Date Licensed	01/17/1995	Owner Information			
License #	003625					VNA			
Lic Expire	1/31/2021					7290 VIRGINIA PARKWAY, SUITE 2300			
Medicare 1:						MCKINNEY, TEXAS 75071			
Medicare 2:							PHONE:		FAX:
Phone	(972) 562-0140	Fax	(972) 562-6539						Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	KATHERINE KRAUSE						

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COLLIN	Region	03	Date Licensed	11/12/2018	Owner Information	
License #	019085					WELLNESS PROXY RESOURCES, LLC	
Lic Expire	11/12/2022					13455 BOISE D ARC LANE	
Medicare 1:	971569 (HOSPICE)					FRISCO, TX 75035	
Medicare 2:						PHONE: (469) 907-1099	FAX: (469) 907-1055
Phone	(469) 907-1099	Fax	(469) 907-1055			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MICHELLO BROWN				
County	COLLIN	Region	03	Date Licensed		Owner Information	
License #	021370					WILLOW BEND HOME CARE LLC	
Lic Expire	2/7/2025					500 BACHON CIRCLE # B	
Medicare 1:						WYLIE, TEXAS 75098	
Medicare 2:						PHONE:	FAX:
Phone	(469) 685-6258	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSE NDUMBI				
County	COLLIN	Region	03	Date Licensed	05/28/2020	Owner Information	
License #	019964					WILLOW HOSPICE LLC	
Lic Expire	5/28/2022					202 FISHERMAN TRAIL	
Medicare 1:						MELISSA, TEXAS 75454	
Medicare 2:						PHONE:	FAX:
Phone	(469) 667-4787	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHERRY MARTIN				
County	COLLIN	Region	03	Date Licensed	09/29/2021	Owner Information	
License #	021088					WITHOUT A DOUBT HOME HEALTH LLC	
Lic Expire	9/29/2024					P.O. BOX 754	
Medicare 1:						ROYSE CITY, TX 75189	
Medicare 2:						PHONE:	FAX:
Phone	4696513296, 46961007	Fax	(469) 717-9044			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KIZZIE COLEMAN				
County	COLLIN	Region	03	Date Licensed	09/11/2020	Owner Information	
License #	020168					YONA HOME CARE LLC	
Lic Expire	9/11/2022					2403 MASTON DRIVE	
Medicare 1:						ANNA, TEXAS 75409	
Medicare 2:						PHONE:	FAX:
Phone	(214) 303-7914	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JACOB TOFA				
County	COLLIN	Region	03	Date Licensed	02/19/2008	Owner Information	
License #	011890					ZION ROCK SERVICES LLC	
Lic Expire	2/28/2023					1107 SAVAGE DRIVE	
Medicare 1:	747151 HHA-18					DENTON, TX 76207-8147	
Medicare 2:						PHONE:	FAX:
Phone	(469) 661-8170	Fax	(469) 661-8641			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ABIGAIL DEZOLLER				
County	COLLIN	Region	03	Date Licensed	02/13/2018	Owner Information	
License #	018614					ZUVA HEALTHCARE SERVICES LLC	
Lic Expire	2/28/2022					5225 PINEWOOD DR	
Medicare 1:						MCKINNEY, TX 75071	
Medicare 2:						PHONE:	FAX:
Phone	(469) 662-7759	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOHANNES MHEMBERE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **COLLINGSWORTH** Region 01 Date Licensed 07/19/2010
License # 013610 BLUEBONNET HOME HEALTH & HOSPICE COMPANY
Lic Expire 7/31/2022 1613 AMARILLO STREET
Medicare 1: 457550 HHA-18;74 WELLINGTON, TX 79095
Medicare 2:
Phone (806) 447-2541 Fax (806) 447-1264

Owner Information

WEST TEXAS HOME HEALTH INC
807 WEST AVE.
WELLINGTON, TX 79095
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

Type: Parent Agency Administrator PENNY PHILLIPS

County **COLORADO** Region 06 Date Licensed 10/25/2015
License # 017190 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2023 121 EAST MAIN
Medicare 1: WEIMAR, TX 78962
Medicare 2:
Phone (979) 725-6647 Fax (979) 725-6977

Owner Information

INTEGRATED MANAGEMENT SOLUTIONS, INC
PO BOX 529
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator SUZANNE BOZEMAN

County **COLORADO** Region 06 Date Licensed 05/24/2021
License # 020783 COUNTRY CARE COMPANIONS LLC
Lic Expire 5/24/2024 832 WASHINGTON ST
Medicare 1: COLUMBUS, TX 78934
Medicare 2:
Phone (970) 623-2449 Fax

Owner Information

COUNTRY CARE COMPANIONS LLC
P.O BOX 2935
GRAND JUNCTION, CO 81502
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator TERESA HENDRYX

County **COLORADO** Region 06 Date Licensed 02/12/2021
License # 020537 HELPING HANDS HOME CARE AGENCY LLC
Lic Expire 2/12/2023 1722 FANNIN STREET
Medicare 1: COLUMBUS, TEXAS 78934
Medicare 2:
Phone (979) 234-0896 Fax

Owner Information

HELPING HANDS HOME CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator STACY CARTER

County **COMAL** Region 07 Date Licensed 12/30/2015
License # 017321 AA CARE SERVICES
Lic Expire 12/31/2023 1106 NORTH WALNUT
Medicare 1: NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 609-9128 Fax (830) 609-9138

Owner Information

AA SENIOR CARE SERVICES LLC
8546 BROADWAY STE# 109
SAN ANTONIO, TX 78217
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator HELEN TROWSDALE

County **COMAL** Region 07 Date Licensed 09/24/2021
License # 021079 ACTIKARE
Lic Expire 1026 TERLAN DR
Medicare 1: NEW BRAUNFELS, TEXAS 78130
Medicare 2:
Phone 830 515 7734 Fax 830 302 7636

Owner Information

YANA SERVICES LLC
2907 NICHOLAS COVE
NEW BRAUNFELS, TX 78130
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator THERESA WOLFE

County **COMAL** Region 07 Date Licensed 11/06/2017
License # 018542 ADVANCED HH LLC
Lic Expire 11/30/2023 215 COURTYARD
Medicare 1: 67Q7247004 NEW BRAUNFELS, TX 78130
Medicare 2:
Phone (830) 625-4144 Fax (830) 625-4959

Owner Information

ADVANCED HH, LLC
113 N. MAIN
HALLETTSVILLE, TX 75038
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator KRISTEN SCHIEVELBEIN

County	COMAL	Region	07	Date Licensed	11/04/2016	Owner Information
License #	017723		ALAMO HOSPICE			ALAMO AREA HOME HOSPICE, LP
Lic Expire	11/30/2022		1423 N. WALNUT AVENUE SUITE 101			6303 COWBOYS WAY, SUITE 600
Medicare 1:	741665 HOSPICE		NEW BRAUNFELS, TX 78130			FRISCO, TEXAS 75034
Medicare 2:						PHONE:
Phone	(830) 387-2209	Fax	(830) 500-3595			FAX:
Type:	Parent Agency	Administrator	GEORGETTE ROBBINS			Services: Hospice In-Patient Hospice: NO
County	COMAL	Region	05	Date Licensed	01/12/2016	Owner Information
License #	017218		BLUE STAR HOME CARE			FOUR K HEALTH CARE LLC
Lic Expire	1/31/2025		1067 FM 306, UNIT 401			187 ELMHURST, STE D
Medicare 1:			NEW BRAUNFELS, TX 78130			KYLE, TX 78640
Medicare 2:						PHONE:
Phone	(512) 387-5787	Fax	18006169324			FAX:
Type:	Parent Agency	Administrator	PANNA JONES			Services: Licensed Home Health Services; Personal Assistance Services
County	COMAL	Region	07	Date Licensed	11/06/2018	Owner Information
License #	019062		CANYON LAKE SENIOR HOME CARE, INC			CANYON LAKE SENIOR HOME CARE INC
Lic Expire	11/6/2022		1215 HIGHLAND TERRACE DR			
Medicare 1:			CANYON LAKE, TX 78133			PHONE:
Medicare 2:						FAX:
Phone	(830) 743-5388	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	THOMAS ANDERSON			
County	COMAL	Region	07	Date Licensed	04/18/2005	Owner Information
License #	009707		CARING SENIOR SERVICE NEW BRAUNFELS PLUS			TLC SENIOR CARE INC
Lic Expire	4/30/2022		779 LOOP 337			779 LOOP 337
Medicare 1:			NEW BRAUNFELS, TX 78130			NEW BRAUNFELS, TX 78130
Medicare 2:						PHONE:
Phone	(830) 629-0509	Fax	(830) 629-0832			FAX:
Type:	Parent Agency	Administrator	CATHERINE TRLICA			Services: Personal Assistance Services
County	COMAL	Region	07	Date Licensed	06/03/2017	Owner Information
License #	018346		CARTER HEALTHCARE			EMOSS HEALTHCARE INC
Lic Expire	6/30/2024		2163 STEPHENS PLACE SUITE 100			3105 S MERIDIAN AVE
Medicare 1:	747685 HHA-18		NEW BRAUNFELS, TX 78130			OKLAHOMA CITY, OK 73119
Medicare 2:						PHONE:
Phone	(281) 379-7052	Fax	(281) 376-4357			FAX:
Type:	Parent Agency	Administrator	BRIAN CARTER			Services: Licensed and Certified Home Health Services
County	COMAL	Region	07	Date Licensed	09/01/2017	Owner Information
License #	018423		CHRISTUS HOMECARE			LHCG CXV, LLC
Lic Expire	8/31/2023		921 LAKEVIEW BLVD, SUITE 2			PO BOX 51266
Medicare 1:	677544 HHA-18		NEW BRAUNFELS, TEXAS 781304135			LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	830 6297568	Fax	830 6290615			FAX:
Type:	Parent Agency	Administrator	PATRICIA GARCEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	COMAL	Region	07	Date Licensed	11/10/2009	Owner Information
License #	012989		CIMA HOSPICE A PART OF THE ELARA CARING NETWORK			CIMA HOSPICE OF CENTRAL TEXAS, LP
Lic Expire	11/30/2023		300 LANDA			14295 MIDWAY ROAD STE#400
Medicare 1:	671650 HOSPICE		NEW BRAUNFELS, TX 78130			DALLAS, TX 75001
Medicare 2:						PHONE:
Phone	(830) 643-1971	Fax	(830) 643-1964			FAX:
Type:	Parent Agency	Administrator	SARAH HOPPER			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COMAL	Region	07	Date Licensed	12/01/2021	Owner Information	
License #	021244				COMFORCARE HOME CARE NEW BRAUNFELS	MAGNET CARE, LLC	
Lic Expire	12/3/2024				1281 COMMON STREET		
Medicare 1:					NEW BRAUNFELS, TX 78130		
Medicare 2:						PHONE:	FAX:
Phone	(830) 832-4218	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHAD OTTE				
County	COMAL	Region	05	Date Licensed	06/15/2017	Owner Information	
License #	018109				COMFORT KEEPERS	EMERALD FOREST VENTURES LLC	
Lic Expire	12/30/2023				1619 E COMMON ST STE 203	1318 CANON YEOMANS TRL	
Medicare 1:					NEW BRAUNFELS, TX 78130	AUSTIN, TX 78748	
Medicare 2:						PHONE:	FAX:
Phone	(512) 598-9099	Fax	(512) 640-8803			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MEGAN JONES				
County	COMAL	Region	07	Date Licensed	07/01/2020	Owner Information	
License #	020030				EDENCARE PERSONAL ASSISTANCE SERVICES	EDENCARE PERSONAL ASSISTANCE SERVICES	
Lic Expire	7/1/2022				631 LAKEVIEW BLVD.		
Medicare 1:					NEW BRAUNFELS, TX 78130		
Medicare 2:						PHONE:	FAX:
Phone	(830) 302-4888	Fax	(830) 625-1328			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESA LOPEZ				
County	COMAL	Region	07	Date Licensed	01/02/2015	Owner Information	
License #	016590				EQUALITY HOMECARE INC	EQUALITY HOMECARE INC	
Lic Expire	1/31/2023				297 W SAN ANTONIO ST	SAME	
Medicare 1:					NEW BRAUNFELS, TX 78130	NEW BRAUNFELS, TX 78130	
Medicare 2:						PHONE:	FAX:
Phone	(830) 500-2384	Fax	(888) 879-9559			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESA LOPEZ				
County	COMAL	Region	07	Date Licensed	02/26/2018	Owner Information	
License #	018637				HEART OF TEXAS HOSPICE	MMCARE HOSPICE, LLC	
Lic Expire	6/15/2023				18568 FORTY SIX PKWY, SUITE 3001	18568 FORTY SIX PARKWAY STE 3001B	
Medicare 1:	97-1519 (HOSPICE)				SPRING BRANCH, TEXAS 78070	SPRING BRANCH, TX 78070	
Medicare 2:						PHONE:	FAX:
Phone	(830) 730-7711	Fax	(210) 568-6524			Services: Hospice	
Type:	Parent Agency	Administrator	DARRAN DOLLARHIDE			In-Patient Hospice: NO	
County	COMAL	Region	07	Date Licensed	01/29/2016	Owner Information	
License #	017462				HEART OF TEXAS HOSPICE	HEART OF TEXAS HOSPICELONESTAR, LLC	
Lic Expire	1/31/2025				18568 FORTY SIX PARKWAY, SUITE 3001A	18568 FORTY SIX PARKWAY 3001A	
Medicare 1:	451712 HOSPICE				SPRING BRANCH, TX 78070	BULVERDE, TX 78070	
Medicare 2:						PHONE:	FAX:
Phone	(830) 730-7711	Fax	(210) 568-6524			Services: Hospice	
Type:	Parent Agency	Administrator	DARRAN DOLLARHIDE			In-Patient Hospice: NO	
County	COMAL	Region	07	Date Licensed	04/16/2021	Owner Information	
License #	020868				HOME INSTEAD	MANUS SERVIENTES OF TEXAS CORPORATION	
Lic Expire	4/16/2024				910 GRUENE RD, BLDG. #5A		
Medicare 1:					NEW BRAUNFELS, TX 78130		
Medicare 2:						PHONE:	FAX:
Phone	(830) 624-8380	Fax	(830) 620-5381			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JEREMY FARBER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COMAL	Region	07	Date Licensed	03/08/2021	Owner Information	
License #	020577					HOMESTEAD FAMILY HEALTH LLC	
Lic Expire	3/8/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(830) 217-6711						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator	DECONTE COOPER				
County	COMAL	Region	07	Date Licensed	06/01/2021	Owner Information	
License #	020800					SHORT GRASS INVESTMENT HOLDINGS, LLC	
Lic Expire	6/1/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(512) 749-3913						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator	KASI GRAVELL				
County	COMAL	Region	07	Date Licensed	11/13/2017	Owner Information	
License #	001917					HOPE HOSPICE	
Lic Expire	3/31/2022					611 NORTH WALNUT	
Medicare 1:						NEW BRAUNFELS, TX 78130	
Medicare 2:							PHONE:
Phone	(210) 686-3131						FAX:
Type:	Alternate Delivery Site						Services: Hospice
		Administrator	AUDRIE (NICKIE) NICOLE DRUMMOND				In-Patient Hospice: NO
County	COMAL	Region	07	Date Licensed	04/01/1988	Owner Information	
License #	001917					HOPE HOSPICE	
Lic Expire	3/31/2022					611 NORTH WALNUT	
Medicare 1:	451522 HOSPICE					NEW BRAUNFELS, TX 78130	
Medicare 2:							PHONE:
Phone	(830) 625-7500						FAX:
Type:	Parent Agency						Services: Hospice
		Administrator	AUDRIE (NICKIE) DRUMMOND				In-Patient Hospice: NO
County	COMAL	Region	07	Date Licensed	06/15/2007	Owner Information	
License #	011575					BAYOU HOMECARE LP	
Lic Expire	6/30/2022					3305 101ST STREET SUITE 100	
Medicare 1:	677504 HHA-18					LUBBOCK, TX 79423	
Medicare 2:							PHONE:
Phone	(830) 214-0039						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator	COREY HURT				
County	COMAL	Region	07	Date Licensed	06/25/2019	Owner Information	
License #	019440					LOVING THE CARE GIVEN HOME HEALTH LLC	
Lic Expire	6/25/2021						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(210) 552-4854						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services
		Administrator	CAROLINA GAMEZ				
County	COMAL	Region	07	Date Licensed	10/02/2000	Owner Information	
License #	004137					THE HOME CARE TEAM, INC	
Lic Expire	12/31/2023					45 NE LOOP 410, SUITE 800	
Medicare 1:						SAN ANTONIO, TEXAS 78216	
Medicare 2:							PHONE:
Phone	(830) 626-3525						FAX:
Type:	Branch Agency						Services: Licensed Home Health Services; Personal Assistance Services
		Administrator	TRACIE CLEMONS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COMAL	Region	07	Date Licensed	05/04/2018	Owner Information	
License #	019436					MISSION HOMECARE SERVICES, LLC	
Lic Expire	6/24/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(830) 730-7711	Fax	(210) 568-6524			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JASON BOOTZ				
County	COMAL	Region	07	Date Licensed	04/01/2011	Owner Information	
License #	013997					MKARE MANAGEMENT, INC	
Lic Expire	3/31/2023					20540 HWY 46 W. STE. 115 PMB 409	
Medicare 1:						SPRING BRANCH, TX 78070	
Medicare 2:						PHONE:	FAX:
Phone	(210) 663-0169	Fax	(210) 579-7277			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	LAURIE MAYHUGH				
County	COMAL	Region	07	Date Licensed	07/25/2019	Owner Information	
License #	019497					RIVERSIDE HEALTHCARE PARTNERS INC	
Lic Expire	7/25/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(830) 358-6715	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	BRIAN ARCHER				
County	COMAL	Region	07	Date Licensed	09/23/2020	Owner Information	
License #	020195					SOAR HOME CARE LLC	
Lic Expire	9/23/2022						
Medicare 1:	748007 HHA						
Medicare 2:						PHONE:	FAX:
Phone	(214) 412-4408	Fax				Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	NICOLE STUART				
County	COMAL	Region	05	Date Licensed		Owner Information	
License #	015885					CANTEX HOME HEALTH AUSTIN LLC	
Lic Expire	9/30/2024					525 ROUND ROCK WEST DRIVE, SUITE#A170	
Medicare 1:						ROUND ROCK, TX 78681	
Medicare 2:						PHONE:	FAX:
Phone	(512) 459-4663	Fax	(512) 459-4665			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	CHERLYNN ANGENETT "ANGIE" SHAFFNER				
County	COMAL	Region	07	Date Licensed	10/13/2015	Owner Information	
License #	017225					JMILL ENTERPRISES INC	
Lic Expire	10/31/2024					1491 S. MAIN STREET	
Medicare 1:						BOERNE, TX 78006	
Medicare 2:						PHONE:	FAX:
Phone	(830) 625-5414	Fax	(830) 625-5395			Services:	Personal Assistance Services
Type:	Branch Agency	Administrator	JON MILLER				
County	COOKE	Region	03	Date Licensed	03/20/2006	Owner Information	
License #	010041					E MEDICAL GROUP OF NORTH TEXAS INC	
Lic Expire	10/31/2023					2301 FM 1187, STE 203	
Medicare 1:						MANSFIELD, TX 76063	
Medicare 2:						PHONE:	FAX:
Phone	(940) 665-0944	Fax	(940) 665-0984			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	SAMANTHA MOORE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	COOKE	Region	03	Date Licensed	11/26/2018	Owner Information	
License #	019115					HH4U LLC	
Lic Expire	11/26/2020					122 KIOWA DR N	
Medicare 1:						LAKE KIOWA, TX 76240	
Medicare 2:						PHONE:	FAX:
Phone	(940) 736-8904	Fax	(940) 665-7123			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GWEN POTZ-NIELSEN				
County	COOKE	Region	03	Date Licensed	08/21/1994	Owner Information	
License #	001861					HOME HOSPICE OF GRAYSON COUNTY	
Lic Expire	8/31/2022					PO BOX 2306	
Medicare 1:						SHERMAN, TX 75091-2306	
Medicare 2:						PHONE:	FAX:
Phone	940 6659891	Fax	940 6658607			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	TINA GARNER			In-Patient Hospice: NO	
County	COOKE	Region	03	Date Licensed	08/21/1994	Owner Information	
License #	001861					HOME HOSPICE OF GRAYSON COUNTY	
Lic Expire	8/31/2022					PO BOX 2306	
Medicare 1:						SHERMAN, TX 75091-2306	
Medicare 2:						PHONE:	FAX:
Phone	940 6659891	Fax	940 6658607			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	TINA GARNER			In-Patient Hospice: NO	
County	COOKE	Region	03	Date Licensed	03/09/2020	Owner Information	
License #	019548					LOCAL HEARTS, LLC	
Lic Expire	8/26/2021					117 E MAIN ST STE B	
Medicare 1:						LINDSAY, TEXAS 76250	
Medicare 2:						PHONE:	FAX:
Phone	(940) 736-0496	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GINA BEZNER				
County	COOKE	Region	03	Date Licensed	12/20/2018	Owner Information	
License #	019262					GAINESVILLE COMMUNITY HOSPITAL INC	
Lic Expire	12/20/2022					7800 DALLAS PARKWAY, STE 200	
Medicare 1:	457497					PLANO, TX 75024	
Medicare 2:						PHONE:	FAX:
Phone	(940) 668-2094	Fax	(940) 668-2445			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	BARBARA HEEREN-ROHRBOUGH				
County	COOKE	Region	03	Date Licensed	12/21/2011	Owner Information	
License #	007938					SOLARIS HOSPICE, INC	
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400	
Medicare 1:	45-1688					DECATUR, TX 76234	
Medicare 2:						PHONE:	FAX:
Phone	(940) 627-1011	Fax	(940) 627-3160			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			In-Patient Hospice: NO	
County	CORYELL	Region	05	Date Licensed	10/14/2021	Owner Information	
License #	021131					AGAPE'S LOVING TOUCH HEALTHCARE SERVICES LLC	
Lic Expire	10/14/2024					1278 JESTER COURT	
Medicare 1:						COPPERAS COVE, TEXAS 76522	
Medicare 2:						PHONE:	FAX:
Phone	(601) 549-9437	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRITLEY MYERS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	CORYELL	Region	05	Date Licensed	11/12/2019	Owner Information	
License #	019694					CHARIS HEALTH AND HOSPICE LLC	
Lic Expire	11/12/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(254) 278-6199	Fax	(512) 575-4334			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	EBELE OKEKE				
County	CORYELL	Region	05	Date Licensed	07/24/1984	Owner Information	
License #	001525					CORYELL COUNTY MEMORIAL HOSPITAL AUTHORITY	
Lic Expire	7/31/2022					1507 W MAIN STREET	
Medicare 1:	457668 HHA-18					GATESVILLE, TX 76528	
Medicare 2:						PHONE: (254) 865-6251	FAX: (254) 248-6306
Phone	(254) 865-9233	Fax	(254) 865-8605			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REBECCA TERRELL				
County	CORYELL	Region	03	Date Licensed		Owner Information	
License #	007938					SOLARIS HOSPICE, INC	
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400	
Medicare 1:						DECATUR, TX 76234	
Medicare 2:						PHONE:	FAX:
Phone	(940) 627-1011	Fax	(940) 627-1011			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON				
County	CROSBY	Region	01	Date Licensed	10/04/2008	Owner Information	
License #	012273					CORDOVA BAY LLC	
Lic Expire	10/31/2022					2411 SPRINGER DRIVE	
Medicare 1:	677078 HHA-18					NORMAN, OK 73069	
Medicare 2:						PHONE:	FAX:
Phone	(806) 894-2375	Fax	(806) 894-4743			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIE STACY				
County	DALLAS	Region	03	Date Licensed	09/22/2015	Owner Information	
License #	017043					GUARDIAN ANGELS GROUP HOME LLC	
Lic Expire	3/1/2022					426 BIRCH LANE	
Medicare 1:						RICHARDSON, TX 75081	
Medicare 2:						PHONE: (972) 234-4041	FAX: (972) 234-4041
Phone	(469) 401-7301	Fax	(972) 234-4041			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSHUA KARIUKI				
County	DALLAS	Region	03	Date Licensed	10/09/2020	Owner Information	
License #	020222					1 PERSONAL ASSISTANCE SERVICES	
Lic Expire	10/9/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 597-1035	Fax	(972) 546-2767			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOYCE BRANCH				
County	DALLAS	Region	03	Date Licensed	01/21/2014	Owner Information	
License #	015989					DOMINQUE BECK	
Lic Expire	1/31/2022					1138 HOLLAND DR	
Medicare 1:						GARLAND, TX 75040	
Medicare 2:						PHONE:	FAX:
Phone	(214) 235-1986	Fax	(214) 594-8302			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DOMINIQUE BECK				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	06/08/2021	Owner Information
License #	020821					1KEMS HOME CARE LLC
Lic Expire	6/8/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	469 7932249	Fax				FAX:
Type:	Parent Agency	Administrator	EDDIE LOVAN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/01/2020	Owner Information
License #	020724					HAMMOND HOME HEALTH CARE, LLC
Lic Expire	11/1/2022					2011 N COLLINS BLVD SUITE 607
Medicare 1:	747129					RICHARDSON, TEXAS 75080
Medicare 2:						PHONE:
Phone	(972) 618-8001	Fax	(972) 692-8080			FAX:
Type:	Parent Agency	Administrator	BRIAN HAMMOND			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	03/15/2021	Owner Information
License #	020603					1ST NOVA HEALTH CARE
Lic Expire	3/15/2024					420 COLD MOUNTAIN TRL
Medicare 1:						FORT WORTH, TEXAS 76131
Medicare 2:						PHONE:
Phone	(312) 478-5661	Fax				FAX:
Type:	Parent Agency	Administrator	GUILIT NSEKA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/17/2006	Owner Information
License #	010811					1ST PRECIOUS HEALTH SERVICES INC
Lic Expire	10/31/2021					5928 SUMMERWOOD DR
Medicare 1:	679770 HHA-18					GRAND PRAIRIE, TX 75052
Medicare 2:						PHONE:
Phone	(972) 464-7036	Fax	(972) 475-4269			FAX:
Type:	Parent Agency	Administrator	VICTORINE TEBONG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/30/2015	Owner Information
License #	017231					A FRIENDLY HOME HEALTH CARE, LLC
Lic Expire	4/30/2023					100 N CENTRAL EXPY STE 190, ROOM 112
Medicare 1:	677875 HHA-18					RICHARDSON, TX 75080
Medicare 2:						PHONE:
Phone	(972) 248-8282	Fax	(972) 248-9077			FAX:
Type:	Parent Agency	Administrator	ANI GOPALAKRISHNAN			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/15/2020	Owner Information
License #	020238					A & D HOME HEALTH CARE LLC
Lic Expire	10/15/2022					1718 HOLLOW CREEK CT
Medicare 1:						GARLAND, TX 75040
Medicare 2:						PHONE:
Phone	(469) 863-1004	Fax	(469) 466-6785			FAX:
Type:	Parent Agency	Administrator	YAW DWOMOH			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/31/2007	Owner Information
License #	011047					A & D HOME HEALTH SERVICES INC
Lic Expire	1/31/2022					750 COLONEL DRIVE, STE #2A
Medicare 1:	743122 HHA-18					GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(214) 703-9665	Fax	(214) 703-6663			FAX:
Type:	Parent Agency	Administrator	ANNA AFANGIDEH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 04/11/2014
License # 016279 A 1 HOME HEALTH SERVICES LLC
Lic Expire 4/30/2022 1304 W WALNUT HILL LANE SUITE 380
Medicare 1: 747572 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (214) 591-0110 Fax (214) 591-0106
Type: Parent Agency Administrator BRENDA FUENTES

Owner Information

A1 HOME HEALTH SERVICES LLC
17822 DAVENPORT STE #B
DALLAS, TX 75252

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/22/2021
License # 021220 A BETTER SOLUTION IN HOME CARE WEST DALLAS
Lic Expire 11/22/2024 1700 PACIFIC AVENUE, SUITE 4545
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (877) 585-9011 Fax
Type: Parent Agency Administrator DIANA YOUNG

Owner Information

JBV CARE LLC
218 SULLIVAN POINT
DANDRIDGE, TN 37725

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/13/2020
License # 019933 A BRIGHTER DAY HEALTHCARE SERVICES
Lic Expire 5/13/2022 3960 BROADWAY BLVD SUITE 120
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (678) 674-9996 Fax (214) 723-7016
Type: Parent Agency Administrator CYNTHIA SMITH

Owner Information

A FAMILY CHOICE CDS LLC
7104 MIDDLEBURG DR
PLANO, TX 75074

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/23/2020
License # 020070 A GRADE HOME HEALTH
Lic Expire 7/23/2022 5601 NAAMAN FOREST BLVD #1736
Medicare 1: GARLAND, TEXAS 75044
Medicare 2:
Phone 214 6242931 Fax
Type: Parent Agency Administrator CHARLES JOMO

Owner Information

A GRADE HOME HEALTH, LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/29/2021
License # 021232 A HOSPICE BOUTIQUE LLC
Lic Expire 11/29/2024 4823 BISMARCK DR
Medicare 1: DALLAS, TEXAS 75216
Medicare 2:
Phone (214) 789-4038 Fax (877) 257-3774
Type: Parent Agency Administrator TRACY KING

Owner Information

A HOSPICE BOUTIQUE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/09/2019
License # 019149 A MARVELOUS HOME COMMUNITY SUPPORT SERVICES
Lic Expire 12/13/2022 8500 N. STEMMONS FRWY # 5011
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (972) 685-0644 Fax (214) 677-6954
Type: Parent Agency Administrator MARVA JAY

Owner Information

MARVA JAY
119 PHEASANT LN
SEAGOVILLE, TX 75159

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/10/2011
License # 014469 A NEWDAY HOMEHEALTH INC
Lic Expire 3/1/2025 17290 PRESTON ROAD, SUITE 200D - ROOM B
Medicare 1: 747804 DALLAS, TX 75252
Medicare 2:
Phone (469) 547-5310 Fax (469) 424-2875
Type: Parent Agency Administrator ADHANET ASGEDOM, RN

Owner Information

A NEWDAY HOMEHEALTH INC
17822 DAVENPORT STE B
DALLAS, TX 75252

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/1998
License # 006886 A ONE PLUS HOME HEALTH CARE AGENCY LLC
Lic Expire 6/30/2021 107 NORTH CEDAR RIDGE DRIVE SUITE 112
Medicare 1: 459323 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 283-9499 Fax (972) 283-3310
Type: Parent Agency Administrator SHIRLEY LINDSEY

Owner Information

A ONE PLUS HOME HEALTH CARE AGENCY LLC
412 MAPLE GROVE DR
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/13/2013
License # 016045 A SENSITIVE TOUCH HOME HEALTHCARE LLC
Lic Expire 12/31/2024 331 MELROSE DR, SUITE 150
Medicare 1: 747111 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (817) 868-7100 Fax (817) 284-2431
Type: Parent Agency Administrator BEENA KURUP

Owner Information

A SENSITIVE TOUCH HOME HEALTHCARE LLC
17826 DAVENPORT RD STE A
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/01/2002
License # 008010 A UNIFIED HOME HEALTH AGENCY INC
Lic Expire 7/30/2023 2033 MILITARY PARKWAY STE 400 D
Medicare 1: 679110 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 216-7311 Fax (972) 290-4722
Type: Parent Agency Administrator AUGUSTINE UKE

Owner Information

A UNIFIED HOME HEALTH AGENCY INC
2033 MILITARY PARKWAY SUITE 400D
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/29/2020
License # 020420 AADL HEALTHCARE SERVICES, LLC
Lic Expire 12/29/2022 3801 VITRUVIAN WAY, STE 362
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 470-0470 Fax (469) 574-7964
Type: Parent Agency Administrator AKINYEMI LADITI

Owner Information

AADL HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/14/2005
License # 009587 AARON HOME HEALTH CARE SERVICES INC
Lic Expire 11/30/2020 315 S. COCKRELL HILL ROAD STE. 208
Medicare 1: 673168 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (214) 467-3880 Fax (214) 467-3886
Type: Parent Agency Administrator PENINNAH IHEMELU

Owner Information

AARON HOME HEALTH CARE SERVICES INC
4575 SOUTH WESTMORELAND RD
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/01/2020
License # 020211 ABASAP HOME HEALTH CARE LLC
Lic Expire 10/1/2022 2000 E ARAPAHO RD APT 22207
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 670-6238 Fax (469) 519-0858
Type: Parent Agency Administrator MIRIAN KIMA

Owner Information

ABASAP HOME HEALTH CARE LLC
2000 E ARAPAHO RD APT 22207
RICHARDSON, TX 75081
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/15/2013
License # 015943 ABASI HOME HEALTHCARE, INC
Lic Expire 7/31/2023 11110 PETAL STREET SUITE 500
Medicare 1: 747472 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 553-5587 Fax (214) 553-1679
Type: Parent Agency Administrator CHRISTIE ECHIKWA

Owner Information

ABASI HOME HEALTHCARE, INC
11110 PETAL ST SUITE 500
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/12/2010
License # 013310 ABB HEALTHCARE SERVICES LLC
Lic Expire 5/31/2022 6102 SKILLMAN STREET SUITE 110
Medicare 1: 747524 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 340-4444 Fax (866) 904-2927
Type: Parent Agency Administrator WILLIAM AIYEJENKU

Owner Information

ABB HEALTHCARE SERVICES LLC
6102 SKILLMAN STREET SUITE 110
DALLAS, TX 75231

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/19/2009
License # 012455 ABBACARE HOME HEALTH INCORPORATED
Lic Expire 2/28/2024 610 UPTOWN BLVD STE 2000
Medicare 1: 747432 HHA-18 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 523-1373 Fax (469) 523-1374
Type: Parent Agency Administrator ROFINA ANOSIKE

Owner Information

ABBACARE HOME HEALTH INCORPORATED
610 UPTOWN BLVD STE 2000
CEDAR HILL, TX 75104

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/07/2008
License # 011865 ABIDING CARE SERVICES INC
Lic Expire 2/28/2022 3019 RUBY DR
Medicare 1: 747317 HHA-18 WYLIE, TEXAS 750988925
Medicare 2:
Phone (469) 814-0426 Fax (469) 519-0249
Type: Parent Agency Administrator JOSEPH UKUKU

Owner Information

ABIDING CARE SERVICES, INC
2121 W SPRING CREEK PARKWAY SUITE 205
PLANO, TX 75023

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/12/2010
License # 013104 ABOUNDING HOME HEALTH CARE INC
Lic Expire 2/28/2022 310 EAST I 30 SUITE B108
Medicare 1: 747474 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 327-3783 Fax (888) 567-4172
Type: Parent Agency Administrator SHAWN CHACKO

Owner Information

ABOUNDING HOME HEALTH CARE INC
4569 DONEGAL DRIVE
FRISCO, TX 75034

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/23/2017
License # 018130 ABOUNDING HOSPICE CARE INC
Lic Expire 6/30/2023 310 EAST I-30 # B 108
Medicare 1: 74-1731 GARLAND, TX 75043
Medicare 2:
Phone (972) 746-8428 Fax (866) 469-4677
Type: Parent Agency Administrator SHAWN CHACKO

Owner Information

ABOUNDING HOSPICE CARE, INC
310 EAST I-30 #B 108
GARLAND, TX 75043

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/12/2019
License # 019290 ABRAMS HEALTHCARE SERVICES LLC
Lic Expire 3/1/2022 9696 SKILLMAN STREET STE 150
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 310-6070 Fax (972) 982-2519
Type: Parent Agency Administrator CHRISTIAN EWELIKE

Owner Information

ABRAMS HEALTHCARE SERVICES LLC
10925 ESTATE LANE STE 240
DALLAS, TX 75238

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/22/2016
License # 017475 ABSOLUTE HEALTHCARE
Lic Expire 6/30/2022 1721 TENDERFOOT LANE
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (442) 286-0599 Fax (214) 357-4690
Type: Parent Agency Administrator LAVONDA DAVISON

Owner Information

LEJ ENTERPRISES INC
1721 TENDERFOOT LANE
DESOTO, TX 75115

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/22/2020	Owner Information	
License #	019890					ACACIA COMMUNITY ASSISTANCE SERVICES, LLC	
Lic Expire	4/22/2022						
Medicare 1:							
Medicare 2:							
Phone	(214) 395-4140	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	AUBRANEE ROBISON			Services: Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	03/13/2020	Owner Information	
License #	019905					CARING PEOPLE TX OPERATING, LLC	
Lic Expire	3/13/2022					4450 S TIFFANY DR S	
Medicare 1:						WEST PALM, FL 33407	
Medicare 2:						PHONE:	FAX:
Phone	214 8660085	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNIFER MOORE				
County	DALLAS	Region	03	Date Licensed	03/31/2018	Owner Information	
License #	018685					TEXAS HOME HEALTH OF AMERICA, LP	
Lic Expire	3/31/2022					17855 N. DALLAS PKWY, SUITE 200	
Medicare 1:						DALLAS, TEXAS 75287	
Medicare 2:						PHONE:	FAX:
Phone	972 2248100	Fax	972 2243610			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DANETTE CHASTAIN				
County	DALLAS	Region	03	Date Licensed	09/09/2020	Owner Information	
License #	020160					TEXAS HOME HEALTH OF AMERICA, LP	
Lic Expire	9/9/2022					17855 N. DALLAS PKWY, SUITE 200	
Medicare 1:						DALLAS, TEXAS 75287	
Medicare 2:						PHONE:	FAX:
Phone	(972) 201-3373	Fax	214 7261596			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KEVIN SHIPMAN				
County	DALLAS	Region	03	Date Licensed	08/06/2019	Owner Information	
License #	019512					ACCEPTANCE HOME HEALTH, LLC	
Lic Expire	8/6/2023					4848 LEMMON AVENUE STE 360	
Medicare 1:	747995 HHA					DALLAS, TX 75219	
Medicare 2:						PHONE:	FAX:
Phone	214 2578585	Fax	214 3039986			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANDREW MEYER				
County	DALLAS	Region	03	Date Licensed	06/21/2016	Owner Information	
License #	017470					ACCESS HOME HEALTH CARE INC	
Lic Expire	6/30/2022					3637 US HWY 80E	
Medicare 1:						MESQUITE, TX 75150	
Medicare 2:						PHONE:	FAX:
Phone	(972) 289-1000	Fax	(972) 289-1002			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DENNY TITUS				
County	DALLAS	Region	03	Date Licensed	07/10/2008	Owner Information	
License #	012381					ACCESS PRIMARY HOME CARE INC	
Lic Expire	7/31/2022					350 OAKS TRAIL SUITE 201	
Medicare 1:						GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 203-2300	Fax	(972) 203-2303			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DARLENE TITUS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	06/14/2002	Owner Information	
License #	008037					ACCREDITO HEALTH GROUP INC	
Lic Expire	6/30/2022					ONE EXPRESS WAY	
Medicare 1:						ST LOUIS, MO 63121	
Medicare 2:						PHONE:	FAX:
Phone	(877) 315-6140	Fax	(866) 435-8451			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ROBERT CLEVELAND				
County	DALLAS	Region	03	Date Licensed	08/19/2014	Owner Information	
License #	016547					ACCURATECARE HEALTH SERVICES INC	
Lic Expire	8/31/2022					7017 STETTER DR	
Medicare 1:	677816 HHA-18					ARLINGTON, TX 76001	
Medicare 2:						PHONE: (817) 468-9062	FAX: (817) 468-9062
Phone	(214) 377-9183	Fax	(214) 377-7521			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSY THOMAS				
County	DALLAS	Region	03	Date Licensed	04/05/2013	Owner Information	
License #	015468					ACHIEVE HOME HEALTH CARE SERVICES LLC	
Lic Expire	4/30/2023					4516 MILL CREEK ROAD	
Medicare 1:						DALLAS, TX 75244	
Medicare 2:						PHONE:	FAX:
Phone	(214) 444-6820	Fax	(972) 591-2147			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LYNETTE BENNETT				
County	DALLAS	Region	03	Date Licensed	10/30/2014	Owner Information	
License #	016701					ACME HEALTHCARE, INC	
Lic Expire	10/31/2022					350 OAKS TRAIL SUITE 202	
Medicare 1:						GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 240-4099	Fax	(214) 602-3949			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOHNSON OOMMEN				
County	DALLAS	Region	03	Date Licensed	07/23/2018	Owner Information	
License #	018843					ACROSS HEALTH HOMECARE	
Lic Expire	7/31/2022					640 E MAIN STREET	
Medicare 1:						LANCASTER, TX 75146	
Medicare 2:						PHONE:	FAX:
Phone	(972) 544-1112	Fax	(972) 474-6902			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSICA REVA				
County	DALLAS	Region	03	Date Licensed	11/06/2019	Owner Information	
License #	019683					PARAMOUNT HEALTH GROUP	
Lic Expire	11/6/2021						
Medicare 1:						PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	(601) 541-2729	Fax					
Type:	Parent Agency	Administrator	JAQUARIOUS WILLIAMS				
County	DALLAS	Region	03	Date Licensed	06/13/2020	Owner Information	
License #	020296					DYNAMIX ADULT DAY CARE SERVICES, LLC	
Lic Expire	6/13/2022						
Medicare 1:	679768					PHONE:	FAX:
Medicare 2:						Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Phone	(214) 371-8888	Fax	(972) 722-8449				
Type:	Parent Agency	Administrator	RONALD BARONA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/05/1997
License # 005253 ADA LIGHT HOME HEALTH LLC
Lic Expire 6/30/2020 3200 BROADWAY BLVD STE 274
Medicare 1: 459317 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 926-4558 Fax (972) 926-4919

Owner Information

ADA LIGHT HOME HEALTH LLC
3200 BROADWAY BLVD STE 274
GARLAND, TX 75043

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHRIS NWANERI

County **DALLAS** Region 03 Date Licensed 05/27/2016
License # 017427 ADELE HEALTH CARE
Lic Expire 5/31/2022 1410 HORTON DRIVE
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-8155 Fax (972) 293-8157

Owner Information

ESTARR GROUP LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator DIAMOND VAUGHN

County **DALLAS** Region 03 Date Licensed 08/18/2011
License # 014297 ADF HOMECARE SERVICES LLC
Lic Expire 8/31/2021 1015 E DALLAS STE B
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (817) 539-9485 Fax (682) 292-9330

Owner Information

ADF HOMECARE SERVICES LLC
2306 OAKLANE SUIT 10
GRAND PRAIRIE, TEXAS 75052

PHONE: (817) 539-9485 FAX: (682) 292-9330

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHIKETA KELLY

County **DALLAS** Region 03 Date Licensed 03/26/2008
License # 011942 ADONAI OF LEGACY HOMEHEALTH CARE
Lic Expire 3/31/2023 11615 FOREST CENTRAL DRIVE STE. 112
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 491-2077 Fax (972) 801-2078

Owner Information

ADONAI MEDHEALTH SERVICES INC
4500 LEGACY DRIVE SUITE #400
DALLAS, TX 75024

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator MARIBEL TURNEY

County **DALLAS** Region 03 Date Licensed 08/06/2020
License # 020097 ADONIA PROVIDER HOME CARE LLC
Lic Expire 8/6/2022 11615 FOREST CENTRAL DRIVE STE. 112
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (469) 313-3098 Fax (972) 335-0895

Owner Information

ADONIA PROVIDER HOME CARE LLC
11615 FOREST CENTRAL SUITE 203
DALLAS, TEXAS 75243

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator THOMAS JEFFERSON

County **DALLAS** Region 03 Date Licensed 04/11/2013
License # 015471 ADORATION HOMECARE INC
Lic Expire 4/30/2023 8611 STRATHMORE DRIVE
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 951-5488 Fax (214) 351-5559

Owner Information

ADORATION HOMECARE, INC
P O BOX 542222
DALLAS, TX 75354

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator CLIVE ANYANNA

County **DALLAS** Region 03 Date Licensed 01/01/2014
License # 016052 ADVANCE HEALTH CARE
Lic Expire 12/31/2021 125 W WHEATLAND ROAD
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5525 Fax (972) 780-5653

Owner Information

ADVANCE ALLIANCE INC
125 W WHEATLAND RD
DUNCANVILLE, TX 75116

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator FELICIA VAUGHN

County **DALLAS** Region 03 Date Licensed 03/02/2001
License # 007562 ADVANCE HOSPICE CARE OF AMERICA INC
Lic Expire 3/31/2023 1177 ROCKINGHAM DRIVE SUITE 200
Medicare 1: 451752 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (972) 248-8829 Fax (972) 818-9489
Type: Parent Agency Administrator WING CHUN

Owner Information
ADVANCE HOSPICE CARE OF AMERICA INC
1177 ROCKINGHAM DRIVE #200
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/28/2019
License # 019562 ADVANCED CARE & HOME SUPPORT INC
Lic Expire 12/31/2021 2880 CLAREMONT DRIVE
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 292-7255 Fax (972) 292-7251
Type: Parent Agency Administrator MBECHA TONGWA

Owner Information
ADVANCED CARE & HOME SUPPORT INC
2880 CLAREMONT DRIVE
GRAND PRAIRIE, TX 75052
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/07/2017
License # 018805 ADVANCED HOME HEALTH SERVICES
Lic Expire 11/30/2024 1212 CORPORATE DRIVE, SUITE 125
Medicare 1: 679671 HHA-18 IRVING, TEXAS 75038
Medicare 2:
Phone (972) 445-9117 Fax (469) 524-8613
Type: Parent Agency Administrator ELIZABETH ADESEYE

Owner Information
ADVANCED HH, LLC
113 N. MAIN
HALLETTSVILLE, TX 75038
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/08/2008
License # 012089 ADVANT HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 11615 FOREST CENTRAL DRIVE SUITE 205
Medicare 1: 747284 DALLAS, TX 75243
Medicare 2:
Phone (214) 553-9712 Fax (214) 553-9713
Type: Parent Agency Administrator HELEN UMOCHE

Owner Information
ADVANT HOME HEALTH SERVICES INC
11615 FOREST CENTRAL DRIVE SUITE 205
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/27/2009
License # 012416 ADVENT HOME CARE
Lic Expire 1/31/2024 3635 BROADWAY BLVD STE. C
Medicare 1: 747412 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 642-2400 Fax (972) 642-2402
Type: Parent Agency Administrator FAITH ONYILIMBA

Owner Information
ADVENT HOME CARE INCORPORATED
2306 OAK LANE STE 206
GRAND PRAIRIE, TX 75051
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/09/2011
License # 014275 ADVENT ONE HOME CARE AGENCY INC
Lic Expire 8/31/2021 10925 ESTATE LANE SUITE 216
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 503-6854 Fax (214) 503-6853
Type: Parent Agency Administrator STEPHEN NYAGABONA

Owner Information
ADVENT ONE HOME CARE AGENCY INC
10925 ESTATE LANE SUITE 216
DALLAS, TX 75238
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/26/2018
License # 018724 AETNA HOME CARE & MANAGEMENT INC
Lic Expire 4/30/2022 8500 NORTH STEMMONS FRWY SUITE 1095
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (469) 278-1154 Fax (972) 692-5795
Type: Parent Agency Administrator JOAN ARREY

Owner Information
AETNA HOME CARE & MANAGEMENT INC
4527 BRITTANY LANE
GRAND PRAIRIE, TX 75052
PHONE: (469) 278-1154 FAX: (972) 692-5795
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/2017
License # 018486 AFFLUENS HOME HEALTH LLC
Lic Expire 8/31/2024 2655 VILLA CREEK DR STE 110
Medicare 1: 747839 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 904-8364 Fax (469) 904-8378
Type: Parent Agency Administrator MYRNA BERRY

Owner Information

AFFLUENS HOME HEALTH LLC
2655 VILLA CREEK DR SUITE 110
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 07/31/1999
License # 007146 AFFORDABLE ELDER CARE INC
Lic Expire 7/31/2024 12115 SELF PLAZA DRIVE
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 216-3500 Fax (972) 216-3511
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information

AFFORDABLE ELDER CARE INC
12115 SELF PLAZA DRIVE
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/04/2005
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 7/31/2022 12115 SELF PLAZA DR
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2500
Type: Branch Agency Administrator THOMAS VARUGHESE

Owner Information

VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/17/2003
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 7/31/2022 12115 SELF PLAZA DR
Medicare 1: 679481 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2503
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information

VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/09/2005
License # 008557 AFFORDABLE HOME HEALTH
Lic Expire 2/12/2022 12115 SELF PLAZA DR
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (972) 285-2500 Fax (972) 285-2503
Type: Branch Agency Administrator THOMAS VARUGHESE

Owner Information

VICTORY INSTITUTE INC
12115 SELF PLAZA DR.
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 10/01/1995
License # 004681 AGAPE HOME HEALTHCARE
Lic Expire 9/30/2021 18770 LYNDON B JOHNSON FREEWAY SUITE 100
Medicare 1: 458154 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 681-2247 Fax (972) 681-8425
Type: Parent Agency Administrator SHINEY DANIEL

Owner Information

AGAPE GROUP INC
PO BOX 870180
MESQUITE, TX 75187
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/30/2010
License # 013593 AGAPE HOSPICE CARE
Lic Expire 9/30/2022 3030 TOWNE CENTRE DRIVE SUITE 200
Medicare 1: 671683 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (972) 279-1000 Fax (972) 279-1014
Type: Parent Agency Administrator SHAJI DANIEL

Owner Information

AGAPE GROUP INC
PO BOX 870180
MESQUITE, TX 75187
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/23/2002
License # 008015 AHEALTHSTAR MEDICAL SERVICES INC
Lic Expire 7/31/2022 1417 NORTH COCKRELL HILL ROAD SUITE 106
Medicare 1: 679202 HHA-18 DALLAS, TEXAS 75211
Medicare 2:
Phone (469) 778-0124 Fax (469) 778-0118
Type: Parent Agency Administrator EBERECHI AGBARA

Owner Information

HEALTHSTAR MEDICAL SERVICES INC
4402 BROADWAY BLVD SUITE 6F
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/20/2008
License # 012192 AJ HOME HEALTH SERVICES INC
Lic Expire 8/31/2023 123 EXECUTIVE WAY SUITE 209
Medicare 1: 747213 DESOTO, TX 75115
Medicare 2:
Phone (214) 217-0131 Fax (214) 217-0132
Type: Parent Agency Administrator JUDE UGBOMOH

Owner Information

AJ HOME HEALTH SERVICES INC
123 EXECUTIVE WAY #209
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/16/2017
License # 017934 AJ HOMECARE CONNECTION INC
Lic Expire 1/31/2023 1925 E. BELT LINE ROAD SUITE 253
Medicare 1: 747797 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 412-5683 Fax (469) 574-7954
Type: Parent Agency Administrator SUJA JOHN

Owner Information

AJ HOMECARE CONNECTION INC
1925 E BELT LINE RD
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/21/2020
License # 019789 AL2GETHER HOME CARE SERVICES
Lic Expire 1/21/2022 1019 GROVER CT
Medicare 1: CEDAR HILL, TEXAS 75104
Medicare 2:
Phone (945) 444-0564 Fax (214) 292-1167
Type: Parent Agency Administrator ANGELA MORRIS

Owner Information

ANGELA MORRIS
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/15/2008
License # 012090 ALCOMED HOMEHEALTH SERVICES INC
Lic Expire 2/28/2023 11615 FOREST CENTRAL DRIVE SUITE 322
Medicare 1: 457990 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 442-5443 Fax (214) 570-8335
Type: Parent Agency Administrator LAWRENCE ARUM

Owner Information

ALCOMED HOMEHEALTH SERVICES INC
9330 AMBERTON PKWY STE 2220
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/19/2004
License # 009209 ALFRED HEALTHCARE SERVICES INC
Lic Expire 7/31/2022 115 EXECUTIVE WAY, SUITE 208
Medicare 1: 457849 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (817) 548-8500 Fax (817) 548-8505
Type: Parent Agency Administrator ALFRED AKINOLA

Owner Information

ALFRED HEALTHCARE SERVICES INC
1601 E LAMAR BLVD STE 117
ARLINGTON, TX 76011
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2012
License # 016190 ALINE HOME HEALTH CARE OF TEXAS INC
Lic Expire 7/31/2022 1140 EMPIRE CENTRAL DRIVE STE 625
Medicare 1: 459472 DALLAS, TX 75247
Medicare 2:
Phone (214) 267-1707 Fax (214) 267-1720
Type: Parent Agency Administrator SIMON ODUEZE

Owner Information

ALINE HOME HEALTH CARE OF TEXAS INC
1140 EMPIRE CENTRAL DRIVE STE 625
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 11/01/2010
License # 013791 ALIVE HOME HEALTH CARE INC
Lic Expire 10/31/2022 350 OAKS TRL STE 140
Medicare 1: 747048 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 230-2332 Fax (972) 274-6756

Type: Parent Agency Administrator JOHNSON OOMMEN

Owner Information

ALIVE HOME HEALTHCARE INC
350 OAKS TRL STE 140
GARLAND, TX 75043
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/06/2021
License # 021256 ALL ABOUT LIVING HOSPICE LLC
Lic Expire 12/6/2024 1333 INDIAN CREEK DRIVE
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (214) 912-0807 Fax (972) 637-3476

Type: Parent Agency Administrator TRACY KING

Owner Information

ALL ABOUT LIVING HOSPICE LLC
614 TREES CT
CEDAR HILL, TEXAS 75104
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/15/2006
License # 010939 ALL BY GRACE HOME HEALTH CARE INC
Lic Expire 12/31/2021 8035 EAST R.L. THORNTON FREEWAY, SUITE 130
Medicare 1: 747377 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 550-0215 Fax (214) 550-0885

Type: Parent Agency Administrator JENNIFER SAMUELS

Owner Information

ALL BY GRACE HOME HEALTH CARE INC
1910 PACIFIC AVENUE, SUITE 10300
DALLAS, TX 75201
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2010
License # 013454 ALL STAR HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 2410 LUNA ROAD STE 206
Medicare 1: 747571 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 740-3417 Fax (972) 200-0542

Type: Parent Agency Administrator LANCY KURUVILA

Owner Information

ALL STAR HOME HEALTH SERVICES INC
2410 LUNA ROAD STE 206 CARROLLTON TX 75006
CARROLLTON, TX 75006
PHONE: (972) 791-8920 FAX: (972) 791-8920
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/12/2018
License # 018610 ALL WEATHER FRIENDS FOR SENIORS
Lic Expire 2/29/2020 2351 W NORTHWEST HWY SUITE 3237
Medicare 1: DALLAS, TX 75220
Medicare 2:
Phone (469) 345-9551 Fax (469) 519-0620

Type: Parent Agency Administrator MOLIN KADIRIRE

Owner Information

MOLIN KADIRIRE
901 LAKESIDE CIRCLE, APT 901
LEWISVILLE, TX 75057
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/06/2003
License # 008631 ALLIANCE APLUS HOME HEALTH CARE INC
Lic Expire 3/31/2020 7125 MARVIN D LOVE FREEWAY SUITE 320
Medicare 1: 453183 HHA-18 DALLAS, TX 75237
Medicare 2:
Phone (214) 596-9357 Fax (214) 596-0463

Type: Parent Agency Administrator DARCY WILLIAMS DONELSON

Owner Information

ALLIANCE APLUS HOME HEALTH CARE INC
7125 MARVIN D LOVE, FREEWAY SUITE 320
DALLAS, TX 75237
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/20/2013
License # 015611 ALLIED HOME HEALTH CARE SERVICES INC
Lic Expire 3/31/2023 1925 E BELTLINE RD, STE 284
Medicare 1: 679273 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 620-2006 Fax (972) 476-1093

Type: Parent Agency Administrator SUNO THOMAS

Owner Information

DLS REHAB SERVICES, INC
400 CHISHOLM PLACE, SUITE 220
PLANO, TX 75075-6925
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	DALLAS	Region	03	Date Licensed	04/08/2020	Owner Information	
License #	019870					ALLOW US HOME CARE AGENCY LLC	
Lic Expire	4/8/2022					953 ABIGALE LANE	
Medicare 1:						DALLAS, TX 75253	
Medicare 2:							PHONE: FAX:
Phone	(601) 493-6412	Fax					Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SHEREDA WOODS				
County	DALLAS	Region	03	Date Licensed	12/08/2020	Owner Information	
License #	020385					ALLSTATE HEALTHCARE SERVICES LLC	
Lic Expire	12/8/2022					10007 WHITE LN	
Medicare 1:						IRVING, TEXAS 75063	
Medicare 2:							PHONE: FAX:
Phone	(214) 605-7407	Fax	(214) 224-0506				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MABEL MINGATE				
County	DALLAS	Region	03	Date Licensed		Owner Information	
License #	021336					ALLY AT HOME INC	
Lic Expire	1/14/2025						
Medicare 1:						3200 W. PLEASANT RUN RD. SUITE 404	
Medicare 2:						LANCASTER, TEXAS 75146	
Phone	(214) 478-9246	Fax					PHONE: FAX:
Type:	Parent Agency	Administrator	RITA JASSO				Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/12/2014	Owner Information	
License #	016378					COVENANT PLUS HEALTH CARE INC	
Lic Expire	6/30/2022					5430 GLEN LAKES DRIVE STE 260	
Medicare 1:	747538 HHA-18					DALLAS, TX 75231	
Medicare 2:							PHONE: FAX:
Phone	(241) 363-2559	Fax	(866) 540-1396				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	RITA JASSO				
County	DALLAS	Region	03	Date Licensed	05/06/2009	Owner Information	
License #	012582					ALPHA HOME HEALTH SERVICES	
Lic Expire	5/31/2023					P.O. BOX 495998	
Medicare 1:	747618 HHA-18					GARLAND, TX 75049	
Medicare 2:							PHONE: FAX:
Phone	(972) 278-9588	Fax	(972) 278-9203				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JUJI JOHN				
County	DALLAS	Region	03	Date Licensed	12/31/2020	Owner Information	
License #	020426					ALPHA HOSPICE PLUS INC	
Lic Expire	12/31/2022						
Medicare 1:						284 GRINDSTONE ST	
Medicare 2:						SUNNYVALE, TEXAS 75182	
Phone	(469) 925-8199	Fax	(469) 200-5892				PHONE: FAX:
Type:	Parent Agency	Administrator	BOBEN THOMAS				Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/16/2006	Owner Information	
License #	010462					ALPHA MK HEALTHCARE INC	
Lic Expire	5/31/2023					509 CREEK COURT	
Medicare 1:	679676 HHA-18					LEWISVILLE, TX 75067	
Medicare 2:							PHONE: FAX:
Phone	(214) 351-5558	Fax	(214) 351-5559				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PATIENCE ANYANNA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	05/28/2015	Owner Information
License #	016998					PRECIOUS HEALTH CORP
Lic Expire	5/31/2023					SAME
Medicare 1:	679425 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 349-5973	Fax	(866) 776-8470			FAX:
Type:	Parent Agency	Administrator	ROBERT BARKER			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/09/2009	Owner Information
License #	012982					ALTRUIST HOME HEALTH CARE, INC
Lic Expire	11/30/2021					PO BOX 570869
Medicare 1:	747470 HHA-18					DALLAS, TEXAS 75357
Medicare 2:						PHONE:
Phone	(214) 328-8600	Fax	(214) 328-8601			FAX:
Type:	Parent Agency	Administrator	LALANII JONES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/27/2017	Owner Information
License #	018531					ALTRUIST HOSPICE INC
Lic Expire	12/15/2022					PO BOX 570869
Medicare 1:	74-1778					DALLAS, TEXAS 75227
Medicare 2:						PHONE:
Phone	(972) 685-2400	Fax	(972) 692-8888			FAX:
Type:	Parent Agency	Administrator	LALANII JONES			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	12/17/2008	Owner Information
License #	012356					PROVIDENCE SENIOR SERVICES LLC
Lic Expire	12/31/2022					13101 PRESTON RD STE 515
Medicare 1:						DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(972) 739-8886	Fax	(972) 767-4209			FAX:
Type:	Parent Agency	Administrator	MARCUS GARDNER			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/21/2019	Owner Information
License #	019655					ALWAYS FOCUSED HOMECARE LLC
Lic Expire	10/21/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 978-2955	Fax				FAX:
Type:	Parent Agency	Administrator	SEDI ALIAN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/24/2017	Owner Information
License #	018073					ALWAYS PATIENT'S CHOICE HOME HEALTH LLC
Lic Expire	5/31/2023					1501 DORIS DR
Medicare 1:						MESQUITE, TX 75149
Medicare 2:						PHONE:
Phone	(214) 971-1925	Fax	(214) 594-8862			FAX:
Type:	Parent Agency	Administrator	TERRY TIJANI			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/08/2021	Owner Information
License #	021191					ALWAYS THERE CAREGIVERS LLC
Lic Expire	11/8/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 493-1015	Fax				FAX:
Type:	Parent Agency	Administrator	NOAH NURU			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/10/2018	Owner Information
License #	018693					EVG VENTURES, LLC
Lic Expire	4/30/2022					311 BOWIE ST APT. 2713
Medicare 1:						AUSTIN, TX 78703
Medicare 2:						PHONE:
Phone	(214) 550-5040	Fax	(214) 310-1507			FAX:
Type:	Parent Agency	Administrator	STACEY ROBINSON			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/10/2013	Owner Information
License #	015807					AMARIS HEALTH CARE, INC
Lic Expire	10/31/2023					13140 COIT RD SUITE 220
Medicare 1:						DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(972) 925-0766	Fax	(972) 925-0761			FAX:
Type:	Parent Agency	Administrator	LILIANE DJILO OMGBA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/20/2014	Owner Information
License #	016315					AMATUS HEALTH CARE LLC
Lic Expire	2/28/2024					2010 VALLEY VIEW LN STE 200
Medicare 1:	747682 HHA-18					FARMERS BRANCH, TX 75234
Medicare 2:						PHONE:
Phone	(972) 249-4999	Fax	(972) 468-6991			FAX:
Type:	Parent Agency	Administrator	SAJI RAJU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/29/2017	Owner Information
License #	018351					AMATUS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire	9/30/2023					2010 VALLEY VIEW LANE STE 210
Medicare 1:	74-1737					FARMERS BRANCH, TX 75234
Medicare 2:						PHONE:
Phone	(972) 249-4999	Fax	(972) 468-6991			FAX:
Type:	Parent Agency	Administrator	SAJI RAJU			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/25/2021	Owner Information
License #	021007					AMAZING FAITH HOME HEALTH LLC
Lic Expire	8/25/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(847) 651-0946	Fax	NONE			FAX:
Type:	Parent Agency	Administrator	FAITH NGANGA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/04/2016	Owner Information
License #	017550					CARELIFE HEALTH SERVICES INC
Lic Expire	1/31/2025					1908 ROYAL LANE SUITE 750
Medicare 1:	679651 HHA-18					DALLAS, TEXAS 75229
Medicare 2:						PHONE:
Phone	(972) 638-8053	Fax	(972) 755-4906			FAX:
Type:	Parent Agency	Administrator	LINH ATKINS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/24/2018	Owner Information
License #	018845					AMAZING HOME CARE LLC
Lic Expire	7/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 229-7142	Fax	(469) 443-0093			FAX:
Type:	Parent Agency	Administrator	CATHERINE NCUBE			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/08/2017
License # 017846
Lic Expire 1/31/2024
Medicare 1: 747770 HHA-18
Medicare 2:
Phone (214) 987-2100
Type: Parent Agency

AMCARE PRO HOME HEALTH
1222 E. ARAPAHO RD #305
RICHARDSON, TX 75081
Fax (214) 987-2104
Administrator MUFADDAL BOOTWALA

Owner Information

IZEN HEALTHCARE SERVICES, INC
1202 E ARAPAHO RD. STE #147
RICHARDSON, TX 75081

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2020
License # 020130
Lic Expire 8/31/2022
Medicare 1: 748001
Medicare 2:
Phone 469 3891028
Type: Parent Agency

AMEDICUS HOME HEALTH INC
9550 FOREST LANE, STE 125
DALLAS, TX 75243
Fax 469 6060835
Administrator CATHERINE MCCOY

Owner Information

AMEDICUS HOME HEALTH INC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/15/2018
License # 018888
Lic Expire 8/31/2022
Medicare 1: 741799
Medicare 2:
Phone (469) 389-1028
Type: Parent Agency

AMEDICUS HOSPICE INC
9550 FOREST LANE STE. 125
DALLAS, TX 75243
Fax (469) 606-0835
Administrator LAKEITHA HESTER

Owner Information

AMEDICUS HOSPICE INC
2712 CHARTER OAK DR.
PLANO, TX 75074

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/02/2010
License # 013503
Lic Expire 8/31/2022
Medicare 1: 671674 HOSPICE
Medicare 2:
Phone (972) 547-3600
Type: Parent Agency

AMEDISYS HOSPICE
13612 MIDWAY RD STE 294
DALLAS, TX 752443407
Fax (972) 547-3890
Administrator C'ANN GORDON

Owner Information

COMPASSIONATE CARE HOSPICE OF NORTH TEXAS, LLC
13612 MIDWAY ROAD SUITE 294
DALLAS, TX 75244-3407

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/22/2015
License # 017046
Lic Expire 9/30/2024
Medicare 1: 741651 HOSPICE
Medicare 2:
Phone (877) 786-0099
Type: Parent Agency

AMERI HOSPICE
50 BUSINESS PARKWAY STE F-2
RICHARDSON, TX 75081
Fax (877) 512-6442
Administrator MANSOOR KAZI

Owner Information

AMERIHEALTH GROUP INC
50 BUSINESS PARKWAY, SUITE F-2
RICHARDSON, TEXAS

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 10/31/2018
License # 019039
Lic Expire 10/31/2022
Medicare 1:
Medicare 2:
Phone (318) 209-0204
Type: Parent Agency

AMERICA HEALTH CARE CAPITAL LLC
610 UPTOWN BLVD. STE. 267
CEDAR HILL, TX 75104
Fax 18008660799
Administrator JOSHLAN RAYMO

Owner Information

AMERICA HEALTH CARE CAPITAL LLC
610 UPTOWN BLVDE
CEDAR HILL, TX 75104

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2010
License # 013320
Lic Expire 5/31/2022
Medicare 1: 671678 HOSPICE
Medicare 2:
Phone 972 661 9911
Type: Parent Agency

AMERICAN BEST CARE HOSPICE INC
12655 N CENTRAL EXPY, SUITE # 350
DALLAS, TEXAS 75243
Fax 972 661 9913
Administrator GARY WAYNE GONZALES

Owner Information

AMERICAN BEST CARE HOSPICE INC
301 W SAM RAYBURN DRIVE
BONHAM, TX 75418-4237

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 04 Date Licensed 10/01/2001
License # 007525 AMERICAN HOME CARE
Lic Expire 1/31/2022 2944 MOTLEY DRIVE SUITE 410
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 686-6447 Fax (972) 686-6485
Type: Branch Agency Administrator CHORLECIA PRITCHETT

Owner Information

TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/01/2004
License # 009063 AMERICAN PILGRIMS HEALTH SERVICES LTD CO
Lic Expire 2/28/2022 2500 TEXAS DRIVE SUITE 101
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 255-2600 Fax (972) 255-2700
Type: Parent Agency Administrator ISIOMA EHIOLU

Owner Information

AMERICAN PILGRIMS HEALTH SERVICES LTD CO
2500 TEXAS DR. STE. 101
IRVING, TX 75062
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/09/2014
License # 015964 AMERICAN STAR HOME HEALTH CARE DFW INC
Lic Expire 1/31/2022 2050 N COLLINS BLVD SUITE 102
Medicare 1: 747968 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 685-3185 Fax (972) 685-3187
Type: Parent Agency Administrator ASIF QAMAR

Owner Information

AMERICAN STAR HOME HEALTH CARE DFW INC
2050 N COLLINS BLVD SUITE 104
RICHARDSON, TX 75080-9998
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/1996
License # 004828 AMERICANSENIOR
Lic Expire 8/31/2021 1177 ROCKINGHAM DRIVE SUITE 200
Medicare 1: 459021 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 818-9488 Fax (972) 818-9489
Type: Parent Agency Administrator WING CHUN

Owner Information

WINGHUNG CHUN INC
1177 ROCKINGHAM DRIVE SUITE 200
RICHARDSON, TX 75093
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/19/2019
License # 019760 AMERICARE HOME HEALTH SYSTEM INC
Lic Expire 8/19/2023 12989 JUPITER ROAD STE 103
Medicare 1: 747722 (HHA) DALLAS, TX 75238
Medicare 2:
Phone (214) 221-8603 Fax (214) 221-8609
Type: Parent Agency Administrator PATIENCE AKPANDEM

Owner Information

AMERICARE HOME HEALTH SYSTEM INC
12989 JUPITER ROAD STE 103
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/29/2021
License # 020654 AMERICARE NORTH DALLAS LLC
Lic Expire 3/29/2024 4925 GREENVILLE AVE SUITE 200
Medicare 1: DALLAS, TEXAS 75206
Medicare 2:
Phone 972 7689671 Fax
Type: Parent Agency Administrator STEPHEN WARNER

Owner Information

AMERICARE NORTH DALLAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/20/2014
License # 016384 AMERIPRIME HOSPICE LLC
Lic Expire 2929 N CENTAL EXPRESSWAY SUITE 200-A
Medicare 1: 741551 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (800) 899-9790 Fax (877) 512-6442
Type: Parent Agency Administrator MANSOOR KAZI

Owner Information

AMERIPRIME HOSPICE LLC
50 BUSINESS PARKWAY SUITE B
RICHARDSON, TX 75081-5047
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	DALLAS	Region	03	Date Licensed	09/02/2020	Owner Information
License #	020024					AMERITOUCH HOME HEALTH SERVICES INC
Lic Expire	6/30/2022					1705 N GREENVILLE AVE APT 231
Medicare 1:						RICHARDSON, TX 75081
Medicare 2:						PHONE:
Phone	(469) 324-8225	Fax	(469) 206-0908			FAX:
Type:	Parent Agency	Administrator	GRACE EGANZA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/19/2015	Owner Information
License #	016757					HERALD HOME HEALTH CARE LLC
Lic Expire	2/28/2023					17311 N DALLAS PKWY
Medicare 1:	747539 HHA-18					DALLAS, TX 75248
Medicare 2:						PHONE:
Phone	(972) 931-5400	Fax	(972) 931-5403			FAX:
Type:	Parent Agency	Administrator	SAIRA HASAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	09/16/2011	Owner Information
License #	014355					NSN GROUP, LLC
Lic Expire	9/30/2024					17311 N DALLAS PARKWAY SUITE # 125
Medicare 1:	671707 HOSPICE					DALLAS, TX 75248-1131
Medicare 2:						PHONE:
Phone	(972) 931-5400	Fax	(972) 931-5403			FAX:
Type:	Parent Agency	Administrator	CANDACE ROBSON			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/14/2020	Owner Information
License #	019936					AMTRUST HOME HEALTH LLC
Lic Expire	5/14/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 662-0982	Fax	(214) 594-8862			FAX:
Type:	Parent Agency	Administrator	EVELIN HERNANDEZ			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	03/24/2021	Owner Information
License #	020637					ANDI'S ANGELS HOME CARE, LLC
Lic Expire	3/24/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(650) 630-1668	Fax				FAX:
Type:	Parent Agency	Administrator	ANDREA TAUBMAN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/17/1997	Owner Information
License #	005225					ANGEL CARE HOME HEALTH SERVICES, INC
Lic Expire	1/31/2024					1839 S CARRIER PKWY
Medicare 1:	459412 HHA-18					GRAND PRAIRIE, TEXAS
Medicare 2:						PHONE:
Phone	(972) 262-6435	Fax	(972) 237-1495			FAX:
Type:	Parent Agency	Administrator	ANNAMMA MALIYIL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/01/2012	Owner Information
License #	014778					ANGEL CARE PLUS HOSPICE LLC
Lic Expire	3/31/2022					1701 N GREENVILLE AVENUE SUITE # 1109
Medicare 1:	671675 HOSPICE					RICHARDSON, TX 75081-1850
Medicare 2:						PHONE:
Phone	(972) 301-5600	Fax	(972) 301-5606			FAX:
Type:	Parent Agency	Administrator	SUMA JACOB			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/18/2020	Owner Information
License #	020110		ANGEL CARE TEAM LLC			ANGEL CARE TEAM LLC
Lic Expire	8/18/2022		1821 SANTA ANNA DRIVE			1821 SANTA ANNA DRIVE
Medicare 1:			GARLAND, TEXAS 75042			GARLAND, TEXAS 75042
Medicare 2:						PHONE:
Phone	(469) 363-9953	Fax	(650) 489-3138			FAX:
Type:	Parent Agency	Administrator	DIANE MOSLEY			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/18/2017	Owner Information
License #	018411		ANGEL HANDS HOSPICE			STAR HEARTS INC, DBA ANGEL HANDS HOSPICE
Lic Expire	7/31/2021		8330 LBJ FREEWAY, SUITE 375D			8330 LBJ FREEWAY, SUITE 280
Medicare 1:	671597 HOSPICE		DALLAS, TEXAS 75243			DALLAS, TEXAS 75243
Medicare 2:						PHONE:
Phone	(214) 267-1800	Fax	(214) 267-1802			FAX:
Type:	Parent Agency	Administrator	LAURIE STOKES BELL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	02/03/2016	Owner Information
License #	017256		ANGEL HANDS HOSPICEDENTON			CITY HOSPICE INC
Lic Expire	2/28/2022		3600 FM 2181, SUITE 300B			SAME
Medicare 1:	741689 HOSPICE		HICKORY CREEK, TX 750657636			SUNNYVALE, TX 75182-4032
Medicare 2:						PHONE:
Phone	(972) 848-3572	Fax	(972) 848-3573			FAX:
Type:	Parent Agency	Administrator	LAURIE STOKES-BELL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/28/2008	Owner Information
License #	012212		ANGEL HOME HEALTHCARE SERVICES			GIDEON HEALTHCARE GROUP INC
Lic Expire	8/31/2023		208 W KEARNEY ST SUITE 101			208 W KEARNEY ST SUITE 101
Medicare 1:	747214 HHA-18		MESQUITE, TX 75149			MESQUITE, TX 75149-3476
Medicare 2:						PHONE:
Phone	(972) 346-6502	Fax	(972) 303-5723			FAX:
Type:	Parent Agency	Administrator	TOBIN DANIEL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/19/2012	Owner Information
License #	015074		ANGEL HOSPICE CORP			ANGEL HOSPICE CORP
Lic Expire	9/30/2022		208 W KEARNEY STREET SUITE 103			208 W KEARNEY ST 103
Medicare 1:	671794 HOSPICE		MESQUITE, TX 75149			MESQUITE, TX 75149
Medicare 2:						PHONE:
Phone	(214) 432-2636	Fax	(214) 432-6570			FAX:
Type:	Parent Agency	Administrator	TOBIN DANIEL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/26/2017	Owner Information
License #	018079		ANGEL VALLEY HOSPICE LLC			ANGEL VALLEY HOSPICE LLC
Lic Expire	5/31/2023		2665 VILLA CREEK DR . SUITE 129 A			346 OAKS TRAIL SUITE 203
Medicare 1:	741796		DALLAS, TX 75234			GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(469) 249-8440	Fax	(469) 249-8444			FAX:
Type:	Parent Agency	Administrator	NEASA BARNES			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	04/01/2019	Owner Information
License #	019425		ANGELS FROM HEAVEN LLC			ANGELS FROM HEAVEN LLC
Lic Expire	6/17/2024		2137 DIANE DR			
Medicare 1:			MESQUITE, TEXAS 75149			
Medicare 2:						PHONE:
Phone	214 7852388	Fax	214 3779542			FAX:
Type:	Parent Agency	Administrator	MORYA JACKSON			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/20/2001
License # 008103 ANGELS HOME HEALTH AGENCY
Lic Expire 7/31/2021 415 WEAVER ST
Medicare 1: 679045 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 454-6826 Fax (877) 850-5030
Type: Parent Agency Administrator SHIRLEY ASONIBE

Owner Information

ANGELS HOME HEALTH AGENCY
P O BOX 622
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/29/2014
License # 016680 ANGELS OF CARE HOME HEALTH INCORPORATED
Lic Expire 12/31/2022 12200 FORD ROAD SUITE 350
Medicare 1: 747640 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (214) 484-1362 Fax (214) 432-6161
Type: Parent Agency Administrator RENJI PHILOPOSE

Owner Information

ANGELS OF CARE HOME HEALTH INCORPORATED
12200 FORD ROAD SUITE # 350
DALLAS, TX 75243-8118
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 13601 PRESTON ROAD SUITE 210W
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 702-0300 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	01/19/2011	Owner Information	
License #	010691					AOC TX, LLC	
Lic Expire	8/31/2022					P O BOX 338	
Medicare 1:						HOWE, TX 75459	
Medicare 2:						PHONE:	FAX:
Phone	(972) 702-0300	Fax	(903) 532-1401			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	HEATHER RODGERS				
County	DALLAS	Region	03	Date Licensed	12/16/2003	Owner Information	
License #	008812					ANGELS OF HANDS HOME HEALTH AGENCY CORP	
Lic Expire	12/31/2020					PO BOX 181	
Medicare 1:						DESOTO, TEXAS 75123	
Medicare 2:						PHONE: (972) 572-1873	FAX: (972) 572-1890
Phone	(972) 572-1873	Fax	(972) 572-1890			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	EMILY BERRY BARNES				
County	DALLAS	Region	03	Date Licensed	10/25/2021	Owner Information	
License #	021152					ANGLES PROVIDING CARE	
Lic Expire	10/25/2024					1411 E CAMPBELL RD STE 400	
Medicare 1:						RICHARDSON, TX 75081	
Medicare 2:						PHONE:	FAX:
Phone	(469) 274-2828	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	VANESSA HARRINGTON				
County	DALLAS	Region	03	Date Licensed	04/09/2002	Owner Information	
License #	007896					ANI HOME HEALTH AGENCY LTD CO	
Lic Expire	4/30/2024					215A EXECUTIVE WAY #120	
Medicare 1:	679342 HHA-18					DESOTO, TX 75115	
Medicare 2:						PHONE:	FAX:
Phone	(972) 228-4100	Fax	(972) 283-6198			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ORITSEBEMIGHO EDEGBELE				
County	DALLAS	Region	03	Date Licensed	08/08/2013	Owner Information	
License #	015703					ANI PERSONAL ASSISTANCE SERVICES AGENCY LTD CO	
Lic Expire	12/30/2020					1145 RANCH VALLEY DR	
Medicare 1:						DESOTO, TX 75115	
Medicare 2:						PHONE:	FAX:
Phone	(972) 228-4100	Fax	(972) 283-6198			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ORITSEBEMIGHO EDEGBELE				
County	DALLAS	Region	03	Date Licensed	04/14/2021	Owner Information	
License #	020698					ANITALIAMS FIRSTCLASS CARE LLC	
Lic Expire	4/14/2023					1667 W CAMPBELL ROAD APT 5213	
Medicare 1:						GARLAND, TX 75044	
Medicare 2:						PHONE:	FAX:
Phone	(214) 785-8385	Fax	(469) 722-5465			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ANTIA WILLIAMS				
County	DALLAS	Region	03	Date Licensed	06/25/2021	Owner Information	
License #	020862					ANNA CARE, INC	
Lic Expire	6/25/2024					1870 CROWN DRIVE SUITE 1520	
Medicare 1:						FARMERS BRANCH, TEXAS 75234	
Medicare 2:						PHONE:	FAX:
Phone	(972) 506-0177	Fax	(972) 692-5390			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	SUNYOUNG LEE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 04/05/2016
License # 017476 APEX HOME CARE
Lic Expire 4/30/2022 2840 KELLER SPRINGS ROAD SUITE 901
Medicare 1: 747548 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 416-0078 Fax (972) 416-0079
Type: Parent Agency Administrator SANTHI KUMAR

Owner Information

BETHANYA HOME HEALTH INC
12300 FORD ROAD SUITE 322 B
DALLAS, TX 75234

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/20/2016
License # 017729 APEX HOMECARE INC
Lic Expire 6/30/2022 610 N O'CONNOR RD
Medicare 1: 743104 HHA-18 IRVING, TX 75061
Medicare 2:
Phone (972) 602-0896 Fax (972) 602-1084
Type: Parent Agency Administrator JERALD ABRAHAM

Owner Information

APEX HOMECARE INC
610 N O'CONNOR
IRVING, TX 75061

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/26/2006
License # 010766 APPLE CARE AND COMPANION
Lic Expire 9/30/2022 5119 QUAIL LAKE DRIVE
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (469) 619-5474 Fax (469) 619-5475
Type: Parent Agency Administrator LAURIE MILLER

Owner Information

AIP GROUP LLC
2201 MIDWAY RD SUITE 112
CARROLLTON, TX 75006

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/25/2018
License # 018762 APPLE RENAL CARE LLC
Lic Expire 5/31/2020 5784 JILLIAN WAY
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 449-7705 Fax
Type: Parent Agency Administrator JOSEPHAT KIROCHI

Owner Information

APPLE RENAL CARE, LLC
5784 JILLIAN WAY
GRAND PRAIRIE, TX 75052

PHONE: FAX:

Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 03/30/2009
License # 012528 AQUINAI HOME HEALTHCARE INC
Lic Expire 3/31/2021 8330 LBJ FREEWAY STE 475
Medicare 1: 747348 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 792-9761 Fax (214) 954-7384
Type: Parent Agency Administrator MICHAEL UDOESSIEN

Owner Information

AQUINAI HOME HEALTHCARE INC
8330 LBJ FREEWAY STE 475
DALLAS, TX 75243

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/24/2015
License # 016798 ARBOR TRINITY HOME HEALTH LLC
Lic Expire 2/28/2023 700 HIGHLANDER BLVD STE 410
Medicare 1: 747624 HHA-18 ARLINGTON, TX 760154329
Medicare 2:
Phone (214) 872-2733 Fax (214) 872-2703
Type: Parent Agency Administrator DARWIN NOLASCO

Owner Information

ARBOR TRINITY HOME HEALTH LLC
4324 N BELT LINE ROAD SUITE 205C
IRVING, TX 75038-3584

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/20/2021
License # 021284 ARDENT AT HOME
Lic Expire 9/20/2024 14785 PRESTON ROAD, SUITE 460
Medicare 1: 457667 DALLAS, TEXAS 75254
Medicare 2:
Phone (214) 424-6100 Fax (214) 424-6112
Type: Parent Agency Administrator KRYSTAL ALVARADO

Owner Information

MAXIMACARE, LLC
3740 N JOSEY LANE, SUITE#100A
CARROLLTON, TX 75007

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/29/2008
License # 012034 ARIEL AMANA HEALTHCARE INC
Lic Expire 5/31/2024 8111 LBJ FREEWAY, SUITE 1365
Medicare 1: 747318 DALLAS, TEXAS 75251
Medicare 2:
Phone (469) 200-4471 Fax (469) 200-4472
Type: Parent Agency Administrator OASOGIE OHOME

Owner Information

ARIEL AMANA HEALTHCARE INC
5000 EL DORADO PLWY STE 150
FRISCO, TX 75033
PHONE: (469) 200-4471 FAX: (4) 692-0072
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/24/2017
License # 018393 ARIEL HEALTHCARE SYSTEM INC
Lic Expire 9/30/2023 12225 GREENVILLE AVE STE 1060
Medicare 1: 747692 DALLAS, TX 75243
Medicare 2:
Phone (214) 221-8136 Fax (214) 221-6933
Type: Parent Agency Administrator OGECHI EYI

Owner Information

ARIEL HEALTHCARE SYSTEM INC
12225 GREENVILLE AVE, SUITE 1060
DALLAS, TEXAS 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2014
License # 014100 ARK HOME HEALTH CARE PEDIATRIC SERVICES
Lic Expire 5/31/2023 400 E ROYAL LANE BLDG 3, SUITE 290
Medicare 1: IRVING, TX 75039
Medicare 2:
Phone (817) 952-3093 Fax (817) 952-3095
Type: Branch Agency Administrator CATHY WILLIAMSON

Owner Information

HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC
1240 SOUTHRIDGE COURT
HURST, TEXAS 76053
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2014
License # 014100 ARK HOME HEALTH CARE PEDIATRIC SERVICES
Lic Expire 5/31/2023 400 E ROYAL LANE BLDG 3, SUITE 290
Medicare 1: IRVING, TX 75039
Medicare 2:
Phone (817) 952-3093 Fax (817) 952-3095
Type: Branch Agency Administrator CATHY WILLIAMSON

Owner Information

HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC
1240 SOUTHRIDGE COURT
HURST, TEXAS 76053
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/28/2004
License # 009163 ASCEND HOME CARE LLC
Lic Expire 6/30/2022 2611 NORTH BELTLINE ROAD SUITE 105
Medicare 1: 673192 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 226-5884 Fax (972) 203-8766
Type: Parent Agency Administrator MOLLY MATHEW

Owner Information

ASCEND HOME CARE LLC
2611 NORTH BELTLINE ROAD SUITE 105
SUNNYVALE, TX 75182
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 021348 ASSISTING HANDS FRISCO
Lic Expire 1/21/2025 6600 LBJ FREEWAY
Medicare 1: DALLAS, TEXAS 75240
Medicare 2:
Phone (214) 836-8028 Fax
Type: Parent Agency Administrator WOLFGANG WILLEMS

Owner Information

BETZ WILLEMS CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/02/2016
License # 017250 ASSISTING HANDS OF PRESTON HOLLOW
Lic Expire 2/28/2022 6600 LBJ FREEWAY SUITE 188
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 420-1212 Fax (214) 420-1215
Type: Parent Agency Administrator ROBERT MCCULLOUGH

Owner Information

NPLH INC
6600 LBJ FREEWAY SUITE 188
DALLAS, TEXAS 75240
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/15/2010
License # 013246 ASSURANCE HOME CARE SOLUTIONS LLC
Lic Expire 4/30/2022 1919 S SHILOH RD STE 430
Medicare 1: 747791 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 278-2021 Fax (972) 278-2022

Owner Information

ASSURANCE HOME CARE SOLUTIONS LLC
1919 SOUTH SHILOH ROAD, SUITE#430
GARLAND, TX 75042

PHONE: (972) 698-8758 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator OBIOMA OGBONNA

County **DALLAS** Region 03 Date Licensed 10/14/2020
License # 020235 ASSURANCE HOME HEALTH SERVICES INC
Lic Expire 10/14/2022 9319 LBJ FWY SUITE 105
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (773) 966-8793 Fax

Owner Information

ASSURANCE HOME HEALTH SERVICES INC
SAME

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator AKARAKA DESTINY NWANGUMA

County **DALLAS** Region 03 Date Licensed 12/03/2009
License # 013027 ASTER HOME HEALTHCARE LLC
Lic Expire 12/31/2021 112 KINGSRIDGE DR
Medicare 1: 747522 HHA-18 COPPELL, TX 75019
Medicare 2:
Phone (972) 360-7482 Fax (972) 906-7229

Owner Information

ASTER HOME HEALTHCARE LLC
112 KINGSRIDGE DR
COPPELL, TEXAS 75019

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator THOMAS MATHEW

County **DALLAS** Region 03 Date Licensed 11/22/2021
License # 021218 ASTER HOSPICE LLC
Lic Expire 11/22/2024 2410 LUNA RD STE 286
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (214) 432-4358 Fax (214) 390-7994

Owner Information

ASTER HOSPICE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator BIJILI VARANATH

County **DALLAS** Region 03 Date Licensed 09/01/2020
License # 020138 ASTONISHING HOSPICE CARE OF TEXAS LLC
Lic Expire 9/1/2022 614 TREES CT.
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 744-3509 Fax

Owner Information

ASTONISHING HOSPICE CARE OF TEXAS LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator TRACY KING

County **DALLAS** Region 03 Date Licensed 03/25/2009
License # 012525 AT HOME HEALTHCARE
Lic Expire 2736 TOWNE CENTRE DRIVE STE A
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-4236 Fax (903) 525-3855

Owner Information

HELPING HANDS HOMECARE, LTD
9846 HIGHWAY 31 EAST
TYLER, TX 75705

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator JENNIFER HUFFMAN

County **DALLAS** Region 04 Date Licensed 02/19/2002
License # 007685 AT HOME HEALTHCARE
Lic Expire 7/31/2022 2736 TOWNE CENTRE DRIVE SUITE A
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-3332 Fax (214) 484-2578

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JENNIFER JACKSON

County	DALLAS	Region	03	Date Licensed	05/26/2006	Owner Information	
License #	010489					AHPC2, LLC	
Lic Expire	5/31/2022					7557 RAMBLER RD # 758	
Medicare 1:						DALLAS, TX 75231	
Medicare 2:						PHONE:	FAX:
Phone	(214) 540-4940	Fax	(214) 540-4941			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LATONYA RICHARDSON				
County	DALLAS	Region	03	Date Licensed	09/23/2021	Owner Information	
License #	021068					AT HOME SENIOR CARE	
Lic Expire	9/23/2024					4007 BLOCK DR, APT 2126	
Medicare 1:						IRVING, TX 75038	
Medicare 2:						PHONE:	FAX:
Phone	(972) 457-0094	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PAUL ASONGANYI				
County	DALLAS	Region	03	Date Licensed	09/03/2020	Owner Information	
License #	020116					AT TWILIGHT HOSPICE & PALLIATIVE CARE OF TX LLC	
Lic Expire	8/21/2022					2625 N. JOSEY LN. SUITE 301-B	
Medicare 1:	971632 Hospice					CARROLLTON, TX 750075546	
Medicare 2:						PHONE:	FAX:
Phone	(214) 543-6581	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	BRUCE DAVIS			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/14/2012	Owner Information	
License #	015008					AUGUSTINE HOME HEALTH TEXAS LLC	
Lic Expire	8/31/2022					PO BOX 2058	
Medicare 1:						GARNER, NC 27529	
Medicare 2:						PHONE:	FAX:
Phone	(214) 265-5055	Fax	(214) 265-5995			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERITA GLANVILLE				
County	DALLAS	Region	03	Date Licensed	01/17/2007	Owner Information	
License #	011457					THIRTEEN LAC, INC	
Lic Expire	1/31/2022					PO BOX 2058	
Medicare 1:						GARNER, NC 27529	
Medicare 2:						PHONE:	FAX:
Phone	(214) 265-5055	Fax	(214) 265-5995			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERITA GLANVILLE				
County	DALLAS	Region	03	Date Licensed	12/02/1994	Owner Information	
License #	003322					AUTISTIC TREATMENT CENTER INC	
Lic Expire	5/31/2023					15911 NACOGDOCHES ROAD	
Medicare 1:						SAN ANTONIO, TEXAS 78247	
Medicare 2:						PHONE:	FAX:
Phone	(972) 644-2076	Fax	(972) 644-5650			(972) 644-2076	(972) 644-5650
Type:	Parent Agency	Administrator	ANNA P HUNDLEY			Services: Licensed Home Health Services; Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	02/28/2014	Owner Information	
License #	016056					AUXIEGOLDIE HOME HEALTH SERVICES INC	
Lic Expire	2/28/2022					10818 WATERVIEW PARKWAY	
Medicare 1:						ROWLETT, TX 75089	
Medicare 2:						PHONE:	FAX:
Phone	(214) 674-5990	Fax	(469) 298-0591			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	AUGUSTINE OPARAJI OPARAJI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/13/2008	Owner Information
License #	012156	AVAIL HOME HEALTH SERVICES LLC			AVAIL HOME HEALTH SERVICES LLC	
Lic Expire	8/31/2024	15060 E BELTWOOD PARKWAY			15060 E BELTWOOD PARKWAY	
Medicare 1:	747175 HHA-18	ADDISON, TX 75001			ADDISON, TX 75001	
Medicare 2:					PHONE:	FAX:
Phone	(214) 966-0466	Fax	(214) 751-3663	Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	MAHROSH NAWAZ			
County	DALLAS	Region	03	Date Licensed	06/23/2014	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	2400 EMPIRE CENTRAL DRIVE, SUITE B			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		DALLAS, TEXAS 752354390			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(214) 265-0420	Fax	(214) 265-0737	Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	ROBERT DENNIS			
County	DALLAS	Region	03	Date Licensed	06/23/2014	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	2400 EMPIRE CENTRAL DRIVE, SUITE B			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		DALLAS, TEXAS 752354390			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(214) 265-0420	Fax	(214) 265-0737	Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	ROBERT DENNIS			
County	DALLAS	Region	03	Date Licensed	06/23/2014	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	2400 EMPIRE CENTRAL DRIVE, SUITE B			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		DALLAS, TEXAS 752354390			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(214) 265-0420	Fax	(214) 265-0737	Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	ROBERT DENNIS			
County	DALLAS	Region	03	Date Licensed	03/28/2012	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	1349 EMPIRE CENTRAL DRIVE STE 516			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		DALLAS, TX 75247			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(469) 364-8600	Fax	(855) 275-2406	Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	MIGUEL ZUNIGA			
County	DALLAS	Region	03	Date Licensed	12/19/2013	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	18640 LBJ FREEWAY SUITE 200			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		MESQUITE, TX 75150			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(469) 518-7762	Fax	(469) 518-7769	Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	ROBERT DENNIS			
County	DALLAS	Region	03	Date Licensed	12/19/2013	Owner Information
License #	015022	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022	18640 LBJ FREEWAY SUITE 200			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		MESQUITE, TX 75150			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(469) 518-7762	Fax	(469) 518-7769	Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	ROBERT DENNIS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	03/28/2012	Owner Information
License #	015022					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(469) 364-8600	Fax	(855) 275-2406			FAX:
Type:	Parent Agency	Administrator	MIGUEL ZUNIGA			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	03/28/2012	Owner Information
License #	015022					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(469) 364-8600	Fax	(855) 275-2406			FAX:
Type:	Parent Agency	Administrator	MIGUEL ZUNIGA			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	12/19/2013	Owner Information
License #	015022					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(469) 518-7762	Fax	(469) 518-7769			FAX:
Type:	Branch Agency	Administrator	ROBERT DENNIS			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	01/14/2014	Owner Information
License #	015977					AVENUE HOME HEALTH SERVICES, INC
Lic Expire	1/31/2025					3939 US HIGHWAY 80 E STE 458B
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(469) 786-6755	Fax	(844) 705-0153			FAX:
Type:	Parent Agency	Administrator	GILBERT KABERIA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/02/2013	Owner Information
License #	015626					AXEL HEALTHCARE INC
Lic Expire	7/31/2021					P.O BOX 182526
Medicare 1:						DALLAS, TX 76096
Medicare 2:						PHONE:
Phone	(972) 308-6627	Fax	(972) 308-6628			FAX:
Type:	Parent Agency	Administrator	FRANCIS DEKU			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/08/2016	Owner Information
License #	017561					AXEL HOSPICE CARE LLC
Lic Expire	8/31/2022					1701 N GREENVILLE AVE SUITE 1109A
Medicare 1:	74-1743					RICHARDSON, TX 75081
Medicare 2:						PHONE:
Phone	(214) 396-6565	Fax	(214) 396-6555			FAX:
Type:	Parent Agency	Administrator	MATHEW KORAH			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	11/04/2009	Owner Information
License #	012947					AZ HEALTHCARE AGENCIES AND HOMECARE LLC
Lic Expire	11/30/2021					
Medicare 1:	747694 HHA-18					
Medicare 2:						PHONE:
Phone	(972) 264-1121	Fax	(866) 827-3933			FAX:
Type:	Parent Agency	Administrator	OLUFUNKE ALADEYELU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	03/13/2020	Owner Information	
License #	019855					AZORA HEALTHCARE, LLC	
Lic Expire	3/13/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 565-2353	Fax	(469) 565-2452			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADERONKE AKANDE				
County	DALLAS	Region	03	Date Licensed	11/05/2019	Owner Information	
License #	019681					BALI HEALTH LLC	
Lic Expire	11/5/2021					PO BOX 2382	
Medicare 1:						DESOTO, TEXAS 75123	
Medicare 2:						PHONE:	FAX:
Phone	(214) 514-9497	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	KENDRA FANTROY				
County	DALLAS	Region	03	Date Licensed	04/07/2011	Owner Information	
License #	014021					BARRY & BRIGHT HEALTHCARE SERVICES INC	
Lic Expire	4/30/2023					2804 SONORA LANE	
Medicare 1:						MESQUITE, TX 75181	
Medicare 2:						PHONE:	FAX:
Phone	(214) 566-0919	Fax	(972) 222-3744			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NKEMJIKA ANYANYA				
County	DALLAS	Region	03	Date Licensed	06/17/2010	Owner Information	
License #	013395					BEGINNING N THE END HOME HEALTH SERVICES INC	
Lic Expire	6/30/2022					3120 LONGBOW DRIVE	
Medicare 1:						GRAND PRAIRIE, TX 75052	
Medicare 2:						PHONE:	FAX:
Phone	(972) 262-4455	Fax	(866) 929-4853			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MONTUNRAYO ARIYO				
County	DALLAS	Region	03	Date Licensed	05/01/2015	Owner Information	
License #	017047					BELLA HOSPICE AND HEALTHCARE LLC	
Lic Expire	4/30/2021					2093 COLLINS BLVD SUITE A	
Medicare 1:	741517 HOSPICE					RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(214) 535-3731	Fax	(214) 203-1399			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LEELAMMA ISSAC				
County	DALLAS	Region	03	Date Licensed	05/07/2009	Owner Information	
License #	012585					BENEDAL HEALTHCARE SERVICES INC	
Lic Expire	5/31/2021					14822 BRIDLE BEND DR	
Medicare 1:	747800 HHA-18					BALCH SPRINGS, TX 75180	
Medicare 2:						PHONE:	FAX:
Phone	(972) 200-4467	Fax	(972) 200-3934			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALVINE METOHO-EKE				
County	DALLAS	Region	03	Date Licensed	05/07/2004	Owner Information	
License #	009081					BENEFICIAL HOME HEALTH CARE SERVICES INC	
Lic Expire	5/31/2022					5787 SOUTH HAMPTON ROAD SUITE 255	
Medicare 1:						DALLAS, TX 75232	
Medicare 2:						PHONE:	FAX:
Phone	(214) 330-7030	Fax	(214) 330-7073			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMES HALL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	03/16/2010	Owner Information	
License #	013175					BERITER HEALTHCARE LLC	
Lic Expire	3/31/2022					1618 SKYLINE DRIVE	
Medicare 1:	747671					GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(214) 886-9106	Fax	(214) 440-1033			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	DOROTHY BUDZI BUDZI				
County	DALLAS	Region	03	Date Licensed	02/06/2018	Owner Information	
License #	018594					JUDITH JOHNSON	
Lic Expire	2/28/2022					9428 WOODHURST DRIVE	
Medicare 1:						MCKINNEY, TX 75070	
Medicare 2:						PHONE:	FAX:
Phone	(214) 629-2815	Fax	(888) 205-0443			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JUDITH JOHNSON				
County	DALLAS	Region	03	Date Licensed	06/02/2008	Owner Information	
License #	012040					BEST CHOICE HOME CARE INC	
Lic Expire	6/30/2023					12959 JUPITER ROAD STE 254	
Medicare 1:	747533					DALLAS, TX 75238	
Medicare 2:						PHONE:	FAX:
Phone	(224) 639-8646	Fax	(214) 231-2829			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KATE KULBACHNA				
County	DALLAS	Region	03	Date Licensed	10/11/2005	Owner Information	
License #	010038					BEST HEALTHCARE SERVICES	
Lic Expire	10/31/2022					329 OAKS TRAIL SUITE 139	
Medicare 1:	679563 HHA-18					GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 203-1414	Fax	(972) 203-8140			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OGBEYALU UKAPI				
County	DALLAS	Region	03	Date Licensed	11/02/2021	Owner Information	
License #	021176					BEST KEPT AT HOME HEALTHCARE LLC	
Lic Expire							
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 824-9009	Fax	na			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	NIKA SHELTON				
County	DALLAS	Region	03	Date Licensed	05/20/2009	Owner Information	
License #	012821					BEST SHEPHERD HOME HEALTH SERVICES OF DALLAS INC	
Lic Expire	5/31/2023					9535 FOREST LANE STE 204	
Medicare 1:	747417 HHA-18					DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(214) 217-4005	Fax	(214) 217-4006			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	EUCHARIA OKEREKE				
County	DALLAS	Region	03	Date Licensed	10/15/2009	Owner Information	
License #	012898					BETHSAIDA HOME HEALTHCARE SERVICES INC	
Lic Expire	10/31/2021					3727 DILIDO ROAD # 136	
Medicare 1:						DALLAS, TX 75228	
Medicare 2:						PHONE:	FAX:
Phone	(214) 445-0742	Fax	(214) 445-6307			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	COMFORT EKPENYONG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 04/14/2021
License # 020697 BETTER HOME HEALTH SERVICES LLC
Lic Expire 4/14/2023 325 N. SAINT PAUL STREET STE. 3100
Medicare 1: DALLAS, TEXAS 75201
Medicare 2:
Phone (972) 476-0304 Fax (972) 476-0310
Type: Parent Agency Administrator DESIREE' DIGGS

Owner Information

BETTER HOME HEALTH SERVICES LLC
1815 SHANNA DR.
LANCASTER, TEXAS 75134
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/13/2008
License # 012254 BETTER OPTIONS HOMECARE SERVICES INC
Lic Expire 6/30/2022 310 EAST IH 30 SUITE 103
Medicare 1: 747108 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 203-8517 Fax (972) 203-8518
Type: Parent Agency Administrator LUCY T KANYANGI

Owner Information

BETTER OPTIONS HOMECARE SERVICES INC
310 E IH 30 SUITE 103
GARLAND, TX 75043-4070
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2017
License # 018391 BEYONDFaITH HOMECARE & REHAB
Lic Expire 1221 ABRAMS ROAD, SUITE 109A
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 943-0952 Fax (972) 943-3841
Type: Branch Agency Administrator ELIZABETH KERR

Owner Information

BEYONDFaITH HOMECARE & REHAB LLC
2150 S. CENTRAL EXPRESSWAY STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2017
License # 018391 BEYONDFaITH HOMECARE & REHAB
Lic Expire 1221 ABRAMS ROAD, SUITE 107
Medicare 1: 679335 HHA-18 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 644-3000 Fax (972) 644-3040
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information

BEYONDFaITH HOMECARE & REHAB LLC
2150 S. CENTRAL EXPRESSWAY STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 01 Date Licensed 08/31/2017
License # 018361 BEYONDFaITH HOMECARE & REHAB OF FT WORTH
Lic Expire 107 LARSON LANE, STE. 200
Medicare 1: 747521 HHA-18 ALEDO, TX 76008
Medicare 2:
Phone (817) 441-2747 Fax (817) 441-2772
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information

BEYONDFaITH HOMECARE & REHAB OF FT WORTH, LLC
2150 S. CENTRAL EXPRESSWAY, STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 01 Date Licensed 08/31/2017
License # 018326 BEYONDFaITH HOMECARE & REHAB OF GRAHAM
Lic Expire 604 OAK STREET #102
Medicare 1: 677917 HHA-18 GRAHAM, TX 76450
Medicare 2:
Phone (940) 521-0300 Fax (940) 521-0323
Type: Parent Agency Administrator ROBIN SCHERIGER

Owner Information

BEYONDFaITH HOMECARE & REHAB OF GRAHAM LLC
2150 S. CENTRAL EXPRESSWAY, STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 01 Date Licensed 08/31/2017
License # 018371 BEYONDFaITH HOMECARE & REHAB OF SAN ANTONIO
Lic Expire 18838 STONE OAK PKWY, STE. 102
Medicare 1: 747518 HHA-18 SAN ANTONIO, TX 78258
Medicare 2:
Phone (210) 900-3640 Fax (210) 900-4014
Type: Parent Agency Administrator SCOTT GALLIARDT

Owner Information

BEYONDFaITH HOMECARE & REHAB OF ABILENE LLC
2150 S. CENTRAL EXPRESSWAY STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/31/2017
License # 018386 BEYONDFaITH HOMECARE & REHAB OF WICHITA FALLS
Lic Expire 900 8TH STREET, SUITE 425
Medicare 1: 743162 HHA-18 WICHITA FALLS, TEXAS 76301
Medicare 2:
Phone (940) 696-8004 Fax (940) 696-8009
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information

27 HHA INC
2150 S. CENTRAL EXPRESSWAY STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/26/2021
License # 021158 BIANCA HOME CARE LLC
Lic Expire 10/26/2024 4317 SILVERTHORNE DRIVE
Medicare 1: BALCH SPRINGS, TEXAS 75180
Medicare 2:
Phone (781) 502-1722 Fax NA
Type: Parent Agency Administrator LINDA BETANGA

Owner Information

BIANCA HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/22/2019
License # 019276 BIENESTAR CARE SERVICES LLC
Lic Expire 2/22/2021 1933 PROCTOR DRIVE
Medicare 1: GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 891-1914 Fax (972) 730-9238
Type: Parent Agency Administrator LETICIA BARRAGAN

Owner Information

BIENESTAR CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/28/2021
License # 020940 BILL HEALTH CARE SERVICES INC
Lic Expire 7/28/2024 337 OAKS TRAIL SUITE 101C
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 924-2110 Fax
Type: Parent Agency Administrator CAREN MUNAI

Owner Information

BILL HEALTH CARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/14/2014
License # 016084 BLESSING U WITH LOVING CARE INC
Lic Expire 3/31/2022 875 STRAUS ROAD, SUITE 500
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (972) 293-8701 Fax (972) 293-8752
Type: Parent Agency Administrator ROSELYN KINGSBURY

Owner Information

BLESSING U WITH LOVING CARE INC
PO BOX 485
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/25/2003
License # 008774 BLESSINGS HOME HEALTH AGENCY
Lic Expire 11/30/2022 3149 INTERSTATE 30, SUITE C
Medicare 1: 679482 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 698-7451 Fax (972) 698-7453
Type: Parent Agency Administrator LOVELINE IHEME

Owner Information

WESTAR HEALTH MANAGEMENT INC
PO BOX 461702
GARLAND, TEXAS 75046
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/23/2018
License # 018695 BLOSSOM HOME HEALTHCARE SERVICES
Lic Expire 3/31/2022 12959 JUPITER ROAD SUITE 253
Medicare 1: 677807 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (469) 906-6359 Fax (469) 906-6385
Type: Parent Agency Administrator UKACHI AKOGO

Owner Information

BLOSSOM GROUPS CORPORATION
12959 JUPITER ROAD STE 253
DALLAS, TX 75238
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	12/08/2020	Owner Information	
License #	020388					BLUE STAR HOMEHEALTH AGENCY INC	
Lic Expire	12/8/2022						
Medicare 1:							
Medicare 2:							
Phone	972 4086409	Fax	214 2532655			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALERO OKUNDIA			Services: Hospice	
						In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	07/24/2003	Owner Information	
License #	008568					TEXAS BLUEBONNET HOLDINGS, INC	
Lic Expire	7/31/2021					3613-B WEST PIONEER SUITE B	
Medicare 1:	679361 HHA-18					ARLINGTON, TX 76013	
Medicare 2:							
Phone	(214) 828-9991	Fax	(214) 828-9011			PHONE:	FAX:
Type:	Parent Agency	Administrator	DEIDRA FETTINGER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	02/02/2006	Owner Information	
License #	010273					BLUEBONNET HOSPICE OF EAST TEXAS INC	
Lic Expire	2/29/2020					3613-B WEST PIONEER PKWY	
Medicare 1:	671544 HOSPICE					ARLINGTON, TX 76013	
Medicare 2:							
Phone	(214) 828-9997	Fax	(214) 828-9011			PHONE:	FAX:
Type:	Parent Agency	Administrator	GEORGE FETTINGER			Services: Hospice	
						In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	03/10/2008	Owner Information	
License #	011919					BONYL HEALTHCARE SERVICES INC	
Lic Expire	3/31/2022					400 RED CASTLE DR	
Medicare 1:	747161					LEWISVILLE, TX 75056	
Medicare 2:							
Phone	(214) 350-0075	Fax	(214) 350-0095			PHONE:	FAX:
Type:	Parent Agency	Administrator	GODLING ONYEBUNWA			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	10/09/2012	Owner Information	
License #	015126					BOTAG HOME HEALTHCARE SERVICES INC	
Lic Expire	10/31/2020					8035 E RL THORNTON FWY STE 586	
Medicare 1:						DALLAS, TX 75228	
Medicare 2:							
Phone	(214) 442-3081	Fax	(972) 499-0018			PHONE:	FAX:
Type:	Parent Agency	Administrator	GERTRUDE AKANNA			Services: Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	08/27/2009	Owner Information	
License #	012822					BREEZE HOME HEALTHCARE LLC	
Lic Expire	8/31/2021					5226 ALEC DR	
Medicare 1:	747555 HHA-18					GARLAND, TX 75043	
Medicare 2:							
Phone	(469) 321-1603	Fax	(972) 591-5582			PHONE:	FAX:
Type:	Parent Agency	Administrator	LISSY MATHEW			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	DALLAS	Region	03	Date Licensed	01/14/2009	Owner Information	
License #	012401					BREMA HEALTHCARE INC	
Lic Expire	1/31/2023					PO BOX 346	
Medicare 1:	747205 HHA-18					DESOTO, TX 75123	
Medicare 2:							
Phone	(214) 339-9466	Fax	(214) 339-2733			PHONE:	FAX:
Type:	Parent Agency	Administrator	VAISHALI PATEL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/16/2015	Owner Information
License #	016746	BRIDGELIGHT HOSPICE CARE			MESQUITE HOSPICE INC	
Lic Expire	4/30/2024	3132 MILLER ROAD SUITE C			10935 ESTATE LANE SUITE 475D	
Medicare 1:	74-1771	GARLAND, TX 75041			DALLAS, TX 75238	
Medicare 2:					PHONE:	FAX:
Phone	(214) 473-4790	Fax	(469) 620-3137	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	KOMAL SANDHU			
County	DALLAS	Region	03	Date Licensed	01/27/2012	Owner Information
License #	014989	BRIDGEWAY HEALTH SERVICES INC			BRIDGEWAY HEALTH SERVICES LLC	
Lic Expire	1/31/2025	739 JUSTIN ROAD			3033 W. PRESIDENT GEORGE BUSH HWY, #150	
Medicare 1:	45Q8178002	ROCKWALL, TX 75087			PLANO, TX 75075	
Medicare 2:					PHONE:	FAX:
Phone	(214) 758-0900	Fax	(214) 758-0090	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Branch Agency	Administrator	DEBORAH ELLIS			
County	DALLAS	Region	03	Date Licensed	08/05/2021	Owner Information
License #	020962	BRIGHT HOSPICE LLC			BRIGHT HOSPICE LLC	
Lic Expire	8/5/2024	2410 LUNA RD, SUITE #141				
Medicare 1:		CARROLLTON, TEXAS 75006				
Medicare 2:					PHONE:	FAX:
Phone	(469) 767-1670	Fax	(214) 390-7994	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	BIJILI VARANATH			
County	DALLAS	Region	03	Date Licensed	09/16/2016	Owner Information
License #	017631	BRIGHT STAR HOSPICE CARE			FOREST GATE HOSPICE INC	
Lic Expire	12/31/2022	5045 LORIMAR DRIVE SUITE #240			10935 ESTATE LANE #475 A	
Medicare 1:	741725 HOSPICE	PLANO, TX 75093			DALLAS, TX 75238	
Medicare 2:					PHONE:	FAX:
Phone	(972) 403-0448	Fax		Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	MIKE WHATLEY			
County	DALLAS	Region	03	Date Licensed	06/02/2008	Owner Information
License #	012043	BROOKDALE AT HOME DALLASFORT WORTH			BKD PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	6/30/2022	1245 COLONEL DRIVE			111 WESTWOOD PLACE, SUITE 400	
Medicare 1:		GARLAND, TX 75043			BRENTWOOD, TN 37027	
Medicare 2:					PHONE:	FAX:
Phone	(972) 278-8500	Fax	(972) 271-9931	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	BRYAN BARBA			
County	DALLAS	Region	03	Date Licensed	07/26/2002	Owner Information
License #	008028	BROOKDALE HOME HEALTH DFW			ARC THERAPY SERVICES, LLC	
Lic Expire	7/31/2023	1255 CORPORATE DRIVE, STE 150			111 WESTWOOD PLACE SUITE 400	
Medicare 1:	679606 HHA-18	IRVING, TX 75038			BRENTWOOD, TN 37027	
Medicare 2:					PHONE:	FAX:
Phone	(817) 916-2101	Fax	(817) 346-6949	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	COLIN HUGHES			
County	DALLAS	Region	03	Date Licensed	02/17/2009	Owner Information
License #	012452	BROOKS HOME CARE SERVICES INC			BROOKS HOME CARE SERVICES INC	
Lic Expire	2/28/2023	9304 FOREST LANE SUITE N165 A			709 GOLDWOOD DRIVE	
Medicare 1:	747488 HHA-18	DALLAS, TEXAS 75243			DALLAS, TX 75232	
Medicare 2:					PHONE:	FAX:
Phone	(214) 774-9643	Fax	(972) 382-5999	(214) 774-9463	(972) 228-1628	
Type:	Parent Agency	Administrator	LILLIAN ODIACHI			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/06/2020	Owner Information	
License #	019866					BUGG US HOME HEALTHCARE SERVICES LLC	
Lic Expire	4/6/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 416-6877	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NATASHA BUGGS-HILL				
County	DALLAS	Region	03	Date Licensed	09/25/2007	Owner Information	
License #	011605					CALVARY HEALTH CARE INC	
Lic Expire	9/30/2024					2840 KELLER SPRINGS ROAD BUILDING 8	
Medicare 1:	747092 HHA-18					CARROLLTON, TX 75006	
Medicare 2:						PHONE:	FAX:
Phone	(214) 678-1950	Fax	(214) 678-1940			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FABIAN OGALA				
County	DALLAS	Region	03	Date Licensed	08/12/2020	Owner Information	
License #	020101					CAMBRIAN HOMECARE	
Lic Expire	8/12/2022					P.O. BOX 90158	
Medicare 1:						LONG BEACH, CA 90809	
Medicare 2:						PHONE:	FAX:
Phone	(214) 493-2339	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PAUL QUIROZ				
County	DALLAS	Region	03	Date Licensed	09/19/2014	Owner Information	
License #	016438					CAMBRIDGE CAREGIVERS LLC	
Lic Expire	9/30/2022					5720 LBJ FREEWAY SUITE #630	
Medicare 1:						DALLAS, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(972) 423-3600	Fax	(972) 423-5889			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADAM LAMPERT				
County	DALLAS	Region	03	Date Licensed	02/18/2010	Owner Information	
License #	013115					CANAAN HOME HEALTHCARE AGENCY LLC	
Lic Expire	2/28/2022					9550 SKILLMAN STREET SUITE 107	
Medicare 1:	747567 HHA-18					DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(214) 253-2244	Fax	(214) 253-2245			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ESTHER OKORONKWO				
County	DALLAS	Region	03	Date Licensed	07/06/2004	Owner Information	
License #	009183					CANDID HOME HEALTH CARE SERVICES LLC	
Lic Expire	7/31/2022					9319 LBJ FREEWAY SUITE # 205	
Medicare 1:	457811 HHA-18					DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(214) 879-0343	Fax	(214) 879-0373			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	THEOPHILUS OKORO				
County	DALLAS	Region	03	Date Licensed	02/23/2021	Owner Information	
License #	020544					CARE HOSPICE LLC	
Lic Expire	2/23/2024					2735 VILLA CREEK DRIVE SUITE 130C	
Medicare 1:	971711 Hospice					DALLAS, TEXAS 752347454	
Medicare 2:						PHONE:	FAX:
Phone	1 214 7022790	Fax	1 214 3076071			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	VARGHESE ZACHARIA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	10/01/2008	Owner Information	
License #	012311					OCI ACQUISITION, LLC	
Lic Expire	9/30/2022					4300 SIGMA ROAD SUITE 130	
Medicare 1:	677454 HHA-18					DALLAS, TX 75244	
Medicare 2:						PHONE:	FAX:
Phone	(972) 756-0500	Fax	(972) 756-0448			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	BARBARA MENELEE				
County	DALLAS	Region	03	Date Licensed	08/15/2011	Owner Information	
License #	014284					CAREALOT HOME HEALTH AGENCY INC	
Lic Expire	8/31/2024					605 CHAPMAN DR	
Medicare 1:						LANCASTER, TX 75146	
Medicare 2:						PHONE:	FAX:
Phone	(903) 874-2273	Fax	(888) 777-4809			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LAVERNE MOORE				
County	DALLAS	Region	03	Date Licensed	06/11/2021	Owner Information	
License #	020826					CAREFIRST HOSPICE, LLC	
Lic Expire	6/11/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	469 249 8440	Fax	469 249 8444			Services: Hospice	
Type:	Parent Agency	Administrator	SHLIEA TABBYTITE			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	05/06/2021	Owner Information	
License #	020734					CAREGIVERS OF FAITH HOME CARE OF DALLAS LLC	
Lic Expire	5/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	972 6387935	Fax	972 6660303			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CASSANDRA MALONE				
County	DALLAS	Region	03	Date Licensed	05/14/2021	Owner Information	
License #	020755					CAREGIVING SOLUTIONS OF TEXAS LLC	
Lic Expire	5/14/2024					6125 LUTHER LANE #198	
Medicare 1:						DALLAS, TX 75225	
Medicare 2:						PHONE:	FAX:
Phone	(214) 727-8584	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LATARIKA BONDS				
County	DALLAS	Region	03	Date Licensed	11/04/2009	Owner Information	
License #	012943					CAREPLUS HEALTH SERVICES INC	
Lic Expire	11/30/2023					1039 INTERSTATE 35-E, SUITE #304	
Medicare 1:	747535 HHA-18					CARROLLTON, TX 75006	
Medicare 2:						PHONE:	FAX:
Phone	(214) 234-1612	Fax	(214) 261-9942			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERINE JOSEPH				
County	DALLAS	Region	03	Date Licensed	05/20/1996	Owner Information	
License #	004589					CAREWORKS HOME HEALTH SERVICES INC	
Lic Expire	5/31/2022					13612 MIDWAY ROAD SUITE 103	
Medicare 1:	678363 HHA-18					DALLAS, TX 75244	
Medicare 2:						PHONE:	FAX:
Phone	(972) 991-9966	Fax	(972) 991-5577			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NGAN LE PANGILINAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/02/2007	Owner Information	
License #	011717					AMESHI MANAGEMENT CORPORATION	
Lic Expire	11/30/2022					P.O. BOX 622	
Medicare 1:						CEDAR HILL, TEXAS 75104	
Medicare 2:						PHONE:	FAX:
Phone	(469) 454-6826	Fax	(877) 850-5030			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	SHIRLEY ASONIBE				
County	DALLAS	Region	03	Date Licensed	11/26/2018	Owner Information	
License #	019114					CARING HANDS NURSING LLC	
Lic Expire	11/26/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 379-8500	Fax	(469) 333-7999			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	TERESA SAYLES				
County	DALLAS	Region	03	Date Licensed	05/14/2004	Owner Information	
License #	009100					CARING HOME HEALTH INC	
Lic Expire	5/31/2023					18770 LBJ FWY	
Medicare 1:	457895					MESQUITE, TEXAS 75150	
Medicare 2:						PHONE:	FAX:
Phone	(972) 226-2929	Fax	(972) 226-1141			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHAJI DANIEL				
County	DALLAS	Region	03	Date Licensed	01/13/2012	Owner Information	
License #	014581					JANE KELLEY ENTERPRISES LLC	
Lic Expire	1/31/2022					801 E CAMPBELL ROAD STE 160	
Medicare 1:						RICHARDSON, TX 75081	
Medicare 2:						PHONE:	FAX:
Phone	(214) 327-5100	Fax	(214) 279-0001			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DELIA SOUSA				
County	DALLAS	Region	03	Date Licensed	06/28/2021	Owner Information	
License #	020869					CARING STAR HOSPICE LLC	
Lic Expire	6/28/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 655-4275	Fax	(469) 436-3916			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHAJU POTTAKKATTIL JOHN				
County	DALLAS	Region	03	Date Licensed	04/06/2021	Owner Information	
License #	020675					CARISMA'S CARE HOME HEALTH AGENCY LLC	
Lic Expire	4/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 429-9577	Fax	(469) 460-9031			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARISMA JOLLIFF				
County	DALLAS	Region	03	Date Licensed	01/06/2017	Owner Information	
License #	017969					CARJO HOME HEALTH AGENCY LLC	
Lic Expire	1/31/2019					13601 PRESTON ROAD SUITE 527W	
Medicare 1:	747174 HHA-18					DALLAS, TX 75240	
Medicare 2:						PHONE:	FAX:
Phone	(214) 348-4500	Fax	(866) 490-8109			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IVYONNE GARRETT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/16/2018
License # 018834 CAROLYN'S LOVING HOMECARE LLC
Lic Expire 7/31/2022 14934 WEBB CHAPEL RD STE 16 B
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 292-7399 Fax
Type: Parent Agency Administrator RI-CHARDRIANNE POWELL

Owner Information

CAROLYN'S LOVING HOMECARE LLC
139 S. CLARK ROAD APT 25
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/28/2011
License # 014181 CARTER HEALTHCARE OF NORTH TEXAS LLC
Lic Expire 2/28/2023 4425 W. AIRPORT FREEWAY SUITE 100
Medicare 1: 679724 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 255-3840 Fax (972) 255-3879
Type: Parent Agency Administrator JAMES CARTER

Owner Information

CARTER HEALTHCARE OF NORTH TEXAS LLC
4425 WEST AIRPORT FREEWAY SUITE 100
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 02/10/2016
License # 017657 CATER 2 YOU HOME HEALTH CARE
Lic Expire 2/28/2025 318 THISTLE DRIVE
Medicare 1: 747803 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 235-7100 Fax (972) 235-7101
Type: Parent Agency Administrator SHAJU POTTAKKATTIL JOHN

Owner Information

MEGASTAR HOME HEALTH SERVICES INC
318 THISTLE DRIVE
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/1993
License # 003140 CC YOUNG HOME HEALTH AND HOSPICE
Lic Expire 8/31/2023 4849 WEST LAWTHOR DRIVE
Medicare 1: 747252 HHA-18;45 DALLAS, TX 75214
Medicare 2:
Phone (214) 841-2825 Fax (214) 370-2830
Type: Parent Agency Administrator CATHERINE THOMAS

Owner Information

CC YOUNG MEMORIAL HOME
4847 WEST LAWTHOR DRIVE SUITE 100
DALLAS, TX 75214
PHONE: (214) 827-8080 FAX: (214) 841-2890
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/23/2006
License # 010353 CENTURY HOME HEALTHCARE SERVICES LLC
Lic Expire 3/31/2022 1601 RAINBOW DRIVE
Medicare 1: 679670 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 235-6700 Fax (972) 699-7598
Type: Parent Agency Administrator COLLETTE ADEYEMI

Owner Information

CENTURY HOME HEALTHCARE SERVICES LLC
11615 FOREST CENTRAL DRIVE SUITE 315
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/04/2021
License # 021186 CHARISE HOSPICE CARE LLC
Lic Expire 11/4/2024 1350 E. ARAPAHO RD., SUITE #207A
Medicare 1: RICHARDSON, TEXAS 75081
Medicare 2:
Phone (469) 895-2180 Fax (469) 895-2190
Type: Parent Agency Administrator MATHEW KORAH

Owner Information

CHARISE HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/30/2004
License # 008997 CHARISMA HOME HEALTHCARE
Lic Expire 3/31/2020 415 WEAVER STREET
Medicare 1: 457831 CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 454-6826 Fax (877) 850-5030
Type: Parent Agency Administrator SHIRLEY ASONIBE

Owner Information

CAROL NZERIBE
PO BOX 622
CEDAR HILL, TX 75104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 09/25/2001
License # 007740 CHEMANA HOME HEALTH SERVICES INC
Lic Expire 9/30/2022 5913 NORTHWEST DRIVE
Medicare 1: 673189 MESQUITE, TX 75150
Medicare 2:
Phone (214) 503-1700 Fax (214) 503-1716

Type: Parent Agency Administrator EMILY ANUKEM

Owner Information

CHEMANA CHILDRENS HEALTH CARE SERVICES INC
5913 NORTHWEST DR
MESQUITE, TX 75150
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/22/2020
License # 019957 CHERISHED CARE HOMECARE LLC
Lic Expire 5/22/2022 1204 PARKVIEW TRL
Medicare 1: GLENN HEIGHTS, TEXAS 75154
Medicare 2:
Phone (214) 881-3000 Fax
Type: Parent Agency Administrator SHAMONICA KELLEY

Owner Information

CHERISHED CARE HOMECARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/24/2009
License # 012740 CHESTHER HOME HEALTH SERVICES INC
Lic Expire 7/31/2021 3024 LOIS LANE
Medicare 1: 747626 HHA-18 ROWLETT, TX 75088
Medicare 2:
Phone 469 2982764 Fax 469 3612435
Type: Parent Agency Administrator ESTHER ANYANWU

Owner Information

CHESTHER HOME HEALTH SERVICES INC
3024 LOIS LN
ROWLETT, TX 75088
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/05/2009
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 9/30/2023 901 WATERFALL WAY STE 105
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 661-3737 Fax (972) 661-3721
Type: Branch Agency Administrator MELISSA BULLOCK

Owner Information

DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/05/2009
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 9/30/2023 901 WATERFALL WAY STE 105
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 661-3737 Fax (972) 661-3721
Type: Branch Agency Administrator MELISSA BULLOCK

Owner Information

DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/02/2010
License # 013144 CHRIST ARMS HOME HEALTH CARE INC
Lic Expire 3/31/2022 1115 W MAIN ST
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (214) 315-0130 Fax (972) 224-8317
Type: Parent Agency Administrator ADEYINKA ADEOYE

Owner Information

CHRIST ARMS HOME HEALTH CARE INC
1115 W MAIN STREET
LANCASTER, TX 75146
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/27/1993
License # 001565 CHRISTIAN CARE HOME HEALTH
Lic Expire 12/31/2021 900 WIGGINS PARKWAY
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 613-7945 Fax (972) 682-7947
Type: Parent Agency Administrator TIFFANY MARSHALL

Owner Information

CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE, TX 75150
PHONE: (972) 686-2460 FAX: (866) 216-7525
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	05/22/2006	Owner Information	
License #	010470					CHRISTIAN CARE CENTERS, INC	
Lic Expire	5/31/2023						
Medicare 1:	671548 HOSPICE						
Medicare 2:							
Phone	(972) 686-3753	Fax	(972) 682-7947			PHONE:	FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TIFFANY MARSHALL				
County	DALLAS	Region	03	Date Licensed	03/30/2011	Owner Information	
License #	014369					ZOE CHRISTIAN SENIOR CARE LLC	
Lic Expire	3/31/2021					3705 LAKEVIEW PKWY SUITE 210	
Medicare 1:						ROWLETT, TX 75088	
Medicare 2:							
Phone	(972) 572-5700	Fax	(972) 572-5701			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RONNIE HOWELL				
County	DALLAS	Region	03	Date Licensed	12/13/2016	Owner Information	
License #	017784					CHRISTIAN FAITH HOMECARE SERVICES LLC	
Lic Expire	12/31/2022					3504 SPRUCE STREET	
Medicare 1:						ROYSE CITY, TX 75189	
Medicare 2:							
Phone	(214) 843-5403	Fax	(877) 233-3611			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA TAYLOR				
County	DALLAS	Region	03	Date Licensed	09/20/2018	Owner Information	
License #	019040					CHRISTIAN HEIGHTS COMMUNITY CARE	
Lic Expire	9/20/2020					1432 INDIAN SPRINGS	
Medicare 1:						CARROLLTON, TX 75007	
Medicare 2:							
Phone	(214) 371-4285	Fax	(972) 492-5402			PHONE: (972) 492-5313	FAX: (972) 492-5402
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLYN F. GREER				
County	DALLAS	Region	03	Date Licensed	05/27/2021	Owner Information	
License #	020794					CHRISTLOVE HOME CARE SERVICES, LLC	
Lic Expire	5/27/2024					SAME	
Medicare 1:							
Medicare 2:							
Phone	(323) 921-0533	Fax				PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMPSON BAFFOUR-AWUAH				
County	DALLAS	Region	03	Date Licensed	02/10/2021	Owner Information	
License #	020529					CHRISTWAY HOME HEALTHCARE, LLC	
Lic Expire	2/10/2024						
Medicare 1:							
Medicare 2:							
Phone	(972) 982-2227	Fax	855 7951957			PHONE:	FAX:
						Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	HANIEL CHRISTSON				
County	DALLAS	Region	03	Date Licensed	03/31/2010	Owner Information	
License #	019175					SOLAR HOMECARE INC	
Lic Expire	10/16/2021						
Medicare 1:							
Medicare 2:							
Phone	(214) 350-8833	Fax	(214) 357-7127			PHONE:	FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUWATOYIN OLUWASOLA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 07 Date Licensed 09/17/2013
License # 015904 CIRCLE OF CARE
Lic Expire 9/30/2024 8585 N STEMMONS FREEWAY STE M21
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 331-9100 Fax (972) 331-9102
Type: Branch Agency Administrator CHARLOTTE CHANDLER

Owner Information

CTW HOME HEALTH, LLC
4553 N LOOP 1604 W STE#1119
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/10/2011
License # 013947 CITIZENS HEALTHCARE SERVICES LLC
Lic Expire 3/31/2023 1701 GATEWAY BLVD STE 447
Medicare 1: 747808 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (469) 778-0099 Fax (469) 778-0109
Type: Parent Agency Administrator FEMI AIYEJUTO

Owner Information

CITIZENS HEALTHCARE SERVICES LLC
1401 N.CENTRAL EXPRESSWAY SUITE 390
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/24/2021
License # 020642 CJ HEALTH AND HOSPICE, INC
Lic Expire 3/24/2024 5730 BENTLEY DRIVE/ SUITE B
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (469) 867-6999 Fax (214) 328-6210
Type: Parent Agency Administrator CHRISTIANA NWAMUO

Owner Information

CJ HEALTH AND HOSPICE INC
5730 BENTLEY DRIVE SUITE B
GARLAND, TX 75043
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/16/2012
License # 014784 CJ PRIMARY HOME CARE
Lic Expire 1/31/2022 4121 MARVIN D LOVE FRWY BLD 200 STE 2020
Medicare 1: DALLAS, TX 75224
Medicare 2:
Phone (214) 375-2323 Fax (214) 375-2411
Type: Parent Agency Administrator KAZEEM OYEWALE

Owner Information

TRUE VINE HEALTHCARE SERVICES INC
4121 MARVIN D LOVE FREEWAY SUITE 2020
DALLAS, TEXAS 75224
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/28/2019
License # 019229 CLASSIC HOME HEALTHCARE LLC
Lic Expire 1/28/2021 777 S CENTRAL EXPRESSWAY STE 1-K
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 365-8224 Fax 972 7674004
Type: Parent Agency Administrator DICKSON ALAO

Owner Information

CLASSIC HOME HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/11/2013
License # 015813 CLASSIC LIFE HOME HEALTH CARE LLC
Lic Expire 10/31/2021 5317 VIEWSIDE DRIVE
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 336-1885 Fax (972) 240-8899
Type: Parent Agency Administrator MODUPE A ALI OKE

Owner Information

CLASSIC LIFE HOME HEALTH CARE LLC
5317 VIEWSIDE DRIVE
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/31/2010
License # 013205 CLEAR CHOICE SENIOR CARE
Lic Expire 3/31/2022 4514 ROWLETT RD STE 102
Medicare 1: ROWLETT, TX 75088
Medicare 2:
Phone (469) 549-4785 Fax (972) 219-5371
Type: Parent Agency Administrator PATSY BAILEY

Owner Information

PATBAR LLC
4514 ROWLETT RD STE 102
ROWLETT, TX 75088
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	07/20/2017	Owner Information	
License #	018180					CLEARVIEW HEALTHCARE INC	
Lic Expire	7/31/2023					12959 JUPITER RD STE 155	
Medicare 1:						DALLAS, TX 75238	
Medicare 2:						PHONE:	FAX:
Phone	(214) 382-3811	Fax	(214) 231-9072			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GABRIEL NWACHUKWU				
County	DALLAS	Region	03	Date Licensed	04/05/2021	Owner Information	
License #	020674					CMS PRIMARY HOME HEALTH CARE LLC	
Lic Expire	4/5/2024					1110 E WINTERGREEN RD APT 501	
Medicare 1:						DESOTO, TEXAS 75115	
Medicare 2:						PHONE:	FAX:
Phone	(972) 703-3448	Fax	800 8670804			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAMAKA GRAHAM				
County	DALLAS	Region	03	Date Licensed	03/02/2021	Owner Information	
License #	020557					CMSP HOSPICE CARE INC	
Lic Expire	3/2/2023					2100 NORTH HWY 360 STE 1105B	
Medicare 1:						GRAND PRAIRIE, TX 75052	
Medicare 2:						PHONE:	FAX:
Phone	(817) 902-5959	Fax	(940) 233-1049			Services: Hospice	
Type:	Parent Agency	Administrator	DONATUS BENSON			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	10/16/2001	Owner Information	
License #	007763					AT HOME CARE SERVICES INC	
Lic Expire	10/31/2023					8111 PRESTON RD., STE 415	
Medicare 1:						DALLAS, TX 75225	
Medicare 2:						PHONE:	FAX:
Phone	(214) 540-5942	Fax	(214) 540-5947			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTIAN F. CLAUSEN				
County	DALLAS	Region	03	Date Licensed	12/31/2021	Owner Information	
License #	021302					COK HEALTH SERVICES LLC	
Lic Expire	12/31/2024					1509 JASPER DRIVE	
Medicare 1:						MESQUITE, TX 75181	
Medicare 2:						PHONE:	FAX:
Phone	(214) 937-1845	Fax	(469) 310-8933			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHIDI OKPARA				
County	DALLAS	Region	03	Date Licensed	08/01/2019	Owner Information	
License #	019419					COMFORCARE DALLASUPTOWN	
Lic Expire	6/12/2023					12700 HILLCREST RD STE 125	
Medicare 1:						DALLAS, TX 75230	
Medicare 2:						PHONE:	FAX:
Phone	(214) 681-1138	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID SMITHEN				
County	DALLAS	Region	03	Date Licensed	07/09/2015	Owner Information	
License #	016901					COMFORT CARE PROVIDER SERVICES, LLC	
Lic Expire	7/31/2021					206 OAK MEADOW LANE	
Medicare 1:						CEDAR HILL, TX 75104	
Medicare 2:						PHONE:	FAX:
Phone	(972) 293-9631	Fax	(214) 292-8843			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JUDY ROSS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/15/2003
License # 008288 COMFORT HOME HEALTH CARE INC
Lic Expire 1/31/2023 6133 ALDWICK DRIVE
Medicare 1: 679252 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 203-1010 Fax (972) 203-1011

Owner Information

COMFORT HOME HEALTH CARE INC
6133 ALDWICK DRIVE
GARLAND, TX 75043

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LISSY JOSEPH

County **DALLAS** Region 03 Date Licensed 09/07/2010
License # 013951 COMFORT HOSPICE
Lic Expire 9/30/2022 4545 FULLER DRIVE, SUITE #330
Medicare 1: 671633 HOSPICE IRVING, TX 75038
Medicare 2:
Phone (972) 871-0100 Fax (972) 871-0110

Owner Information

COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CAROL HRDWICK

County **DALLAS** Region 03 Date Licensed 09/07/2010
License # 013951 COMFORT HOSPICE
Lic Expire 9/30/2022 4545 FULLER DRIVE, SUITE #330
Medicare 1: 671633 HOSPICE IRVING, TX 75038
Medicare 2:
Phone (972) 871-0100 Fax (972) 871-0110

Owner Information

COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CAROL HRDWICK

County **DALLAS** Region 03 Date Licensed 06/04/2003
License # 008489 COMFORT KEEPERS
Lic Expire 6/30/2022 13140 COIT RD STE 202
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (972) 303-4599 Fax (214) 553-0045

Owner Information

LJN SOLUTIONS INC
13140 COIT RD STE 202
DALLAS, TX 75240

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator LORI NESLER

County **DALLAS** Region 03 Date Licensed 02/26/2007
License # 011443 COMMITTED HOME HEALTH CARE INC
Lic Expire 2/28/2022 17776 PRESTON RD SUITE 210A
Medicare 1: 677809 HHA-18 DALLAS, TX 75252
Medicare 2:
Phone (972) 306-5060 Fax (972) 307-6699

Owner Information

COMMITTED HOME HEALTH CARE INC
2600 ELMBROOK DRIVE
CARROLLTON, TX 75010

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SALLY E JACOB

County **DALLAS** Region 03 Date Licensed 04/27/2016
License # 017740 COMMUNITY BRIDGE HEALTH CARE SERVICES LLC
Lic Expire 4/30/2022 1425 W PIONEER DRIVE SUITE 142
Medicare 1: IRVING, TX 75061
Medicare 2:
Phone (972) 259-2097 Fax (972) 259-2064

Owner Information

COMMUNITY BRIDGE HEALTH CARE SERVICES, LLC
P O BOX 172992
ARLINGTON, TX 76003

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator JEFFERY AKHAROH

County **DALLAS** Region 03 Date Licensed 01/01/1997
License # 005692 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 12/31/2022 1341 W MOCKINGBIRD LANE # 210E
Medicare 1: 451622 HOSPICE DALLAS, TX 75247
Medicare 2:
Phone (214) 920-8450 Fax (214) 920-8436

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator LAUREN PARRISH HORTON

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/08/2011	Owner Information
License #	014270	COMPANION CARE FOR SENIORS			LOS COLINAS COMPANION CARE FOR SENIORS INC	
Lic Expire	8/31/2021	7119 SUGAR MAPLE DR			400 GINKGO CIRCLE	
Medicare 1:		IRVING, TX 75063			IRVING, TX 75063	
Medicare 2:					PHONE:	FAX:
Phone	(214) 642-8283	Fax	(972) 432-0350	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	SHOGER AINSWORTH			
County	DALLAS	Region	03	Date Licensed	01/07/2021	Owner Information
License #	020437	COMPASSIONATE CARE, LLC			COMPASSIONATE CARE, LLC	
Lic Expire	1/7/2023	2617 LAGO VISTA LOOP			P.O.BOX 154053	
Medicare 1:		IRVING, TX 75062			IRVING, TX 75015	
Medicare 2:					PHONE:	FAX:
Phone	(952) 594-0846	Fax		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	RAKIYA MOHAMED			
County	DALLAS	Region	03	Date Licensed	08/01/2018	Owner Information
License #	018863	COMPASSIONATE HOSPICE CARE LLC			COMPASSIONATE HOSPICE CARE LLC	
Lic Expire	7/31/2020	2665 VILLA CREEK DR STE 245D			2665 VILLA CREEK DR. STE 245D	
Medicare 1:		DALLAS, TX 75234			DALLAS, TX 75234	
Medicare 2:					PHONE:	FAX:
Phone	(214) 735-6622	Fax	(972) 681-7779	Services: Hospice		
Type:	Parent Agency	Administrator	NASIRA SATTAR			
County	DALLAS	Region	03	Date Licensed	10/22/2019	Owner Information
License #	019658	COMPASSIONATE PERSONAL CARE SERVICES TX, LLC			COMPASSIONATE PERSONAL CARE SERVICES TX, LLC	
Lic Expire	10/22/2021	8330 LYNDON B JOHNSON FWY, SUITE B415				
Medicare 1:		DALLAS, TEXAS 75243				
Medicare 2:					PHONE:	FAX:
Phone	(214) 892-9662	Fax		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	FRANCESCA HOSKINS			
County	DALLAS	Region	03	Date Licensed	11/21/2019	Owner Information
License #	019713	COMPLETE HOME HEALTHCARE, LLC			COMPLETE HOME HEALTHCARE, LLC	
Lic Expire	3/1/2022	938 MARISA LN				
Medicare 1:		DESOTO, TEXAS 75115				
Medicare 2:					PHONE:	FAX:
Phone	(214) 707-8701	Fax		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	TAMIKA JOHNSON			
County	DALLAS	Region	03	Date Licensed	03/03/2021	Owner Information
License #	020562	COMPLETE INTEGRATIVE HEALTHCARE			COMPLETE INTEGRATIVE HEALTHCARE LLC	
Lic Expire	3/3/2023	600 EAST CARPENTER FREEWAY, STE 248				
Medicare 1:		IRVING, TEXAS 75062				
Medicare 2:					PHONE:	FAX:
Phone	(469) 833-9950	Fax	(469) 830-1683	Services: Hospice; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	KWASIH JOHNSON			
County	DALLAS	Region	03	Date Licensed	12/01/1995	Owner Information
License #	004402	CORAM CVS SPECIALTY INFUSION SERVICES			CORAM HEALTHCARE CORPORATION OF NORTH TEXAS	
Lic Expire	11/30/2022	10105 TECHNOLOGY BLVD SUITE 102			ONE CVS DRIVE MC # 1160	
Medicare 1:		DALLAS, TX 75220			WOONSOCKET, RI 2895	
Medicare 2:					PHONE:	FAX:
Phone	(214) 351-8300	Fax	(214) 351-8344	Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	JAMES RANKIN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/29/2010
License # 013502 CORDIAL CARE HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 10935 ESTATE LANE SUITE 182
Medicare 1: 747747 HHA-18 DALLAS, TEXAS 75238
Medicare 2:
Phone (972) 603-6676 Fax (214) 377-9919
Type: Parent Agency Administrator ELVIS TAMIN

Owner Information

CORDIAL CARE HOME HEALTH SERVICES, INC
601 ROSEMARY DR
ROYSE CITY, TX 75189
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/17/2008
License # 012256 CORNERSTONE HOME HEALTH AGENCY
Lic Expire 9/30/2022 2201 MIDWAY RD, STE 112
Medicare 1: 679716 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (469) 464-2296 Fax (469) 464-2298
Type: Parent Agency Administrator OLANIKE OLUWOLE

Owner Information

CORNERSTONE HOME HEALTH SERVICES INC
13614 GAMMA ROAD STE 150
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/14/2011
License # 013952 CORNERSTONE PEDIATRIC THERAPY
Lic Expire 3/31/2023 1000 W CROSBY ROAD SUITE 136
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 237-0100 Fax (972) 237-0101
Type: Parent Agency Administrator CRAIG PORTER

Owner Information

CKC HOLDINGS LLC
1000 W CROSBY LANE SUITE 136
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/20/2018
License # 018622 COSMETIC COMPANIONS LLC
Lic Expire 2/28/2022 222 WEST LAS COLINAS BLVD. SUITE 1650
Medicare 1: IRVING, TEXAS 75039
Medicare 2:
Phone (214) 210-9699 Fax (972) 719-2545
Type: Parent Agency Administrator DIANE GIBSON

Owner Information

COSMETIC COMPANIONS LLC
6812 DAVID LN
COLLEYVILLE, TEXAS 76034
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/02/2011
License # 014337 COUNTY HOME HEALTH
Lic Expire 3/31/2021 12115 SELF PLAZA DR SUITE 101
Medicare 1: 743105 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (972) 216-3530 Fax (972) 421-6585
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information

ALL ABOUT CARE HOME HEALTH SERVICES, INC
12115 SELF PLAZA DR SUITE 101
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/31/2013
License # 016310 COURAGE HEALTH CARE SERVICES INC
Lic Expire 12/31/2021 9304 FOREST LANE, SUITE N 165B
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (972) 437-0099 Fax (972) 437-1199
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information

COURAGE HEALTH CARE SERVICES, INC
777 S. CENTRAL EXPRESSWAY SUITE Q7
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/29/2021
License # 020799 COVENANT HOME HEALTH LLC
Lic Expire 5/29/2023 4229 GLENHAVEN DRIVE
Medicare 1: GARLAND, TEXAS 75042
Medicare 2:
Phone (469) 209-3783 Fax (972) 918-5166
Type: Parent Agency Administrator BENJAMIN MADUKA

Owner Information

COVENANT HOME HEALTH LLC
4229 GLENHAVEN DRIVE
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/24/2006
License # 010825 CREDECE HOME HEALTH SERVICES INC
Lic Expire 10/31/2024 9319 LBJ FREEWAY SUITE 203
Medicare 1: 679703 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 994-9200 Fax (972) 994-9201
Type: Parent Agency Administrator AGATHA ASONGANYI

Owner Information

CREDECE HOME HEALTH SERVICES INC
9319 LBJ FREEWAY, SUITE 203
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/2017
License # 018161 CREST HEALTHCARE SERVICES INC
Lic Expire 6/30/2023 1111 BELT LINE RD SUITE 201B
Medicare 1: 457933 HHA-18 GARLAND, TX 75040
Medicare 2:
Phone 972 496 5252 Fax 844 705 0153
Type: Parent Agency Administrator MARY ERINGO

Owner Information

CREST HEALTHCARE SERVICES INC
1111 BELT LINES RD., SUITE 201B
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/05/2016
License # 017460 CRITERION HEALTH CARE INC
Lic Expire 4/30/2022 1202 E. ARAPAHO ROAD SUITE 147
Medicare 1: 679179 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (956) 583-4520 Fax (956) 583-4521
Type: Parent Agency Administrator CHRISTINA HALL

Owner Information

CRITERION HEALTH CARE INC
900 S STEWART RD SUITE 14
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/23/2013
License # 016012 CRYSTAL CARE HOME HEALTH SERVICES INC
Lic Expire 9/30/2023 1675 REPUBLIC PARKWAY SUITE 200
Medicare 1: 459369 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 203-2121 Fax (972) 203-8384
Type: Parent Agency Administrator KEYNA OMENUKOR

Owner Information

CRYSTAL CARE HOME HEALTH SERVICES, INC
1675 REPUBLIC PARKWAY SUITE 200
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/17/2021
License # 021267 CSD HOME CARE, INC
Lic Expire 12/17/2024 1341 WEST MOCKINGBIRD LANE, STE. 115
Medicare 1: DALLAS, TEXAS 752476913
Medicare 2:
Phone (214) 630-8844 Fax
Type: Parent Agency Administrator SHERANNA RAMEY

Owner Information

CSD HOME CARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/18/2010
License # 013708 CUDDLE ME HOME CARE
Lic Expire 8/31/2022 10935 ESTATE LN STE 190
Medicare 1: 457970 HHA-18 DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 272-8824 Fax (214) 272-9206
Type: Parent Agency Administrator CORINE NGAHA

Owner Information

CUDDLE ME HOME CARE PLLC
6830 HOMINY RIDGE
ROWLETT, TX 75030
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/28/2011
License # 014084 CUSTOM CAREGIVERS
Lic Expire 2/28/2024 16660 DALLAS PKWY STE 2500
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (972) 938-0703 Fax (469) 548-6872
Type: Parent Agency Administrator DAVID STANLEY

Owner Information

HOME TELEHEALTH LLC
3330 EARHART DR STE 210
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/06/2021
License # 020436 DALLAS HOME HEALTH CARE, INC
Lic Expire 1/6/2023 4501 GRANTHAM DR.
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 227-4577 Fax
Type: Parent Agency Administrator MATHEW CHACKO

Owner Information

DALLAS HOME HEALTH CARE INC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/04/2013
License # 015697 DALLAS HORIZON HOME HEALTH AGENCY LLC
Lic Expire 4/30/2023 2775 VILLA CREEK DR STE 120
Medicare 1: 453162 DALLAS, TX 75234
Medicare 2:
Phone (972) 241-8633 Fax (972) 243-5482
Type: Parent Agency Administrator VICTOR UGWA

Owner Information

DALLAS HORIZON HOME HEALTH AGENCY LLC
2775 VILLA CREEK DRIVE STE 123
DALLAS, TX 75234
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/26/2019
License # 019447 DALLAS PLUS HOMECARE SERVICES LLC
Lic Expire 10/29/2021 2612 TEXAS DR
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 255-6009 Fax (972) 257-3193
Type: Parent Agency Administrator THAZHATHA PARADIYIL CHACKO

Owner Information

DALLAS PLUS HOMECARE SERVICES LLC
2612 TEXAS DRIVE
IRVING, TX 75062-7058
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/14/2020
License # 020233 DALLAS TEXAS CAREGIVERS LLC
Lic Expire 10/14/2022 13155 NOEL RD SUITE 900
Medicare 1: DALLAS, TEXAS 75240
Medicare 2:
Phone (469) 430-3642 Fax (469) 430-3642
Type: Parent Agency Administrator NICODEMUS OBUYA

Owner Information

DALLAS TEXAS CAREGIVERS LLC
8811 TEEL PARKWAY STE 100-5234
FRISCO, TX 75036
PHONE: (469) 430-3642 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/11/2010
License # 013623 DANIELLA HOME HEALTH SERVICES INC
Lic Expire 10/31/2020 9550 FOREST LANE STE 635
Medicare 1: 747612 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 503-0335 Fax (214) 503-0433
Type: Parent Agency Administrator MELVIES EBEN

Owner Information

DANIELLA HOME HEALTH SERVICES INC
9550 FOREST LANE, STE#635
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/13/2017
License # 017399 DAYBREAK COMMUNITY SERVICES TEXAS LLC
Lic Expire 5/31/2022 1636 N. HAMPTON ROAD STE 270
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 228-5830 Fax (972) 228-3103
Type: Branch Agency Administrator DEBBIE YOUNGBLOOD

Owner Information

DAYBREAK COMMUNITY SERVICES TEXAS LLC
4100 INTERNATIONAL PLAZA SUITE 800
FORT WORTH, TX 76109
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/21/2013
License # 015612 DE LOVELY HOME CARE INC
Lic Expire 6/30/2023 4442 HANOVER STREET
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (214) 881-1888 Fax (469) 375-2476
Type: Parent Agency Administrator EVBU OSUNDE

Owner Information

PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/31/2014
License # 016550 DEBTAG HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 3205 BENT OAK DRIVE
Medicare 1: 747396 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 572-6400 Fax (972) 572-6402
Type: Parent Agency Administrator DEBORAH FASORO

Owner Information

DEBTAG HOME HEALTH SERVICES INC
3205 BENT OAK DRIVE
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/09/2018
License # 018880 DEDICATED HOSPICE CARE LLC
Lic Expire 8/31/2020 2665 VILLA CREEK SUITE 256
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 735-6622 Fax (972) 681-7779
Type: Parent Agency Administrator DANIEL GHIAS

Owner Information

DEDICATED HOSPICE CARE LLC
2665 VILLA CREEK DR
DALLAS, TX 75234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/17/2017
License # 018253 DEFAITH HOME HEALTH AGENCY INC
Lic Expire 8/31/2021 777. S CENTRAL EXPRESSWAY, SUITE 1-F
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 330-9214 Fax (972) 437-4199
Type: Parent Agency Administrator DEBORAH UGWA

Owner Information

DEFAITH HOME HEALTH AGENCY INC
2331 GUS THOMASSON ROAD SUITE 17
DALLAS, TX 75228
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/12/2004
License # 009249 DELTA HOME HEALTH CARE
Lic Expire 8/31/2022 10211 GARLAND ROAD
Medicare 1: 457817 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (214) 660-0685 Fax (214) 321-3598
Type: Parent Agency Administrator JOHN OYIBO

Owner Information

DELTA HOME HEALTH CARE
10211 GARLAND ROAD
DALLAS, TX 75218
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/14/2015
License # 016741 DELTA HOSPICE LLC
Lic Expire 4/30/2023 2410 LUNA ROAD, SUITE 140
Medicare 1: 741597 HOSPICE CARROLLTON, TEXAS 75006
Medicare 2:
Phone (214) 432-4358 Fax (214) 390-7994
Type: Parent Agency Administrator BIJILI VARANATH

Owner Information

DELTA HOSPICE LLC
2410 LUNA ROAD STE 140
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/26/2004
License # 009062 DELTACARE HOME HEALTH SERVICES LLC
Lic Expire 1/31/2023 2608 TEXAS DRIVE
Medicare 1: 453195 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 255-6171 Fax (972) 257-3193
Type: Parent Agency Administrator SOPHIAMMA CHACKO

Owner Information

DELTACARE HOME HEALTH SERVICE LLC
2121 W AIRPORT FREEWAY SUI TE 320
IRVING, TX 75062-6028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/14/2017
License # 018027 DEPENDABLE HOME CARE INC
Lic Expire 4/30/2023 3617 BROADWAY BLVD STE A
Medicare 1: 679381 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 221-7900 Fax (214) 221-7911
Type: Parent Agency Administrator SAM VARGHESE

Owner Information

DEPENDABLE HOME CARE INC
3617 BROADWAY BLVD., SUITE A
GARLAND, TX 75043-1663
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	DALLAS	Region	03	Date Licensed	03/25/2009	Owner Information	
License #	012731					DESTINY FIRST HOME HEALTH CARE INC	
Lic Expire	3/31/2023						
Medicare 1:	747240						
Medicare 2:							
Phone	(972) 757-8914	Fax	(972) 675-2104			PHONE:	FAX:
Type:	Parent Agency	Administrator	GERALDINE OKPARA			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/13/2012	Owner Information	
License #	019050					DESTINY'S HOME HEALTH CARE LLC	
Lic Expire	8/9/2022					337 OAKS TRAIL STE 104	
Medicare 1:	679244 HHA-18					GARLAND, TX 75043	
Medicare 2:							
Phone	(214) 321-1323	Fax	(214) 321-1326			PHONE:	FAX:
Type:	Parent Agency	Administrator	ANNIE SUNNY			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/27/2003	Owner Information	
License #	008474					DEVINE HOME HEALTH AGENCY INC	
Lic Expire	5/31/2024					800 W AIRPORT FREEWAY SUITE 514	
Medicare 1:	679453 HHA-18					IRVING, TX 75065	
Medicare 2:							
Phone	(972) 871-9152	Fax	(972) 871-9172			PHONE:	FAX:
Type:	Parent Agency	Administrator	CHINWE ANYAEBUNAM			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/14/2016	Owner Information	
License #	017357					DEVOTED ASSISTANCE INC	
Lic Expire	4/30/2022					512 N HAMPTON ROAD #105	
Medicare 1:						DESOTO, TX 75115	
Medicare 2:							
Phone	(860) 880-0256	Fax	(972) 476-0971			PHONE:	FAX:
Type:	Parent Agency	Administrator	HENRY YOUNG			Services:	Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/08/2008	Owner Information	
License #	011892					DFW CONSOLIDATED HEALTHCARE SERVICES LLC	
Lic Expire	2/28/2023					P. O. BOX 764677	
Medicare 1:	679136 HHA-18					DALLAS, TEXAS 75356	
Medicare 2:							
Phone	(972) 287-8300	Fax	(972) 287-1882			PHONE:	FAX:
Type:	Parent Agency	Administrator	PATRICIA MAZIE-KALU			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/05/2021	Owner Information	
License #	020673					DFW HOME HEALTH INC	
Lic Expire	4/5/2024					2323 W ROCHELLE ROAD 7 STE #B1	
Medicare 1:						IRVING, TX 75062	
Medicare 2:							
Phone	(682) 816-0324	Fax	(682) 816-0325			PHONE:	FAX:
Type:	Parent Agency	Administrator	ASHRUF KHAN			Services:	Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/01/2012	Owner Information	
License #	015223					LHCG XXXIII, LLC	
Lic Expire	6/30/2022					PO BOX 51266	
Medicare 1:	458444 HHA-18					LAFAYETTE, LA	
Medicare 2:							
Phone	(214) 891-8700	Fax	(214) 891-8799			PHONE:	FAX:
Type:	Parent Agency	Administrator	JILLIAN BARRAGAN			Services:	Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	05/02/2017	Owner Information
License #	018032					DIADEM HEARTS INC
Lic Expire	5/31/2021					7268 PORTILLO
Medicare 1:						GRAND PRAIRIE, TEXAS 75054
Medicare 2:						PHONE:
Phone	(469) 941-4022	Fax	18668038759			FAX:
Type:	Parent Agency	Administrator	SIMINIBE MONEKE			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/01/2004	Owner Information
License #	009433					DIAMOND CARE HEALTH SERVICES LLC
Lic Expire	11/30/2023					777 S. CENTRAL EXPRESSWAY SUITE 7E
Medicare 1:	457997 HHA-18					RICHARDSON, TEXAS 75080
Medicare 2:						PHONE:
Phone	(972) 479-1888	Fax	(972) 479-1887			FAX:
Type:	Parent Agency	Administrator	STEVE NWOSE			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/07/2018	Owner Information
License #	018598					DIAMOND HEALTHCARE SERVICES LLC
Lic Expire	2/28/2022					102 N SHILOH ROAD SUITE 212
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(469) 626-0152	Fax	(469) 626-0153			FAX:
Type:	Parent Agency	Administrator	IFEOMA EZENNIA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/07/2021	Owner Information
License #	021108					DIGNITY AND POISE HOSPICE, INC
Lic Expire	10/7/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(678) 642-3843	Fax	(949) 245-1455			FAX:
Type:	Parent Agency	Administrator	BRENDA SCOTT			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/09/2019	Owner Information
License #	019371					DIGNITY HOME HEALTHCARE LLC
Lic Expire	5/9/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 892-3729	Fax	(469) 782-0403			FAX:
Type:	Parent Agency	Administrator	ELVIS TAMIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/31/2015	Owner Information
License #	017537					HEBRON HOME HEALTH AND HOSPICE INC
Lic Expire	12/31/2021					8330 LBJ FREEWAY STE 720
Medicare 1:	741529 HOSPICE					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(972) 997-5941	Fax	(972) 499-1864			FAX:
Type:	Parent Agency	Administrator	JOELLE MILSTEIN-WOMACK			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/10/2018	Owner Information
License #	018743					DIRECT CARE SERVICES LLC
Lic Expire	5/31/2022					1412 MEADOW DRIVE
Medicare 1:						IRVING, TX 75248
Medicare 2:						PHONE:
Phone	(770) 837-4820	Fax	(972) 598-0384			FAX:
Type:	Parent Agency	Administrator	JOY OHAKWE			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/17/2017
License # 017973 DIRECT HOME HEALTH SERVICES INC
Lic Expire 2/28/2023 9319 LBJ FREEWAY STE 210
Medicare 1: 747842 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (877) 551-6668 Fax (877) 247-2003
Type: Parent Agency Administrator COURAGE EHIMWONZEE

Owner Information

DIRECT HOME HEALTH SERVICES INC
9319 LBJ FREEWAY STE 210
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/09/2017
License # 017842 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 1/31/2023 7929 BROOKRIVER DRIVE STE 600
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 231-0425 Fax (877) 463-1310
Type: Parent Agency Administrator FRANKIE DAVIS

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/28/2019
License # 019455 DIVICARE HOME HEALTHCARE SERVICES LLC
Lic Expire 6/28/2021 8005 N. MACARTHUR BLVD., SUITE 2017
Medicare 1: IRVING, TEXAS 750637648
Medicare 2:
Phone (469) 990-2915 Fax (214) 889-7700
Type: Parent Agency Administrator EDITH MONTGOMERY

Owner Information

DIVICARE HOME HEALTHCARE SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/29/2008
License # 012225 DIVINE EDGE HEALTH SERVICES LLC
Lic Expire 8/31/2022 8330 LBJ FREEWAY SUITE 315
Medicare 1: 747372 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 999-3107 Fax (888) 958-2383
Type: Parent Agency Administrator OLUYEMISI AKINODE

Owner Information

DIVINE EDGE HEALTH SERVICES LLC
8330 LBJ FREEWAY SUITE 345
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/15/2015
License # 017402 DIVINE HEALTH CARE SERVICES INC
Lic Expire 10/31/2023 3200 BROADWAY BLVD, SUITE 268
Medicare 1: 679265 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (903) 595-2400 Fax (903) 595-2415
Type: Parent Agency Administrator HAJARA BABALE

Owner Information

DIVINE HEALTH CARE SERVICES INC
3200 TROUP HIGHWAY SUITE 228
TYLER, TX 75701
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/11/2017
License # 018470 DIVINE HOME HEALTH AGENCY LLC
Lic Expire 8/31/2023 2700 W PLEASANT RUN ROAD SUITE 380
Medicare 1: 679401 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (214) 221-0790 Fax (972) 685-7898
Type: Parent Agency Administrator CORAZON PAULO

Owner Information

DIVINE HOME HEALTH AGENCY LLC
2700 W PLEASANT RUN ROAD SUITE 360
LANCASTER, TX 75146
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/29/2012
License # 014984 DIVINE HOME HEALTH CARE
Lic Expire 7/31/2022 4312 ONYX DR
Medicare 1: 673172 HHA-18 CARROLLTON, TEXAS 75010
Medicare 2:
Phone 972 939 1076, 214 789 Fax (972) 242-6925
Type: Parent Agency Administrator LEELAVATHI NAMPUTHIRI

Owner Information

AMRITA GROUP INC
4312 ONYX DR
CARROLLTON, TX 75010
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	DALLAS	Region	03	Date Licensed	06/14/2018	Owner Information
License #	018785					DIVINE PHC LLC
Lic Expire	6/30/2020					808 ORIOLE DRIVE
Medicare 1:						FORNEY, TX 75126
Medicare 2:						PHONE:
Phone	(214) 367-0315	Fax	(214) 647-1866			FAX:
Type:	Parent Agency	Administrator	JOY FLETCHER			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/24/2018	Owner Information
License #	018900					NURSE CALL HOSPICE CARE INC
Lic Expire	8/31/2022					752 WILDWOOD LANE
Medicare 1:	971580					ROCKWALL, TX 75087
Medicare 2:						PHONE:
Phone	(972) 590-0231	Fax	(972) 590-0232			FAX:
Type:	Parent Agency	Administrator	ADHANET ASGEDOM			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	10/19/2020	Owner Information
License #	020010					INFINITE HEALTH CARE SERVICES LLC
Lic Expire	6/23/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 695-6455	Fax	(972) 984-7967			FAX:
Type:	Parent Agency	Administrator	AMINA SULTAN			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	05/31/2013	Owner Information
License #	015633					DIVINEHEART HEALTHCARE INC
Lic Expire	8/31/2023					12959 JUPITER RD STE 180
Medicare 1:	677945					DALLAS, TX 75238
Medicare 2:						PHONE:
Phone	(214) 452-6253	Fax	(214) 231-9072			FAX:
Type:	Parent Agency	Administrator	GABRIEL NWACHUKWU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/20/2017	Owner Information
License #	018299					SYNERHEALTH CARE LLC
Lic Expire	7/31/2023					1111 W MOCKINGBIRD LANE SUITE 950
Medicare 1:	741655 HOSPICE					DALLAS, TX 75247-5028
Medicare 2:						PHONE:
Phone	(833) 348-4647	Fax	(214) 530-2051			FAX:
Type:	Parent Agency	Administrator	PETER LYNCH			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	04/29/2010	Owner Information
License #	013277					DALLAS LENDING SOURCE LLC
Lic Expire	4/30/2022					P.O. BOX 4503
Medicare 1:	747591 HHA-18					CEDAR HILL, TX 75106
Medicare 2:						PHONE:
Phone	(214) 893-3531	Fax	(972) 499-2458			FAX:
Type:	Parent Agency	Administrator	MELISSA GIPSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	03/02/2016	Owner Information
License #	017298					DREAM LAND HEALTHCARE INC
Lic Expire	3/31/2022					3213 IH - 30 SUITE 304
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(469) 264-4376	Fax	(214) 594-7679			FAX:
Type:	Parent Agency	Administrator	RITA AGU			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/15/2013
License # 015310 E & C HOME HEALTHCARE CORPORATION
Lic Expire 6/30/2021 13339 N CENTRAL EXPY STE 100
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 545-2738 Fax (214) 628-9599
Type: Parent Agency Administrator CHUCK OGBU

Owner Information

E & C HOME HEALTHCARE CORPORATION
1315 CHARDONNAY DRIVE
ALLEN, TX 75002
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/04/2011
License # 014538 E CARE HOME HEALTH SERVICES INC
Lic Expire 8/31/2021 3939 US HWY 80 E STE 326B
Medicare 1: 747182 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 484-1644 Fax (214) 484-1200
Type: Parent Agency Administrator NNONYITUM EJESIEME

Owner Information

ECARE HOME HEALTH SERVICES INC
3939 US HWY 80 EAST STE 326B
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/12/2010
License # 013312 E E CORNERSTONE HOME HEALTH INC
Lic Expire 5/31/2022 203 LONGHORN TRAIL
Medicare 1: 747759 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (214) 809-0449 Fax (972) 854-6632
Type: Parent Agency Administrator CAROLINE NWACHUKWU

Owner Information

E E CORNERSTONE HOME HEALTH INC
203 LONGHORN TRL
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/01/2019
License # 019219 EARTHLY VESSEL SENIOR CARE LLC
Lic Expire 1/23/2021 17304 PRESTON RD SUITE 800
Medicare 1: DALLAS, TX 75252
Medicare 2:
Phone (214) 865-6165 Fax
Type: Parent Agency Administrator DEANDRA MITCHELL

Owner Information

EARTHLY VESSELS SENIOR CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/21/2020
License # 020186 EASY INHOMECARE
Lic Expire 9/21/2022 3213 INTERSTATE 30, SUITE 410
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 558-8239 Fax (214) 484-3243
Type: Parent Agency Administrator CATHERINE EBUNE

Owner Information

EASY GLOBAL VENTURES, LLC
3213 I-30, STE #410
MESQUITE, TEXAS 75150
PHONE: (469) 558-8239 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/24/2006
License # 010358 EBENEZER HOME HEALTH
Lic Expire 3/31/2023 1515 E KEARNEY ST SUITE 100
Medicare 1: 677948 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 289-9400 Fax (972) 289-9402
Type: Parent Agency Administrator THOMAS SAMUEL

Owner Information

EBENEZER HOME HEALTH CARE LLC
1515 E KEARNEY ST SUITE 100
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/31/2005
License # 010094 ECLIPSE HOME HEALTH SERVICES INC
Lic Expire 10/31/2022 1452 JUNCTION RUN
Medicare 1: 677819 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 222-0322 Fax (972) 222-0396
Type: Parent Agency Administrator FLORENCE CHINWUBA

Owner Information

ECLIPSE HOME HEALTH SERVICES INC
2720 CAMERON WAY
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/15/2008
License # 012172 EFE HEALTHCARE SERVICES INC
Lic Expire 8/31/2023 888 SOUTH GREENVILLE AVENUE SUITE 111
Medicare 1: 747141 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 331-5703 Fax (972) 331-5704

Owner Information

EFE HEALTHCARE SERVICES INC
1510 RIVERDALE DRIVE
ALLEN, TX 75013

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator FRANKLIN HADOME

County **DALLAS** Region 03 Date Licensed 04/01/2021
License # 020665 EFFORDABLE SERVICES LLC
Lic Expire 4/1/2024 15330 LYNDON B JOHNSON FWY SUITE 101
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 709-8215 Fax (469) 709-8216

Owner Information

EFFORDABLE SERVICES LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator MYKEL BOYD

County **DALLAS** Region 03 Date Licensed 10/16/2009
License # 012902 EGO HEALTH SERVICES
Lic Expire 10/31/2023 2912 NORTH MACARTHUR BLVD SUITE 104
Medicare 1: IRVING, TX 750624489
Medicare 2:
Phone (972) 871-1818 Fax (972) 252-3300

Owner Information

EGO GROUP, INC
SAME AS ABOVE
IRVING, TX 75062

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator EBUBE EHIOBU

County **DALLAS** Region 03 Date Licensed 05/27/2010
License # 013359 EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC
Lic Expire 5/31/2022 1420 W. MOCKINGBIRD LANE #575
Medicare 1: 747588 DALLAS, TX 75247
Medicare 2:
Phone (214) 637-1128 Fax (214) 637-2919

Owner Information

EHS ENTERPRISE HOME HEALTH SOLUTIONS LLC
1420 W MOCKINGBIRD LANE #575
DALLAS, TX 75247

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator JACKIE EUBANKS

County **DALLAS** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE B
Medicare 1: 677455 HHA-18 BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-4999 Fax (325) 643-5538

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator SUSAN GREENWAY

County **DALLAS** Region 05 Date Licensed 04/26/2017
License # 018191 ELARA CARING
Lic Expire 4/30/2021 108 E FM 2410 STE A
Medicare 1: 459481 HHA-18 HARKER HEIGHTS, TX 76548
Medicare 2:
Phone (254) 554-3500 Fax (254) 554-3458

Owner Information

TEXAS HOME HEALTHCARE PARTNERS, LP
700 HIGHLANDER SUITE 160
ARLINGTON, TX 76015

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator HEIDI TINCH

County **DALLAS** Region 01 Date Licensed 04/26/2017
License # 018129 ELARA CARING
Lic Expire 4/30/2023 521 E. BAKER ST., SUITE B
Medicare 1: 677455 HHA-18 BROWNWOOD, TX 76801
Medicare 2:
Phone (325) 643-4999 Fax (325) 643-5538

Owner Information

BRADY HEALTH CARE SERVICES, INC
521 E. BAKER ST., SUITE B
BROWNWOOD, TX 76801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator SUSAN GREENWAY

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/26/2017	Owner Information
License #	018128	ELARA CARING				TEXAS HOME HEALTHCARE PARTNERS, LP
Lic Expire	4/30/2021	1333 CORPORATE DR. STE. 350A				700 HIGHLANDER SUITE 160
Medicare 1:	679013 HHA-18	IRVING, TX 75038				ARLINGTON, TX 76015
Medicare 2:						PHONE:
Phone	(817) 336-3257	Fax	817 336 3267			FAX:
Type:	Parent Agency	Administrator	VINCENT BARRY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	01	Date Licensed	04/26/2017	Owner Information
License #	018129	ELARA CARING				BRADY HEALTH CARE SERVICES, INC
Lic Expire	4/30/2023	521 E. BAKER ST., SUITE B				521 E. BAKER ST., SUITE B
Medicare 1:	677455 HHA-18	BROWNWOOD, TX 76801				BROWNWOOD, TX 76801
Medicare 2:						PHONE:
Phone	(325) 643-4999	Fax	(325) 643-5538			FAX:
Type:	Parent Agency	Administrator	SUSAN GREENWAY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	01	Date Licensed	08/06/2014	Owner Information
License #	016494	ELARA CARING				PRIMARY NURSE CARE, INC
Lic Expire	8/31/2022	23 HOSPITAL DRIVE, SUITE 103				14295 MIDWAY ROAD SUITE 400
Medicare 1:	678097 HHA-18	ABILENE, TX 79606				ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(325) 677-2903	Fax	(325) 677-2530			FAX:
Type:	Parent Agency	Administrator	SUSAN GREENWAY			Services: Licensed and Certified Home Health Services
County	DALLAS	Region	03	Date Licensed	01/06/2017	Owner Information
License #	017965	ELARA CARING				GRAPEVINE MISSION HOSPICE, LLC
Lic Expire	1/31/2023	1333 CORPORATE DR. STE 350 C				14295 MIDWAY ROAD, SUITE #400
Medicare 1:	671699 HOSPICE	IRVING, TX 75038				ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(866) 446-1067	Fax	(855) 852-5141			FAX:
Type:	Parent Agency	Administrator	TIFFANY CLARK			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	04	Date Licensed	03/07/2017	Owner Information
License #	018042	ELARA CARING				HOMETOWN HOME HEALTH SERVICES, INC
Lic Expire	3/31/2023	4027 LAMAR AVE, SUITE A				3025 LAMAR AVE
Medicare 1:	459063 HHA-18	PARIS, TX 75462				PARIS, TX 75460-5013
Medicare 2:						PHONE:
Phone	(903) 784-8088	Fax	(903) 737-8714			FAX:
Type:	Parent Agency	Administrator	ROBIN WEBB			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	05	Date Licensed	04/26/2017	Owner Information
License #	018188	ELARA CARING				TEXAS HOME HEALTHCARE PARTNERS, LP
Lic Expire	4/30/2023	1 CHISHOLM TRAIL, SUITE 250 A				700 HIGHLANDER SUITE 160
Medicare 1:	457661 HHA-18	ROUND ROCK, TX 78681				ARLINGTON, TX 76015
Medicare 2:						PHONE:
Phone	(512) 733-1515	Fax	(512) 733-1525			FAX:
Type:	Parent Agency	Administrator	HEIDI TINCH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	07	Date Licensed	04/14/2015	Owner Information
License #	016866	ELARA CARING				CIMA HOSPICE OF CORPUS CHRISTI, LLC
Lic Expire	4/30/2024	4444 CORONA DR STE 234				
Medicare 1:	741664 HOSPICE	CORPUS CHRISTI, TX 78411				PHONE:
Medicare 2:						FAX:
Phone	(361) 248-4776	Fax	(361) 248-4638			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ALICIA GARCIA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/01/2016
License # 017542 ELARA CARING
Lic Expire 1/31/2022 1502 10TH STREET STE B
Medicare 1: 459238 HHA-18 BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-6370 Fax (940) 683-2691

Type: Parent Agency Administrator LINDA ADAIR

Owner Information

WISE COUNTY HOME HEALTH, INC
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 05 Date Licensed 01/06/2017
License # 018015 ELARA CARING
Lic Expire 1/31/2023 827 N MAIN ST
Medicare 1: 451748 HOSPICE CLEBURNE, TX 76033
Medicare 2:
Phone (817) 517-7336 Fax (817) 202-8731

Type: Parent Agency Administrator TIFFANY MOORE

Owner Information

DALLAS HOSPICE, INC
14925 MIDWAY RD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 04 Date Licensed 02/01/2016
License # 017314 ELARA CARING
Lic Expire 1/31/2022 4027 LAMAR AVE, SUITE C
Medicare 1: 677908 HHA-18 PARIS, TX 75462
Medicare 2:
Phone (903) 395-2811 Fax (903) 537-8996

Type: Parent Agency Administrator KENDRA YAROSS

Owner Information

COOPER HOME HEALTH, INC
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 04 Date Licensed 09/24/2012
License # 015084 ELARA CARING
Lic Expire 9/30/2022 4027 LAMAR AVE, SUITE B
Medicare 1: 671759 HOSPICE PARIS, TX 75462
Medicare 2:
Phone (903) 794-2462 Fax (903) 255-0540

Type: Parent Agency Administrator GREGORY BROOKS

Owner Information

CIMA HOSPICE OF TEXARKANA, LLC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 07 Date Licensed 07/16/2012
License # 015154 ELARA CARING
Lic Expire 7/31/2022 12400 NETWORK BLVD.
Medicare 1: 679275 HHA-18 SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 342-9922 Fax (210) 342-9929

Type: Parent Agency Administrator ROBERT CONTRERAS

Owner Information

DOMINION CARE MANAGEMENT GROUP, LLC
14295 MIDWAY ROAD, STE#400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/25/2012
License # 015098 ELARA CARING
Lic Expire 5/31/2022 1333 CORPORATE DR. STE. 350B
Medicare 1: 743142 HHA-18 IRVING, TX 75038
Medicare 2:
Phone (972) 756-1080 Fax (972) 756-1072

Type: Parent Agency Administrator KAREN TORTI

Owner Information

VIVA HOME HEALTH SERVICES, LLC
14295 MIDWAY ROAD, STE#400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 04 Date Licensed 04/01/2007
License # 011269 ELARA CARING
Lic Expire 3/31/2022 714 WEST GIBSON SUITE 10
Medicare 1: JASPER, TX 75951
Medicare 2:
Phone (409) 384-6577 Fax (409) 384-6569

Type: Parent Agency Administrator REBECCA THOMAS

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 06 Date Licensed 04/01/2007
License # 011267 ELARA CARING
Lic Expire 3/31/2022 4205 FAIRMONT PARKWAY SUITE 150
Medicare 1: PASADENA, TX 77504
Medicare 2:
Phone (713) 472-3198 Fax (713) 472-2587
Type: Parent Agency Administrator REBECCA THOMAS

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 04/01/2007
License # 011260 ELARA CARING
Lic Expire 3/31/2023 12400 NETWORK BLVD.
Medicare 1: SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 737-1700 Fax (210) 785-9908
Type: Parent Agency Administrator KRYSELDA LOPEZ-MIRANDA

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 05/19/2006
License # 010469 ELARA CARING
Lic Expire 5/31/2022 3524 W ALBERTA ROAD
Medicare 1: 671558 HOSPICE EDINBURG, TX 78539
Medicare 2:
Phone (956) 631-4354 Fax (956) 631-4042
Type: Parent Agency Administrator ALICIA GARICA

Owner Information

CIMA HOSPICE OF THE VALLEY, LP
14295 MIDWAY RD. STE #400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 05 Date Licensed 01/03/2008
License # 011829 ELARA CARING
Lic Expire 1/31/2022 110 N BEATON STREET
Medicare 1: 457087 HHA-18 CORSICANA, TX 75110
Medicare 2:
Phone (972) 937-1359 Fax (972) 937-1971
Type: Parent Agency Administrator TINA ANDERSON

Owner Information

HOME HEALTH OF TARRANT COUNTY, INC
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 07 Date Licensed 04/01/2007
License # 011265 ELARA CARING
Lic Expire 3/31/2022 4444 CORONA DRIVE SUITE 233
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 855-2090 Fax (361) 855-0973
Type: Parent Agency Administrator KRYSELDA LOPEZ-MIRANDA

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 05/31/2006
License # 010496 ELARA CARING
Lic Expire 5/31/2024 12400 NETWORK BLVD.
Medicare 1: 451765 HOSPICE SAN ANTONIO, TX 78249
Medicare 2:
Phone (210) 561-5522 Fax (210) 561-5633
Type: Parent Agency Administrator SARAH HOPPER MARQUIS

Owner Information

CIMA HOSPICE OF SAN ANTONIO, LP
14295 MIDWAY RD STE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 04 Date Licensed 01/01/2003
License # 008276 ELARA CARING
Lic Expire 12/31/2022 2039 CROCKETT RD
Medicare 1: 458346 HHA-18 PALESTINE, TX 75801
Medicare 2:
Phone (903) 723-1657 Fax (903) 723-5227
Type: Parent Agency Administrator TINA ANDERSON

Owner Information

JHS OPERATIONS, LLC
2039 CROCKETT RD.
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008275		ELARA CARING			JHC OPERATIONS, LLC
Lic Expire	12/31/2021		412 HIGHWAY 37 SOUTH			14295 MIDWAY RD., SUITE#400
Medicare 1:			MOUNT VERNON, TX 75457			ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(903) 537-3600	Fax	(903) 537-3300			FAX:
Type:	Parent Agency	Administrator	CYNTHIA GORE			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008274		ELARA CARING			JHS OPERATIONS, LLC
Lic Expire	12/31/2022		714 WEST GIBSON ST SUITE 4			2039 CROCKETT RD.
Medicare 1:	677660 HHA-18		JASPER, TX 75951			PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(409) 489-9104	Fax	(409) 489-0551			FAX:
Type:	Parent Agency	Administrator	GILLIAN MORRIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	08/03/2017	Owner Information
License #	018501		ELI HOME HEALTH SERVICES INC			ELI HOME HEALTH SERVICES INC
Lic Expire	8/31/2023		9550 FOREST LANE STE 319			9550 FOREST LANE STE 319
Medicare 1:	747088 HHA-18		DALLAS, TX 75243			DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(972) 807-2727	Fax	(972) 807-2790			FAX:
Type:	Parent Agency	Administrator	KENNETH OCHULOR			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/31/2005	Owner Information
License #	009560		ELIM HOME HEALTH INC			ELIM HOME HEALTH INC
Lic Expire	1/31/2023		18601 LYNDON B JOHNSON FWY STE 110			8344 E RL THORNTON FWY SUITE 315
Medicare 1:	457962 HHA-18		MESQUITE, TEXAS 75150			DALLAS, TX 75228
Medicare 2:						PHONE:
Phone	(972) 290-9721	Fax	(972) 288-1764			FAX:
Type:	Parent Agency	Administrator	JESSY THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/05/2018	Owner Information
License #	018550		ELIM HOSPICE LLC			ELIM HOSPICE LLC
Lic Expire	1/31/2020		18601 LYNDON B JOHNSON FWY SUITE 110			8344 E RL THORNTON FWY, SUITE 315E
Medicare 1:			MESQUITE, TEXAS 75150			DALLAS, TX 75228
Medicare 2:						PHONE:
Phone	(469) 340-2149	Fax	(972) 288-1764			FAX:
Type:	Parent Agency	Administrator	LARRY BARTHEL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	10/25/2016	Owner Information
License #	017885		ELITE HOSPICE OF TEXAS			GIFT OF LIFE HOSPICE LLC
Lic Expire	2/26/2021		13601 PRESTON RD, SUITE E0600			10935 ESTATE LANE STE S 362
Medicare 1:	741512 HOSPICE		DALLAS, TX 75240			DALLAS, TX 75238
Medicare 2:						PHONE:
Phone	(972) 770-0597	Fax	(972) 770-0598			FAX:
Type:	Parent Agency	Administrator	LATAYA FORWARD			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	03/10/2004	Owner Information
License #	008959		ELITE HOSPICE OF TEXAS			BISHOP HOSPICE LLC
Lic Expire	3/31/2025		13601 PRESTON RD SUITE# E0600			809 MEADOWSIDE CT
Medicare 1:	451776 HOSPICE		DALLAS, TX 752404936			GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(972) 770-0597	Fax	(972) 770-0598			FAX:
Type:	Parent Agency	Administrator	SHIBU SAMUEL			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	02/09/2021	Owner Information	
License #	020522					ELIZABETH HEALTHCARE SERVICES INC	
Lic Expire	2/9/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 677-0098	Fax	(469) 677-0118			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALFRED AKINOLA				
County	DALLAS	Region	03	Date Licensed	07/06/2016	Owner Information	
License #	017496					ELOQUENT HOME HEALTH INC	
Lic Expire	7/31/2022					10945 ESTATE LANE SUITE E158	
Medicare 1:						DALLAS, TX 75238	
Medicare 2:						PHONE:	FAX:
Phone	(972) 807-6868	Fax	(972) 807-6742			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JANE UWAGA				
County	DALLAS	Region	03	Date Licensed	07/25/2016	Owner Information	
License #	017765					ELVIS HOME HEALTH CARE LLC	
Lic Expire	7/31/2022					9535 FOREST LANE STE 246	
Medicare 1:						DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(469) 372-0947	Fax	(469) 420-5373			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EMMANUEL EBEN				
County	DALLAS	Region	03	Date Licensed	07/01/2008	Owner Information	
License #	012079					ELYSIAN HOSPICE LLC	
Lic Expire	6/30/2022					2537 GOLDEN BEAR DRIVE	
Medicare 1:	671613 HOSPICE					CARROLLTON, TX 75006	
Medicare 2:						PHONE:	FAX:
Phone	972 2241876	Fax	972 2241494			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LATASHA HOLLIS				
County	DALLAS	Region	03	Date Licensed	12/31/2018	Owner Information	
License #	019308					ADORATION HOSPICE CARE TEXAS, LLC	
Lic Expire	12/31/2022						
Medicare 1:	74-1721						
Medicare 2:						PHONE:	FAX:
Phone	(469) 995-2456	Fax	(469) 995-2809			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	KEITH BECKER				
County	DALLAS	Region	03	Date Licensed	01/15/2021	Owner Information	
License #	020467					EMERALD HEALTHCARE SERVICES INC	
Lic Expire	1/15/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 517-1979	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR AGUMALU				
County	DALLAS	Region	03	Date Licensed	02/25/2019	Owner Information	
License #	019277					5550 HARVEST HILL ROAD OPCO, LLC	
Lic Expire	2/25/2021					4900 AIRPORT PARKWAY, BOX 13	
Medicare 1:						ADDISON, TEXAS 75001	
Medicare 2:						PHONE:	FAX:
Phone	(972) 619-6250	Fax	(469) 287-5892			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YESENIA RODRIGUEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 09/15/2005
License # 009960 EMINENT HOME HEALTHCARE LLC
Lic Expire 9/30/2022 10864 AUDELIA RD #100
Medicare 1: 677937 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 660-4404 Fax (214) 660-4406

Type: Parent Agency Administrator VALSAMMA KOSHY

Owner Information

EMINENT HOME HEALTHCARE LLC
PO BOX 870446
MESQUITE, TX 75187
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/14/2018
License # 018886 EMMANUAL CURAE HOSPICE CARE LLC
Lic Expire 8/31/2022 4505 STIRLING DR
Medicare 1: 971615 GARLAND, TX 75043
Medicare 2:
Phone (682) 812-9294 Fax (972) 240-5523

Type: Parent Agency Administrator DELENE MARONEY (GEORGE)

Owner Information

EMMANUAL CURAE HOSPICE CARE LLC
4505 STIRLING DR
GARLAND, TX 75043
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/11/2006
License # 010679 EMRICK HOME HEALTH
Lic Expire 8/31/2022 1919 S SHILOH ROAD STE 540
Medicare 1: 743125 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 494-5444 Fax (972) 494-2331

Type: Parent Agency Administrator PATRICK JACKSON

Owner Information

EMRICK SERVICES INCORPORATED
1919 S SHILOH ROAD STE 540
GARLAND, TX 75042
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2024 150 E. HIGHWAY 67, SUITE 250
Medicare 1: DUNCANVILLE, TEXAS 75137
Medicare 2:
Phone 972 2983400 Fax 972 2983408

Type: Branch Agency Administrator LINDA FARRIS

Owner Information

EH HOME HEALTH OF DFW, LLC
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 01/07/2008
License # 011957 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 1/31/2025 10300 NORTH CENTRAL EXPRESSWAY, SUITE 355
Medicare 1: 678243 HHA-18 DALLAS, TEXAS 75231
Medicare 2:
Phone 214 5037700 Fax 214 5031221

Type: Parent Agency Administrator KARA BAGLEY

Owner Information

TEXAS SENIOR CARE, LP
6688 N CENTRAL EXPRESSWAY SUITE 1300
DALLAS, TX 75206-3950
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/20/2013
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 9/30/2023 10300 N CENTRAL EXPRESSWAY, SUITE 358
Medicare 1: DALLAS, TEXAS 75231
Medicare 2:
Phone 469 6773100 Fax 214 3634348

Type: Alternate Delivery Site Administrator RANDY PICKERING

Owner Information

APEX HOSPICE, LLC
6688 N. CENTRAL EXPRESSWAY, STE 1300
DALLAS, TEXAS 75206
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed
License # 021331 ENTRUSTED PEDIATRIC HOME CARE
Lic Expire 12/1/2024 275 W CAMPBELL ROAD, STE 255
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 885-0199 Fax (512) 735-2061

Type: Parent Agency Administrator NICHOLAS NORWOOD

Owner Information

ENTRUSTED PEDIATRIC HOME CARE
7600 CHEVY CHASE DR BLDG 2 STE 300
AUSTIN, TX 78752
PHONE:
FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/19/2008	Owner Information
License #	012183					ENVISION HOME HEALTH CARE LLC
Lic Expire	8/31/2022					310 E I-30 SUITE #314
Medicare 1:	747266 HHA-18					GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(972) 285-7286	Fax	(972) 285-7296			FAX:
Type:	Parent Agency	Administrator	BOBBY KOSHY			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/04/2020	Owner Information
License #	020289					ENVISION HOSPICE
Lic Expire	11/4/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 285-7286	Fax	(972) 285-7296			FAX:
Type:	Parent Agency	Administrator	BOBBY KOSHY			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed		Owner Information
License #	014228					ENVOY HOSPICE, LLC
Lic Expire	7/31/2023					500 FAULCONER DRIVE, STE. 200
Medicare 1:						CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(972) 233-0525	Fax	(972) 233-0553			FAX:
Type:	Alternate Delivery Site	Administrator	ALICIA RICHARDSON			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	04/27/2016	Owner Information
License #	017869					CHANNEL HEALTH GROUP OF COMPANIES, INC
Lic Expire	4/30/2022					3939 US HWY 80 E, STE 239A
Medicare 1:	453176 HHA-18					MESQUITE, TX
Medicare 2:						PHONE:
Phone	(972) 394-0205	Fax	(972) 394-0147			FAX:
Type:	Parent Agency	Administrator	NAINAN ANJILIMOOTHIL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	11/04/2021	Owner Information
License #	021185					ETCHED QUALITY CARE LLC
Lic Expire	11/4/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 737-4493	Fax	(972) 737-4492			FAX:
Type:	Parent Agency	Administrator	BENEDICT KAZORA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/19/2007	Owner Information
License #	011696					EVEREST HOME HEALTH CARE INC
Lic Expire	11/30/2022					611 N MACARTHUR BLVD STE 105
Medicare 1:	747042 HHA-18					IRVING, TX 75061
Medicare 2:						PHONE:
Phone	(972) 790-9730	Fax	(972) 790-9732			FAX:
Type:	Parent Agency	Administrator	KUSUMAM JACOB			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	06/12/2020	Owner Information
License #	019997					EXCEED HOME HEALTH CARE INC
Lic Expire	6/12/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 613-2444	Fax	(214) 580-2810			FAX:
Type:	Parent Agency	Administrator	DELIA YAKUBOV			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 05/06/2016
License # 017471 EXCEL HOME HEALTH SERVICES LLC
Lic Expire 5/31/2022 12200 FORD ROAD SUITE 340
Medicare 1: 679215 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (214) 553-1205 Fax (972) 664-0572

Type: Parent Agency Administrator BABY GEORGE

Owner Information

EXCEL HOME HEALTH SERVICES LLC
12200 FORD ROAD SUITE 340
DALLAS, TX 75234-7286
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/10/2013
License # 015809 EXCELLENT CARE HOME HEALTH LLC
Lic Expire 1/31/2022 2410 LUNA ROAD SUITE #252
Medicare 1: 747937 CARROLLTON, TEXAS 750066538
Medicare 2:
Phone (817) 370-4653 Fax (817) 295-4445

Type: Parent Agency Administrator PATRICIA HENDERSON

Owner Information

EXCELLENT CARE HOME HEALTH LLC
110 SW THOMAS ST SIDE A STE 1
BURLESON, TX 76028-3818
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2018
License # 019237 EXCEPTIONAL PATRIOTS HEALTHCARE, LLC
Lic Expire 5/31/2023 12100 FORD ROAD STE 46
Medicare 1: 747638 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (469) 697-6500 Fax (972) 476-1284

Type: Parent Agency Administrator ANGELA WESTFALL

Owner Information

EXCEPTIONAL PATRIOTS HEALTHCARE, LLC
9304 FOREST LANE, STE S146
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/01/2006
License # 010402 EXCLUSIVE HEALTH SERVICES INC
Lic Expire 3/31/2023 405 MAYFIELD AVE SUITE A
Medicare 1: 673122 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone 972 2718646 Fax 972 2785750

Type: Parent Agency Administrator OFONIME DANIEL

Owner Information

EXCLUSIVE HEALTH SERVICES INC
112 WESTMINISTER AVE
MURPHY, TX 75094
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/19/2009
License # 013010 EXODUS HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 1815 EDWARDS CHURCH ROAD
Medicare 1: 747495 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 222-5752 Fax (972) 222-5852

Type: Parent Agency Administrator SARAH FANKA

Owner Information

EXODUS HEALTHCARE SERVICES INC
1815 EDWARDS CHURCH RD
MESQUITE, TX 75181-1825
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/07/2020
License # 020382 EXPRESS HOMECARE SERVICES INC
Lic Expire 12/7/2022 124 GROSS RD STE F
Medicare 1: MESQUITE, TX 75149
Medicare 2:
Phone (214) 924-2474 Fax (214) 670-3305

Type: Parent Agency Administrator KRISTI JONES

Owner Information

EXPRESS HOMECARE SERVICES INC
124 GROSS RD STE F
MESQUITE, TX 75149
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/01/2017
License # 018293 EXTRAORDINARY HOMECARE SERVICES
Lic Expire 8/31/2023 811 S CENTRAL EXPRESSWAY STE. 303
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 427-4055 Fax (972) 217-8787

Type: Parent Agency Administrator MARGARET LAWAL

Owner Information

EXTRAORDINARY HOMECARE SERVICES LLC
3939 BRIARGROVE LN APT 2103
DALLAS, TX 75287
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2005
License # 009934 F & F DEVOTED HOME HEALTH SERVICES INC
Lic Expire 8/31/2021 9304 FOREST LANE SUITE 275
Medicare 1: 679558 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 575-8565 Fax (214) 342-8566
Type: Parent Agency Administrator FLORENCE IGBINIGIE

Owner Information

F & F DEVOTED HOME HEALTH SERVICES INC
9304 FOREST LANE SUITE 275
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/28/2021
License # 021172 FAITH IN CARE HEALTH SERVICES LLC
Lic Expire 10/28/2024 310 EAST INTERSTATE 30 STE.312
Medicare 1: GARLAND, TEXAS 75041
Medicare 2:
Phone (469) 577-4068 Fax (866) 372-2505
Type: Parent Agency Administrator DENA SINGLETON

Owner Information

FAITH IN CARE HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/24/2003
License # 008712 FAITH PRESBYTERIAN HOSPICE
Lic Expire 10/31/2022 12477 MERIT DR
Medicare 1: 451754 HOSPICE DALLAS, TX 75251
Medicare 2:
Phone (972) 239-5300 Fax (214) 413-1555
Type: Parent Agency Administrator JOHN MEZO

Owner Information

GRACE PRESBYTERIAN MINISTRIES INC
550 E ANN ARBOR AVE
S, TX 75216
PHONE: (214) 376-1701 FAX: (214) 376-8694
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/21/2014
License # 016661 FAMILY CONNECTIONS HOME HEALTH CARE
Lic Expire 11/30/2022 401 S SHERMAN ST, STE 309
Medicare 1: 679445 HHA-18 RICHARDSON, TX 750814005
Medicare 2:
Phone (214) 941-9522 Fax (469) 733-1877
Type: Parent Agency Administrator STAN THOMAS

Owner Information

AMERICAN FAMILY CONNECTIONS, INC
2321 S BELTLINE RD STE 101 BOX 22
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/03/2009
License # 012840 FAMILY NURSES HOME HEALTH AGENCY
Lic Expire 9/30/2023 777 SOUTH CENTRAL EXPRESSWAY SUITE 1-A
Medicare 1: 747468 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 570-0022 Fax (214) 570-0002
Type: Parent Agency Administrator OMONO OMOKHODION

Owner Information

FAMILY NURSES HOME HEALTH SERVICES INC
777 SOUTH CENTRAL EXPRESS WAY SUITE 1-A
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 021374 FIRST AMERICAN LOVING CARE LLC
Lic Expire 2/8/2025 2525 EMPIRE DRIVE, # 4155
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (469) 468-1909 Fax na
Type: Parent Agency Administrator JOSEPH ELIJAH

Owner Information

FIRST AMERICAN LOVING CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2010
License # 013451 FIRST CALL OF DALLAS INC
Lic Expire 7/31/2022 8010 N STEMMONS FREEWAY SUITE 101
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (214) 631-9200 Fax (214) 631-9202
Type: Parent Agency Administrator SUSAN HOGUE

Owner Information

FIRST CALL OF DALLAS INC
8010 N STEMMONS FREEWAY SUITE 101
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	08/31/1997	Owner Information
License #	006374	FIRST CHOICE HOME HEALTH CARE AGENCY				FIRST CHOICE HOME HEALTH CARE LLC
Lic Expire	8/31/2021	106 EAST FAIN				106 E FAIN STREET
Medicare 1:	678475 HHA-18	DUNCANVILLE, TX 75116				DUNCANVILLE, TX 75116
Medicare 2:						PHONE:
Phone	(972) 780-1117	Fax (972) 780-1231				FAX:
Type:	Parent Agency	Administrator	CHARLES ETTA WILLIAMS			Services: Licensed and Certified Home Health Services
County	DALLAS	Region	03	Date Licensed	01/29/2010	Owner Information
License #	013087	FIRST CLASS CAREGIVERS INC				FIRST CLASS CAREGIVERS, INC
Lic Expire	1/31/2025	16415 ADDISON RD STE 150				16415 ADDISON ROAD STE. 150
Medicare 1:		ADDISON, TX 75001				ADDISON, TEXAS 75001
Medicare 2:						PHONE:
Phone	(214) 377-1760	Fax (972) 408-3436				FAX:
Type:	Parent Agency	Administrator	BERNIE FRANCIS			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/08/2011	Owner Information
License #	014147	FIRST CRYSTAL CARE INC				FIRST CRYSTAL CARE INC
Lic Expire	6/30/2023	1675 REPUBLIC PARKWAY #200C				1675 REPUBLIC PARKWAY # 200
Medicare 1:		MESQUITE, TX 75150				MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(972) 279-0682	Fax (972) 279-0689				FAX:
Type:	Parent Agency	Administrator	KENYA OMENUKOR			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/29/2009	Owner Information
License #	012570	FIRST RAPHA HOME HEALTH LLC				FIRST RAPHA HOME HEALTH, LLC
Lic Expire	4/30/2023	4402 BROADWAY BLVD SUITE 15				4402 BROADWAY BLVD, STE #15
Medicare 1:	747418 HHA-18	GARLAND, TX 75043				GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(972) 240-5300	Fax (972) 240-5332				FAX:
Type:	Parent Agency	Administrator	DELENE GEORGE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/25/2011	Owner Information
License #	013843	FIRST STEPS PEDIATRIC THERAPY SPECIALISTS				FST LLC
Lic Expire	1/31/2023	1333 CORPORATE DRIVE, STE 330				PO BOX 471459
Medicare 1:		IRVING, TX 75038				FORT WORTH, TX 76147
Medicare 2:						PHONE:
Phone	(972) 871-1800	Fax (972) 871-1802				FAX:
Type:	Parent Agency	Administrator	JACK GABEHART			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	12/04/2019	Owner Information
License #	019731	FIRST TEXAS HOSPICE LLC				FIRST TEXAS HOSPICE LLC
Lic Expire	12/4/2023	2410 LUNA ROAD, SUITE 254				
Medicare 1:	971639	CARROLLTON, TEXAS 75006				PHONE:
Medicare 2:						FAX:
Phone	(214) 614-6744	Fax (214) 304-7279				Services: Hospice
Type:	Parent Agency	Administrator	BIJILI VARANATH			In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	10/13/2014	Owner Information
License #	016482	FMS NORTH TEXAS HOME STAFF ASSIST				BIO MEDICAL APPLICATIONS OF TEXAS INC
Lic Expire	1/29/2021	8700 NORTH STEMMONS FWY SUITE 135				8925 HIGHWAY 6 NORTH, SUITE #100
Medicare 1:		DALLAS, TX 75247				HOUSTON, TX 77095
Medicare 2:						PHONE:
Phone	(214) 951-7714	Fax (214) 951-7740				FAX:
Type:	Parent Agency	Administrator	MARIA VALERA			Services: Licensed Home Health Services with Dialysis

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 11/22/2016
License # 017928 FORTRESS HOME HEALTH AGENCY INC
Lic Expire 11/30/2022 8330 LBJ FREEWAY SUITE 490
Medicare 1: 679790 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 283-9500 Fax (972) 283-9501
Type: Parent Agency Administrator MICHAEL UDOESSIEN

Owner Information

FORTRESS HOME HEALTH AGENCY INC
8330 LBJ FREEWAY STE 490
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/06/2009
License # 012971 FOUR SEASONS HOME HEALTH SERVICES INC
Lic Expire 11/30/2023 9304 FOREST LANE SUITE S201
Medicare 1: 747467 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 925-0735 Fax (972) 925-0482
Type: Parent Agency Administrator LAWRENCE OLIQBI

Owner Information

FOUR SEASONS HOME HEALTH SERVICES INC
531 CEDARBIRD TRAIL
MURPHY, TX 75094
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/04/2018
License # 018547 FREE SPIRIT COMPANION CARE
Lic Expire 1/31/2020 3131 MCKINNEY AVE STE 600
Medicare 1: DALLAS, TX 75204
Medicare 2:
Phone (214) 643-6060 Fax (214) 594-6101
Type: Parent Agency Administrator MAURICE SIMMONS

Owner Information

MAURICE SIMMONS
5008 HOLLAND AVENUE SUITE 16
DALLAS, TX 75209
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/30/2003
License # 008476 FRIENDLY HEALTHCARE SERVICES LLC
Lic Expire 5/31/2024 11325 PEGASUS STREET SUITE W 101
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (214) 341-0741 Fax (214) 341-1312
Type: Parent Agency Administrator SYLVESTER AKUNNE

Owner Information

FRIENDLY HEALTHCARE SERVICES LLC
1105 REGAL DRIVE
GARLAND, TX 75040
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/23/2016
License # 017871 FRONTVIEW HOME HEALTH
Lic Expire 9/30/2022 2323 W ROCHELLE RD, 7 SUITES # A
Medicare 1: 743188 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 424-1691 Fax (972) 423-2610
Type: Parent Agency Administrator ASHRUF KHAN

Owner Information

FRONTVIEW PROVIDER SERVICES INC
2505 TEXAS DRIVE STE 113-A
IRVING, TX 75062
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/22/2010
License # 013262 FUNDAMENTAL CARE HOME HEALTH AGENCY INC
Lic Expire 4/30/2022 8330 LBJ FREEWAY SUITE 670
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 403-7868 Fax (888) 551-3229
Type: Parent Agency Administrator JUDE OHUMAEGBULEM

Owner Information

FUNDAMENTAL CARE HOME HEALTH AGENCY, INC
SAME AS ABOVE
MESQUITE, TX 75181
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/10/2019
License # 019588 G & R COMMUNITY HEALTHCARE SERVICES
Lic Expire 9/10/2021 3939 US HIGHWAY 80 SUITE 390 D
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (972) 236-4126 Fax (972) 441-2496
Type: Parent Agency Administrator RAYMOND AGBADIBA

Owner Information

G & R COMMUNITY HEALTH SERVICES GP
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/25/2003
License # 008773 GARLAND HOME HEALTHCARE AGENCY INC
Lic Expire 11/30/2023 3302 BLUE RIDGE LANE
Medicare 1: 453128 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 876-9669 Fax (972) 276-3305
Type: Parent Agency Administrator LINUS AYOZIE

Owner Information

GARLAND HOME HEALTHCARE AGENCY INC
3302 BLUE RIDGE LANE
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/02/2020
License # 020141 GENCARE HEALTH SERVICES LLC
Lic Expire 9/2/2022 8620 SECRET FOREST DR
Medicare 1: DALLAS, TX 752494022
Medicare 2:
Phone (214) 882-8439 Fax
Type: Parent Agency Administrator SUE IKOMI

Owner Information

GENCARE HEALTH SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/09/2019
License # 019584 GENESIS MENTAL HEALTH & GROUP HOME SERVICES
Lic Expire 9/9/2021 10990 SWITZER AVENUE STE.301
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 221-0277 Fax
Type: Parent Agency Administrator GREGORY BALOGUN

Owner Information

GENESIS MENTAL HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020158 GENIX HOME HEALTHCARE LLC
Lic Expire 9/9/2022 1349 EMPIRE CENTRAL DR. #640
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (469) 399-6489 Fax (214) 256-3028
Type: Parent Agency Administrator FRANCIS DEKU

Owner Information

GENIX HOME HEALTHCARE LLC
P.O BOX 182526
ARLINGTON, TX 76096
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/15/2008
License # 012165 GENTLE HANDS HOME HEALTH CARE
Lic Expire 8/31/2020 9304 FOREST LANE STE S200
Medicare 1: 747499 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 342-2600 Fax (214) 342-2601
Type: Parent Agency Administrator LAKESHIA EALY

Owner Information

LAKESHIA KIJUAN EALY
9304 FOREST LANE STE S200
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/03/2017
License # 018229 GERYN HOME HEALTH CARE AGENCY INC
Lic Expire 8/31/2023 2279 DORIAN PLACE
Medicare 1: 458496 DALLAS, TEXAS 75228
Medicare 2:
Phone (972) 228-4960 Fax (972) 228-4994
Type: Parent Agency Administrator GARY HASTY

Owner Information

GERYN HOME HEALTH CARE
2279 DORIAN PLACE
DALLAS, TEXAS 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/30/2013
License # 015999 GIFTED HEALTHCARE INC
Lic Expire 12/31/2023 811 S CENTRAL EXPRESSWAY SUITE 235G
Medicare 1: 747442 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 238-7191 Fax (972) 238-7192
Type: Parent Agency Administrator ROSELYN OKORIE

Owner Information

GIFTED HEALTHCARE INC
811 S. CENTRAL EXPRESSWAY STE 235G
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/26/2004
License # 008934 GILS HOME HEALTH CARE SERVICES INC
Lic Expire 2/28/2024 3960 BROADWAY BLVD SUITE 109
Medicare 1: 453179 GARLAND, TX 75043
Medicare 2:
Phone (214) 703-0699 Fax (214) 703-6899
Type: Parent Agency Administrator SUSAN EGWUAGU

Owner Information

GILS HOME HEALTH CARE SERVICES INC
SAME AS PHYSICAL ADDRESS
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/24/2010
License # 013727 GIODERK HOME HEALTH INC
Lic Expire 11/30/2022 3439 BELLVILLE DR
Medicare 1: 747663 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 603-2038 Fax (214) 321-0019
Type: Parent Agency Administrator EMMANUEL ONYIA

Owner Information

GIODERK HOME HEALTH INC
3439 BELLVILLE DR
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/30/2007
License # 011756 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 8131 LBJ FREEWAY SUITE 200
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (214) 739-6900 Fax (214) 739-8075
Type: Parent Agency Administrator KATRINA JOHNSON

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/25/2005
License # 009657 GLOBAL CARE HOME HEALTH AGENCY INC
Lic Expire 11/30/2020 1636 N HAMPTON RD STE 104
Medicare 1: 677806 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 223-7400 Fax (972) 223-7407
Type: Parent Agency Administrator CLEMENT ADEWUNMI

Owner Information

GLOBAL CARE HOME HEALTH AGENCY INC
1636 N HAMPTON ROAD, STE#104
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2007
License # 011070 GLORIOUS HOME HEALTH CARE INC
Lic Expire 12/31/2022 329 OAKS TRAIL ENTRANCE A SUITE 95
Medicare 1: 457808 HHA-18 GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 607-4027 Fax (214) 607-4028
Type: Parent Agency Administrator OWOT OWOT

Owner Information

GLORIOUS HOME HEALTH CARE INC
4501 ROWLETT ROAD SUITE 104
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/29/2012
License # 014905 GLORIOUS HOME HEALTH SERVICES
Lic Expire 6/30/2022 9696 SKILLMAN STREET SUITE 254
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 414-5929 Fax (214) 660-1106
Type: Parent Agency Administrator OKWUCHI UZOMA

Owner Information

WIPA CONSULTING INC
15048 US HWY 75 STE 1
VAN ALSTYNE, TX 75495
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2016
License # 017618 GLOVIS HOME HEALTH SERVICES INC
Lic Expire 5/31/2022 13154 COIT ROAD SUITE 202
Medicare 1: 747806 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (972) 672-2899 Fax (972) 755-8720
Type: Parent Agency Administrator OMOBOLANLE NOGHAYIN

Owner Information

GLOVIS HOME HEALTH SERVICES INC
6060 VILLAGE BEND DR #504
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	09/09/2020	Owner Information	
License #	020157					GODIA GROUP OF HOMES LLC	
Lic Expire	9/9/2022					7050 ARAPAHO RD APT 2051	
Medicare 1:						DALLAS, TEXAS 75248	
Medicare 2:							PHONE:
Phone	(214) 245-2395						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator	YVONNE GODIA				
County	DALLAS	Region	03	Date Licensed	03/29/2018	Owner Information	
License #	018679					GOLDEN HOME CARE LLC	
Lic Expire	3/31/2022					2130 WINDY RIDGE LN	
Medicare 1:						GARLAND, TX 75044	
Medicare 2:							PHONE:
Phone	(469) 888-1008						FAX:
Type:	Parent Agency						Services: Personal Assistance Services
		Administrator	TAMMIE TRAN				
County	DALLAS	Region	03	Date Licensed	09/12/2005	Owner Information	
License #	009951					GOLDEN STAR HOME HEALTH AGENCY INC	
Lic Expire	9/30/2023					8344 EAST R L THORNTON FRWY SUITE 410	
Medicare 1:	677855					DALLAS, TX 75228	
Medicare 2:							PHONE:
Phone	(469) 726-0760						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Administrator	CHIMATARA NWOKE				
County	DALLAS	Region	03	Date Licensed	04/23/2015	Owner Information	
License #	016873					GOOD HEALTH SERVICES INC	
Lic Expire	4/30/2023					9304 FOREST LANE SUITE S255	
Medicare 1:	679337 HHA-18					DALLAS, TX 75243	
Medicare 2:							PHONE:
Phone	(214) 660-8828						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Administrator	JULIUS NNANDILOBI				
County	DALLAS	Region	03	Date Licensed	03/07/2016	Owner Information	
License #	017375					GOOD SAMARITAN CAREGIVERS LLC	
Lic Expire	3/31/2022					2510 TEXAS DRIVE 100	
Medicare 1:	679191 HHA-18					IRVING, TX 75062	
Medicare 2:							PHONE:
Phone	(972) 594-0646						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Administrator	MAGDALENE ARREY				
County	DALLAS	Region	03	Date Licensed	12/16/2003	Owner Information	
License #	008810					GOOD SAMARITAN HOME HEALTH CARE INC	
Lic Expire	12/31/2022					SAME	
Medicare 1:	679478 HHA-18					MESQUITE, TEXAS 75181	
Medicare 2:							PHONE:
Phone	(972) 222-1282						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Administrator	FELICIA OKAFOR				
County	DALLAS	Region	03	Date Licensed	12/01/2017	Owner Information	
License #	018578					GOOD SAMARITAN SOCIETY HOME HEALTH	
Lic Expire	11/30/2021					700 NORTH TOWN EAST BLVD., SUITE 159	
Medicare 1:	67Q9113001					MESQUITE, TX 75150	
Medicare 2:							PHONE:
Phone	972 686 4366						FAX:
Type:	Branch Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator	TRACI WOOLFOLK				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 09/23/2011
License # 014670 GOOD SHEPHERD HEALTH CARE SERVICES
Lic Expire 12/3/2021 415 EAST AIRPORT FREEWAY #230
Medicare 1: 679114 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (469) 620-9028 Fax (972) 421-1881
Type: Parent Agency Administrator IKE NWOHA

Owner Information

ESHCOL HEALTH CARE SERVICES INC
415 EAST AIRPORT FREEWAY STE 230
IRVING, TX 75062

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/08/2005
License # 009686 GOOD SHEPHERD HOME HEALTHCARE AGENCY
Lic Expire 4/30/2024 811 S CENTRAL EXPRESSWAY SUITE #444
Medicare 1: 677817 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 470-0440 Fax (972) 470-0307
Type: Parent Agency Administrator FIDELIS SIMO

Owner Information

GOOD SHEPHERD HOME HEALTHCARE AGENCY INC
9421 ANNS WAY
PLANO, TX 75025

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/15/2005
License # 009630 GOOD SHEPHERD HOSPICE OF DALLAS LLC
Lic Expire 3/31/2023 7920 BELT LINE ROAD, SUITE 760
Medicare 1: 451799 HOSPICE DALLAS, TX 752548188
Medicare 2:
Phone (972) 870-9991 Fax (972) 870-9993
Type: Parent Agency Administrator KIMBERLY CODR

Owner Information

GOOD SHEPHERD HOSPICE OF DALLAS LLC
4350 WILL ROGERS PKWY, STE 400
OKLAHOMA CITY, OK

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/26/2013
License # 015732 GOODCARE HOME HEALTH AGENCY
Lic Expire 8/31/2021 11555 FERGUSON ROAD SUITE 400
Medicare 1: DALLAS, TX 75228
Medicare 2:
Phone (214) 772-7079 Fax (972) 279-1370
Type: Parent Agency Administrator ENOCK MUOPERI

Owner Information

ENOCK MUOPERI

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/03/2008
License # 012288 GOODWILL HEALTHCARE SERVICES
Lic Expire 11/30/2022 9535 FOREST LANE STE 200
Medicare 1: 747291 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 631-9900 Fax (214) 631-9902
Type: Parent Agency Administrator EMMANUEL UBANI

Owner Information

ALPHATRENDS, INC
2503 WHITETAIL DR
MESQUITE, TX 75181

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/14/2011
License # 013832 GRACE COMPASSION HOME HEALTH AGENCY
Lic Expire 1/31/2023 8330 LBJ FREEWAY STE 915
Medicare 1: 747729 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 516-1069 Fax (888) 607-7023
Type: Parent Agency Administrator GRACE OPUNI-DARKO

Owner Information

GRADARK COMPASSION CARE INC
91230 CRESTWICK DRIV
MURPHY, TEXAS

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/01/2004
License # 009284 GRACE UNLIMITED
Lic Expire 8/31/2024 2411 GATEWAY DRIVE SUITE 100
Medicare 1: 457956 HHA-18 IRVING, TX 75063
Medicare 2:
Phone (214) 277-8800 Fax (214) 277-8899
Type: Parent Agency Administrator TRACY DONAHUE

Owner Information

UNLIMITED GRACE HEALTH CARE LLC
2401 GATEWAY DR STE 110
IRVING, TX 75063

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/07/2013	Owner Information
License #	015694					GRACIA HOME HEALTH AGENCY INC
Lic Expire	8/31/2021					9550 FOREST LANE STE 214
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(972) 925-0120	Fax	(800) 901-4794			FAX:
Type:	Parent Agency	Administrator	SOLOMON TOCHE			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/07/2020	Owner Information
License #	019812					GRACIA HOME HEALTH CARE INC
Lic Expire	2/7/2022					2314 WOODGLEN DRIVE
Medicare 1:						GARLAND, TX 75040
Medicare 2:						PHONE:
Phone	(972) 903-1965	Fax	(800) 901-4794			FAX:
Type:	Parent Agency	Administrator	SOLOMON TOCHE			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/06/2009	Owner Information
License #	012974					GRACIOUS CARE HEALTH SERVICES INC
Lic Expire	11/30/2024					3503 SPIREA DRIVE
Medicare 1:	747599 HHA-18					WYLIE, TX 75098
Medicare 2:						PHONE:
Phone	972 5980871	Fax	972 9189229			FAX:
Type:	Parent Agency	Administrator	DEBORAH UGWA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/01/2015	Owner Information
License #	016883					GRANDCARE HOME HEALTH LLC
Lic Expire	8/31/2023					15851 DALLAS PKWY STE 620A
Medicare 1:	747394 HHA-18					DALLAS, TX 75001
Medicare 2:						PHONE:
Phone	(469) 779-3643	Fax	(469) 333-8002			FAX:
Type:	Parent Agency	Administrator	SAMUEL PHILIPS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/26/2010	Owner Information
License #	013137					GREEN APPLE LLC
Lic Expire	2/28/2025					250 SANTE FE DRIVE #101
Medicare 1:						WEATHERFORD, TX 76086
Medicare 2:						PHONE:
Phone	(214) 467-9787	Fax	(214) 741-3655			FAX:
Type:	Parent Agency	Administrator	STEPHANIE CONE			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	05/21/2013	Owner Information
License #	015552					MILCO CORP
Lic Expire	5/31/2023					3330 N. GALLOWAY AVE SUITE 304-119
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(972) 850-9945	Fax	(866) 496-5016			(972) 850-9945
Type:	Parent Agency	Administrator	MICHAEL GIBSON			FAX:
						Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/16/2017	Owner Information
License #	018454					GUARDIAN ANGELS AT HOME CARE INC
Lic Expire	6/30/2024					3207 SKYLANE DRIVE SUITE 110
Medicare 1:	679760 HHA-18					CARROLLTON, TX 75006
Medicare 2:						PHONE:
Phone	(972) 247-8203	Fax	(972) 247-8805			FAX:
Type:	Parent Agency	Administrator	SHARMATHA RAJESH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 12/19/2011
License # 014539 GUIDANCE HOME HEALTH SERVICES INC
Lic Expire 12/31/2021 602 WATERVIEW DRIVE
Medicare 1: 747875 COPPELL, TX 75019
Medicare 2:
Phone (972) 672-3050 Fax (972) 459-7759

Type: Parent Agency Administrator JUSTIN ULAHANNAN

Owner Information

GUIDANCE HOME HEALTH SERVICES INC
602 WATERVIEW DR
COPPELL, TX
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/24/2010
License # 013191 GUIDING HOME CARE INC
Lic Expire 3/31/2022 5405 PINNACLE OAK DR
Medicare 1: 747701 HHA-18 SACHSE, TEXAS 75048
Medicare 2:
Phone (281) 530-8181 Fax (281) 530-8188

Type: Parent Agency Administrator CHRISTINA KIZZEE

Owner Information

GUIDING HOME CARE INC
P.O. BOX 769
FRESNO, TX 77545
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/07/2020
License # 019810 H AND M HEALTHCARE OF TEXAS INC
Lic Expire 2/7/2022 7413 KALLAN DRIVE
Medicare 1: ROWLETT, TX 75089
Medicare 2:
Phone (214) 282-4548 Fax (214) 282-4548

Type: Parent Agency Administrator HUMPHREY CHAMA

Owner Information

H AND M HEALTHCARE OF TEXAS INC
7413 KALLAN DRIVE
ROWLETT, TX 75089
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/27/2019
License # 019309 HAMACARE SERVICES INC
Lic Expire 3/27/2021 3809 SPIER CIRCLE
Medicare 1: BALCH SPRINGS, TEXAS 75180
Medicare 2:
Phone (214) 772-4133 Fax (214) 484-9096

Type: Parent Agency Administrator AMOS AGWE

Owner Information

HAMACARE SERVICES INC
3809 SPIER CIRCLE
BALCH SPRINGS, TX 75180
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/16/2021
License # 020605 HANDS OF GOD HOME & CARE LLC
Lic Expire 3/16/2023 10729 AUDELIA RD STE 112
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone 214 2955265 Fax 214 4846572

Type: Parent Agency Administrator CRYSTAL SMITH

Owner Information

HANDS OF GOD HOME & CARE LLC
1030 CACTUS DRIVE
DUNCANVILLE, TEXAS 75137
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/08/2018
License # 018602 HANDS OF HEALING PROVIDER SERVICES PC
Lic Expire 2/28/2022 4444 W JEFFERSON SUITE 614
Medicare 1: DALLAS, TX 75211
Medicare 2:
Phone (713) 416-7187 Fax (214) 331-2021

Type: Parent Agency Administrator ADANNE LACY

Owner Information

HANDS OF HEALING PROVIDER SERVICES PC
2903 LAVANDA
GRAND PRAIRIE, TEXAS 75054
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/22/2021
License # 020543 HANNAH TOUCH
Lic Expire 2/22/2024 1341 W. MOCKINGBIRD LANE SUITE 600W
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone 469 8098488 Fax 469 2832689

Type: Parent Agency Administrator LARYSA ILLA

Owner Information

HANNAH TOUCH, INC
1341 W MOCKINGBIRD LANE 600 W
DALLAS, TX 75247
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/01/2012
License # 015167 HARBOR HOSPICE OF EAST DALLAS FORT WORTH LP
Lic Expire 10/31/2022 2617 BOLTON BOONE DRIVE SUITE C2
Medicare 1: 741663 HOSPICE DESOTO, TX 75115
Medicare 2:
Phone (469) 329-3321 Fax (972) 649-8915
Type: Parent Agency Administrator GARY GONZALES

Owner Information

HARBOR HOSPICE OF EAST DALLASFORT WORTH LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/01/2012
License # 015169 HARBOR HOSPICE OF NORTH DALLAS FORT WORTH LP
Lic Expire 10/31/2022 2617 BOLTON BOONE DRIVE SUITE C1
Medicare 1: 741550 HOSPICE DESOTO, TX 75115
Medicare 2:
Phone (469) 329-3321 Fax (972) 649-8915
Type: Parent Agency Administrator GARY GONZALES

Owner Information

HARBOR HOSPICE OF NORTH DALLASFORT WORTH LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/22/2016
License # 017364 HAVEN HOME HEALTH ABRAMS STE 109
Lic Expire 4/30/2022 1221 ABRAMS RD., SUITE 109
Medicare 1: 679291 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 644-3000 Fax (972) 644-3040
Type: Parent Agency Administrator ELIZABETH KERR

Owner Information

HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 04/22/2016
License # 017364 HAVEN HOME HEALTH ABRAMS STE 136
Lic Expire 4/30/2022 1221 ABRAMS ROAD, SUITE 136
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 878-0303 Fax (972) 878-0055
Type: Branch Agency Administrator MICHAEL MCGIBBON

Owner Information

HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/13/2018
License # 018884 HEALTH AT HOME
Lic Expire 8/31/2022 14785 PRESTON ROAD SUITE 460
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone (214) 424-6100 Fax (214) 424-6112
Type: Parent Agency Administrator KATINA KING

Owner Information

HOME HEALTH CARE SERVICES LLC
PO BOX 200
AUGUSTA, GA 30903-0200
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/26/2002
License # 008123 HEALTH QUEST HOME HEALTH INC
Lic Expire 9/30/2021 9410 CHIMNEYWOOD DR
Medicare 1: 679218 HHA-18 ROWLETT, TX 75089
Medicare 2:
Phone (972) 412-1540 Fax (972) 475-4443
Type: Parent Agency Administrator LISA ANN FERINA

Owner Information

HEALTH QUEST HOME HEALTH INC
P.O. BOX 2706
ROWLETT, TEXAS 75030
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/03/2020
License # 019863 HEALTHCARE OPTIONS FOR YOU
Lic Expire 4/3/2022 1520 WYNDMERE
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 375-8500 Fax
Type: Parent Agency Administrator CARLOS STRINGFELLOW

Owner Information

STRINGFELLOW & ASSOCIATES LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 04/05/2004
License # 009773 HEALTHWATCH PROFESSIONALS
Lic Expire 4/30/2022 1100 E. CAMPBELL ROAD, SUITE 215
Medicare 1: 679271 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 792-7770 Fax (972) 792-7448
Type: Parent Agency Administrator MAURICE NICOL

Owner Information

2M HEALTHWATCH PROFESSIONALS INC
11520 N CENTRAL EXPY SUITE 220
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 009773 HEALTHWATCH PROFESSIONALS
Lic Expire 4/30/2022 3200 W. PLEASANT RUN ROAD. SUITE 240
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone 972 2740133 Fax 972 2740182
Type: Branch Agency Administrator MAURICE NICOL

Owner Information

2M HEALTHWATCH PROFESSIONALS INC
11520 N CENTRAL EXPY SUITE 220
DALLAS, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/18/2017
License # 018138 HEART TO HEART HOSPICE OF DALLAS LLC
Lic Expire 5/31/2023 5787 SOUTH HAMPTON ROAD SUITE# 430
Medicare 1: 741531 HOSPICE DALLAS, TX 75232
Medicare 2:
Phone (214) 944-1453 Fax (214) 944-1458
Type: Parent Agency Administrator KIMBERLY HAMILTON

Owner Information

HEART TO HEART HOSPICE OF DALLAS, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 10/25/2013
License # 016091 HEART TO HEART HOSPICE OF TEXAS LTD
Lic Expire 10/31/2023 1406 HALSEY WAY STE 110
Medicare 1: 451741 HOSPICE CARROLLTON, TX 75007
Medicare 2:
Phone (972) 479-0766 Fax (972) 479-0365
Type: Parent Agency Administrator PATRICIA GRAY

Owner Information

HEART TO HEART HOSPICE OF TEXAS LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/25/2017
License # 017872 HEARTS THAT CARE HOME CARE AGENCY LLC
Lic Expire 1/31/2023 12100 FORD ROAD SUITE 138
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (214) 458-3103 Fax (972) 292-7879
Type: Parent Agency Administrator VAISHALI SONI

Owner Information

HEARTS THAT CARE HOME CARE AGENCY LLC
9304 FOREST LANE STE 230
DALLAS, TX 75243
PHONE: (248) 590-5045 FAX: (214) 614-4729
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/20/2021
License # 020917 HEARTS THAT CARE PROVIDER SERVICES LLC
Lic Expire 7/20/2024 4412 ST. FRANCIS AVE.
Medicare 1: DALLAS, TX 75227
Medicare 2:
Phone (469) 789-4222 Fax (469) 917-9205
Type: Parent Agency Administrator MONICA TATUM

Owner Information

HEARTS THAT CARE PROVIDER SERVICES LLC
4412 ST. FRANCIS AVE
DALLAS, TEXAS 75227
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/05/2011
License # 014365 HEAVEN GLORIOUS HOME HEALTH AGENCY INC
Lic Expire 5/31/2024 2665 VILLA CREEK DRIVE STE 248
Medicare 1: 747489 DALLAS, TX 75234
Medicare 2:
Phone (972) 331-4477 Fax (972) 488-9200
Type: Parent Agency Administrator BREAGET FUMUDOHS

Owner Information

HEAVEN GLORIOUS HOME HEALTH AGENCY INC
2665 VILLA CREEK DRIVE SUITE 248
DALLAS, TX 75234
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 10/16/2009
License # 012900 HEAVENLY BLESSINGS HOME HEALTHCARE LLC
Lic Expire 10/31/2023 3939 E US HWY 80 SUITE 486
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 270-9552 Fax (888) 790-4274
Type: Parent Agency Administrator CHERYL CHAPPELL

Owner Information

HEAVENLY BLESSINGS HOME HEALTHCARE LLC
3939 E US HWY 80 SUITE 486
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/27/2006
License # 010838 HEAVENLY HOST HOME HEALTH
Lic Expire 10/31/2022 536 S BRYAN-BELT LINE ROAD
Medicare 1: 679778 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 289-3800 Fax (972) 289-3801
Type: Parent Agency Administrator VIJI ANTONY

Owner Information

HEAVENLY HOST, INC
536 S. BRYAN-BELT LINE ROAD
MESQUITE, TX 75149-5031
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/12/2021
License # 021200 HEAVENLY LOVE HOMECARE LLC
Lic Expire 11/12/2024 1515 N. TOWN BLVD. #138 #132
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 355-8288 Fax (972) 707-9565
Type: Parent Agency Administrator JESSICA WILLIAMS

Owner Information

HEAVENLY LOVE HOMECARE LLC
1515 N. TOWN EAST BLVD. #138 #132
MESQUITE, TX 75150
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/22/2020
License # 020260 HELPING HANDS & HEALING HEARTS LLC
Lic Expire 10/22/2022 701 COMMERCE ST
Medicare 1: DALLAS, TX 75202
Medicare 2:
Phone 800 4701990 Fax 214 7719044
Type: Parent Agency Administrator KELISHIA WILLIAMS-NELSON

Owner Information

HELPING HANDS & HEALING HEARTS LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/10/1996
License # 004870 HERITAGE HOMECARE
Lic Expire 9/30/2022 402 WEST WHEATLAND SUITE 170
Medicare 1: 459027 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 283-8124 Fax (972) 283-8127
Type: Parent Agency Administrator STARLA TIMBERLAKE

Owner Information

GLENNWOOD ENTERPRISES INC
402 WEST WHEATLAND RD. STE 170
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/26/1997
License # 006074 HIGH QUALITY HOME HEALTH SERVICES INC
Lic Expire 7/31/2024 12484 ABRAMS ROAD SUITE 2202
Medicare 1: 459130 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 671-9393 Fax (972) 671-9396
Type: Parent Agency Administrator BLANKSON ASIAMA

Owner Information

HIGH QUALITY HOME HEALTH SERVICES INC
PO BOX 744224
DALLAS, TX 75374
PHONE: (972) 671-9393 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/30/2018
License # 019230 HIGHER STANDARDS HOME HEALTH LLC
Lic Expire 9/30/2022 17430 CAMPBELL ROAD STE 112
Medicare 1: 74-7267 DALLAS, TX 75252
Medicare 2:
Phone (214) 628-9047 Fax (214) 628-9049
Type: Parent Agency Administrator MARCUS ORLOWSKI

Owner Information

HIGHER STANDARDS HOME HEALTH LLC
17430 CAMPBELL ROAD STE 112
DALLAS, TX 75252
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/06/2017
License # 017903 HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP
Lic Expire 7/30/2021 THREE LINCOLN CENTER 5430 LBJ FREEWAY STE 1200
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 724-0234 Fax (214) 613-3113
Type: Parent Agency Administrator MICHAEL MCMAHON

Owner Information

HIGHLAND HOLLOW HOME HEALTH SOLUTIONS LP
4164 SARANAC DRIVE
DALLAS, TX 75220
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/10/2010
License # 013165 HILFORD HOME HEALTHCARE LLC
Lic Expire 3/31/2022 10935 ESTATE LANE SUITE 109
Medicare 1: 747532 DALLAS, TX 75238
Medicare 2:
Phone (972) 329-0036 Fax (972) 692-7152
Type: Parent Agency Administrator FLORENCE DAVIES-COLE

Owner Information

HILFORD HOME HEALTHCARE LLC
1834 HILLWOOD DRIVE
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/01/2011
License # 013929 HILLCREST HOME HEALTH
Lic Expire 2/28/2023 16910 DALLAS PARKWAY STE 210
Medicare 1: 747700 HHA-18 DALLAS, TX 75248
Medicare 2:
Phone (972) 930-7999 Fax (972) 930-7966
Type: Parent Agency Administrator VINIL PATEL

Owner Information

SENIOR PERSONAL CARE LLC
5301 VILLAGE CREEK STE A
PLANO, TX 75240
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/09/2021
License # 020579 HILLPOINT HOMECARE INC
Lic Expire 3/9/2023 2245 KELLER WAY, STE 370
Medicare 1: CARROLLTON, TX 750062515
Medicare 2:
Phone (972) 220-9720 Fax
Type: Parent Agency Administrator SHIMYA JAMES

Owner Information

HILLPOINT HOMECARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 06/15/2007
License # 011399 HIMMEL HOME HEALTH LLC
Lic Expire 6/30/2022 1431 GREENWAY DRIVE
Medicare 1: IRVING, TX 75038
Medicare 2:
Phone (830) 625-8338 Fax (830) 214-1842
Type: Parent Agency Administrator STEPHANIE CONE

Owner Information

HIMMEL HOME HEALTH LLC
PO BOX 310030
NEW BRAUNFELS, TX 78131
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/25/2019
License # 019496 HIS EDGE, LLC
Lic Expire 10/31/2021 8330 LBJ FWY, SUITE 315
Medicare 1: DALLAS, TX 752431166
Medicare 2:
Phone (214) 229-3485 Fax (877) 299-6288
Type: Parent Agency Administrator JUDE OHUMAEGBULEM

Owner Information

HIS EDGE LLC
SAME AS ABOVE
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/06/2014
License # 016021 HOFMEIR HOME CARE & MANAGEMENT INC
Lic Expire 2/28/2022 808 OLDE TOWNE DRIVE
Medicare 1: IRVING, TX 75061
Medicare 2:
Phone (214) 694-4117 Fax (214) 292-9769
Type: Parent Agency Administrator JOAN ARREY

Owner Information

HOFMEIR HOME CARE & MANAGEMENT INC
1201 N WATSON ROAD STE 244
ARLINGTON, TX 76006
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/19/2014
License # 016382 HOLDING HANDS HOSPICE
Lic Expire 8/31/2022 8111 LBJ FREEWAY SUITE 1000
Medicare 1: 741587 HOSPICE DALLAS, TX 75251
Medicare 2:
Phone (214) 221-0070 Fax 18889071614

Type: Parent Agency Administrator AQUA UMOREN

Owner Information
HEALTHCOR CAPITAL LLC
10935 ESTATE LANE #213
DALLAS, TX 75238-2315
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/08/2018
License # 018551 HOLY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 1/31/2025 2300 VALLEY VIEW LN STE 915
Medicare 1: 97-1509 (HOSPICE) IRVING, TEXAS 75062
Medicare 2:
Phone 214 5563300 Fax 214 5563361

Type: Parent Agency Administrator JORGE DECENA

Owner Information
HOLY HOSPICE AND PALLIATIVE CARE LLC
2665 VILLA CREEK DR. SUITE 206H
FARMERS BRANCH, TX 75234
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 06/10/2014
License # 016253 HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC
Lic Expire 6/30/2022 337 OAK TRAIL SUITE 250
Medicare 1: 74-1777 GARLAND, TX 75043
Medicare 2:
Phone (844) 914-2273 Fax (844) 914-2273

Type: Parent Agency Administrator THOMAS KUNJACHAN

Owner Information
HOLY TRINITY ANGELS PALLIATIVE AND HOSPICE CARE INC
337 OAKS TRAIL SUITE 250
GARLAND, TEXAS 75043
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/20/2012
License # 014598 HOMAGE HEALTHCARE SERVICES INC
Lic Expire 1/31/2022 102 NORTH SHILOH RD SUITE 114
Medicare 1: GARLAND, TX 75042
Medicare 2:
Phone (972) 736-8116 Fax (972) 736-8117

Type: Parent Agency Administrator SHARON OTWOMA

Owner Information
HOMAGE HEALTHCARE SERVICES INC
SAME AS ABOVE
GRAND PRAIRIE, TX 75054
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/26/2018
License # 018576 HOME CARE ASSISTANCE
Lic Expire 1/31/2022 6850 N SHILOH RD SUITE R
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone 469 5734213 Fax 469 2091637

Type: Parent Agency Administrator LUKEYSHA ISAAC

Owner Information
L & B HEALTH ANGELS INC
6850 N. SHILOH ROAD SUITE R
GARLAND, TEXAS 75044
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/05/2018
License # 017091 HOME CARE ASSISTANCE OF DALLAS
Lic Expire 10/31/2023 4305 MAPLE AVENUE, SUITE B
Medicare 1: DALLAS, TEXAS 75219
Medicare 2:
Phone (214) 363-3400 Fax (214) 363-3401

Type: Branch Agency Administrator JARED CAPLAN

Owner Information
CAPLAN HOME CARE LLC
15750 SPECTRUM DRIVE #2227
ADDISON, TX 75001
PHONE: (214) 363-3400 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/20/2015
License # 017091 HOME CARE ASSISTANCE OF DALLAS
Lic Expire 10/31/2023 5005 ADDISON CIRCLE
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 363-3400 Fax (214) 363-3401

Type: Parent Agency Administrator JARED CAPLAN

Owner Information
CAPLAN HOME CARE LLC
15750 SPECTRUM DRIVE #2227
ADDISON, TX 75001
PHONE: (214) 363-3400 FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/06/2015
License # 016637 HOME CARE BOOK
Lic Expire 2/28/2021 12770 MERIT DRIVE SUITE 925
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (214) 377-0711 Fax (214) 390-3011
Type: Parent Agency Administrator NICHOLAS PAULEIT

Owner Information
STAYHOME ROCKS LLC
12770 MERIT DRIVE SUITE 925
DALLAS, TX 75251
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 04 Date Licensed 10/14/2013
License # 015975 HOME CARE NETWORK
Lic Expire 10/31/2024 1701 N HAMPTON ROAD SUITE G
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (972) 437-8974 Fax (972) 437-8975
Type: Branch Agency Administrator SAUNDRA HILL

Owner Information
HOME CARE NETWORK EAST INC
1701 N. HAMPTON ROAD, SUITE G
DESOTO, TEXAS 75115
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/27/2004
License # 008936 HOME CARE PROVIDERS OF TEXAS
Lic Expire 2/28/2024 5339 ALPHA ROAD SUITE 200
Medicare 1: 453157 HHA-18 DALLAS, TX 75240
Medicare 2:
Phone (214) 435-2249 Fax (972) 735-0821
Type: Parent Agency Administrator SUZANNE RAWLINGS

Owner Information
DPP II INC
5339 ALPHA ROAD SUITE 200
DALLAS, TX 75240
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/21/2011
License # 014481 HOME HEALTH COMPANIONS
Lic Expire 11/30/2023 8215 WESTCHESTER SUITE 213
Medicare 1: DALLAS, TX 75225
Medicare 2:
Phone (214) 295-8213 Fax (214) 295-8261
Type: Parent Agency Administrator LISA SHARDON

Owner Information
ANGARIA LLC
5015 W HANOVER AVE
DALLAS, TX 75209
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/30/2008
License # 012366 HOME HEALTH PLUS INC
Lic Expire 10/31/2022 12115 SELF PLAZA DR
Medicare 1: 457977 HHA-18 DALLAS, TX 75218
Medicare 2:
Phone (214) 341-6868 Fax (214) 341-6874
Type: Parent Agency Administrator THOMAS VARUGHESE

Owner Information
HOME HEALTH PLUS, INC
12115 SELF PLAZA DR
DALLAS, TX 75218
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/15/2014
License # 016702 HOME HEALTH PROFESSIONALS DALLAS
Lic Expire 12/31/2022 8150 N CENTRAL EXPRESSWAY # M2103
Medicare 1: 457812 HHA-18 DALLAS, TX 75206
Medicare 2:
Phone (214) 368-1100 Fax (214) 368-1106
Type: Parent Agency Administrator LAUREN PHILLIPS

Owner Information
DOCTORS APPROVED HOME HEALTH INC
4635 SOUTHWEST FREEWAY SUITE 540
HOUSTON, TX 77027
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/23/2010
License # 013569 HOME HELPERS #58064
Lic Expire 9/30/2022 8111 LYNDON B JOHNSON FWY SUITE #465
Medicare 1: DALLAS, TX 75251
Medicare 2:
Phone (972) 233-6636 Fax (972) 239-8678
Type: Parent Agency Administrator SCOTT SUTHERLAND

Owner Information
TEXAS HELPERS INC
8111 LBJ FREEWAY SUITE 465
DALLAS, TX 75251
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	09/29/2014	Owner Information	
License #	016452					NGUYENNELSON ENTERPRISES, INC	
Lic Expire	9/30/2022					3449 TIMBERVIEW RD	
Medicare 1:						DALLAS, TX 75229	
Medicare 2:						PHONE:	FAX:
Phone	(469) 269-0227	Fax	(214) 444-7599			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JONATHAN NELSON				
County	DALLAS	Region	03	Date Licensed	05/13/2019	Owner Information	
License #	019375					TEN20 LIVING ASSISTANCE LLC	
Lic Expire	5/13/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	214 4839933	Fax	214 4839944			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JASON PAPES				
County	DALLAS	Region	03	Date Licensed	04/16/2018	Owner Information	
License #	018776					MOLLIE'S HEART LLC	
Lic Expire	4/30/2022					3530 PLEASANTVILLE ROAD	
Medicare 1:						MIDLOTHIAN, TX 76065	
Medicare 2:						PHONE:	FAX:
Phone	(972) 709-8888	Fax	(972) 709-8897			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDI ALLEN				
County	DALLAS	Region	03	Date Licensed	06/16/2018	Owner Information	
License #	018796					JT4 SENIOR CARE LLC	
Lic Expire	6/30/2022					3956 SUNSET LAKE DR	
Medicare 1:						LAKELAND, FL 33810	
Medicare 2:						PHONE:	FAX:
Phone	(972) 243-6100	Fax	(972) 243-6116			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TEMI CHARRIER				
County	DALLAS	Region	03	Date Licensed	06/16/2018	Owner Information	
License #	018796					JT4 SENIOR CARE LLC	
Lic Expire	6/30/2022					3956 SUNSET LAKE DR	
Medicare 1:						LAKELAND, FL 33810	
Medicare 2:						PHONE:	FAX:
Phone	(972) 243-6100	Fax	(972) 243-6116			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TEMI CHARRIER				
County	DALLAS	Region	03	Date Licensed	12/27/2002	Owner Information	
License #	008262					OPPENHEIMERMARKS SERVICES LLC	
Lic Expire	12/31/2022					5720 LBJ FREEWAY SUITE 185	
Medicare 1:						DALLAS, TX 75240	
Medicare 2:						PHONE:	FAX:
Phone	(972) 239-3934	Fax	(972) 239-5958			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NANCY OPPENHEIMER-MARKS				
County	DALLAS	Region	03	Date Licensed	07/19/2001	Owner Information	
License #	007678					HOME MEDICAL CARE, INC	
Lic Expire	7/31/2021					4004 BELT LINE ROAD SUITE 230	
Medicare 1:	679144 HHA-18					ADDISON, TX 75001	
Medicare 2:						PHONE:	FAX:
Phone	(972) 406-0003	Fax	(972) 406-9620			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PAUL CHACKO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 06/26/2007
License # 011588 HOMELAND HOME HEALTH AGENCY INC
Lic Expire 6/30/2023 1919 SOUTH SHILOH ROAD STE 515
Medicare 1: 677825 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (972) 278-7213 Fax (972) 278-7163
Type: Parent Agency Administrator JOSEPH KIMUNAI

Owner Information

HOMELAND HOME HEALTH AGENCY INC
1919 SOUTH SHILOH ROAD STE 515
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/07/2019
License # 019516 HOMEWATCH CAREGIVERS OF NORTHEAST GARLAND
Lic Expire 8/7/2021 675 TOWN SQUARE BLVD., STE. 200, BLDG. 1A
Medicare 1: GARLAND, TEXAS 75040
Medicare 2:
Phone (214) 299-7600 Fax
Type: Parent Agency Administrator KERI OWENS

Owner Information

OWENS MANAGEMENT SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/12/2013
License # 015647 HOMEWATCH CAREGIVERS OF PLANO LEWISVILLE & GREATER
NORTH DALLAS
Lic Expire 5220 SPRING VALLEY ROAD SUITE 250
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone (972) 530-7145 Fax (972) 530-5131
Type: Parent Agency Administrator WENDY RANEY

Owner Information

RANEY FRANCHISES, LLC
3660 GUINN GATE DRIVE
FRISCO, TX 75034
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/06/2016
License # 017583 HOPE HEALTH CARE
Lic Expire 6/30/2022 3200 BROADWAY BLVD SUITE 220
Medicare 1: 741556 HOSPICE GARLAND, TX 75043
Medicare 2:
Phone (972) 366-5030 Fax (469) 391-9960
Type: Parent Agency Administrator CHAD HIGBEE

Owner Information

PEACEWAY HOSPICE LLC
4119 STONE HAVEN DRIVE
GARLAND, TX 75043-7293
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/17/2021
License # 020050 HOPE HOME HEALTH CARE AGENCY
Lic Expire 7/13/2022 13140 COIT RD SUITE 204
Medicare 1: DALLAS, TX 75240
Medicare 2:
Phone (214) 579-1811 Fax (469) 533-6918
Type: Parent Agency Administrator MUSSIE ABED

Owner Information

MUSSIE ABED
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/16/2011
License # 014356 HOPE HORIZON LLC
Lic Expire 9/30/2021 888 S GREENVILLE AVE SUITE 201
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 234-9001 Fax (972) 234-9008
Type: Parent Agency Administrator LUKE LEPOID KELLY

Owner Information

HOPE HORIZON LLC
888 S GREENVILLE AVE STE 201
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/03/2015
License # 017309 HOPE LAND HOME HEALTH CARE INC
Lic Expire 12/31/2021 650 N MACARTHUR BLVD
Medicare 1: 743129 HHA-18 COPPELL, TX 75019
Medicare 2:
Phone (972) 518-0100 Fax (972) 518-8444
Type: Parent Agency Administrator SHAJIMON ALAPATT

Owner Information

HOPE LAND HOME HEALTHCARE INC
650 N MACARTHUR BLVD
COPPELL, TEXAS 75019
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	DALLAS	Region	03	Date Licensed	10/29/2013	Owner Information	
License #	015840					HOPE PEDIATRICS LLC	
Lic Expire	10/31/2021					1420 W MOCKINGBIRD LANE SUITE 500	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(214) 396-4673	Fax	(214) 396-4678			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JACINDA LAWTON				
County	DALLAS	Region	03	Date Licensed	05/21/2021	Owner Information	
License #	020778					HOPE PEDIATRICS LLC	
Lic Expire	5/21/2024					1420 W MOCKINGBIRD LANE SUITE 500	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(214) 396-4673	Fax	(214) 396-4678			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JACINDA LAWTON				
County	DALLAS	Region	03	Date Licensed	08/13/2021	Owner Information	
License #	020977					HOSPICE ANGELS, LLC	
Lic Expire	8/13/2024					350 OAKS TRAIL, SUITE # 201	
Medicare 1:						GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(469) 769-9650	Fax	(972) 600-2323			Services: Hospice	
Type:	Parent Agency	Administrator	DARLENE TITUS			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/30/2003	Owner Information	
License #	008690					THI OF TEXAS AT SAMARITAN HOSPICE, LLC	
Lic Expire	8/31/2023					10 CADILLAC DRIVE, SUITE 400	
Medicare 1:	451629 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	972 6906632	Fax	(682) 978-5308			Services: Hospice	
Type:	Parent Agency	Administrator	CAROLE PICARD			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:	451780 HOSPICE					MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 675-4444	Fax	(903) 292-1739			Services: Hospice	
Type:	Parent Agency	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:	451780 HOSPICE					MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 675-4444	Fax	(903) 292-1739			Services: Hospice	
Type:	Parent Agency	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC	
Lic Expire	8/31/2022					2777 N. STEMMONS FREEWAY, SUITE 1100	
Medicare 1:	451780 HOSPICE					DALLAS, TX 75207	
Medicare 2:						PHONE:	FAX:
Phone	(903) 675-4444	Fax	(903) 292-1739			Services: Hospice	
Type:	Parent Agency	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/19/2016
License # 017226 HOSPICE PROFESSIONALS INC
Lic Expire 1/31/2024 2611 N BELT LINE ROAD, SUITE 207
Medicare 1: 741723 HOSPICE SUNNYVALE, TEXAS 75182
Medicare 2:
Phone (972) 853-7704 Fax (877) 519-7473

Type: Parent Agency Administrator NEENA JOHNSON

Owner Information
HOSPICE PROFESSIONALS, INC
2611 N BELT LINE ROAD, SUITE 207
SUNNYVALE, TX 75182
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/21/2014
License # 015991 HOSPICE PROVIDERS INC
Lic Expire 1/31/2022 2925 SKYWAY CIRCLE N STE 120
Medicare 1: 741563 HOSPICE IRVING, TEXAS 750383510
Medicare 2:
Phone (972) 916-9063 Fax (888) 841-3657

Type: Parent Agency Administrator JOSEPHINE DEVADOSS

Owner Information
HOSPICE PROVIDERS INC
2665 VILLA CREEK DR # 245A
DALLAS, TX 75234
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/15/2011
License # 014027 HOSPICE SELECT
Lic Expire 1/31/2023 8330 LYNDON B JOHNSON FWY SUITE B840
Medicare 1: 671622 HOSPICE DALLAS, TX 75243
Medicare 2:
Phone (214) 221-9216 Fax (214) 221-9262

Type: Parent Agency Administrator PATRICIA WESTFALL

Owner Information
KMS HEALTH INC
12068 FORESTGATE DRIVE., SUITE B
DALLAS, TX 75238-5411
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/02/2017
License # 018093 HOSPICE SELECT EAST
Lic Expire 3/31/2023 3939 US 80 E HIGHWAY SUITE 202
Medicare 1: 671799 HOSPICE MESQUITE, TX 75150
Medicare 2:
Phone (972) 270-0048 Fax (972) 270-0049

Type: Parent Agency Administrator SANTHOSH THOMAS

Owner Information
PEGASUS HOSPICE LLC
3939 US HIGHWAY 80 SUITE 202
MESQUITE, TX 75150-3359
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/03/2020
License # 019845 HOSPICE SERVICES INC
Lic Expire 3/3/2022 2925 SKYWAY CIR N STE 100
Medicare 1: IRVING, TEXAS 750383510
Medicare 2:
Phone (214) 296-9623 Fax (972) 791-8211

Type: Parent Agency Administrator SUMANA KETHA

Owner Information
HOSPICE SERVICES INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/21/2000
License # 007404 HUMAN TOUCH HOME HEALTH INC
Lic Expire 8/31/2021 3727 DILIDO ROAD SUITE 138
Medicare 1: 679037 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 275-8898 Fax (214) 275-9986

Type: Parent Agency Administrator COMFORT EKPENYONG

Owner Information
HUMAN TOUCH HOME HEALTH INC
3727 DILIDO ROAD #138
DALLAS, TX 75228
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 11/07/2008
License # 012295 HUMANE HOME HEALTH SERVICES INCORPORATED
Lic Expire 11/30/2022 9241 LYNDON B JOHNSON FRWY STE 209
Medicare 1: 747540 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 234-4100 Fax (972) 692-7026

Type: Parent Agency Administrator JACOB UDEME

Owner Information
HUMANE HOME HEALTH SERVICES INCORPORATED
P.O. BOX 740634
DALLAS, TEXAS 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	11/15/2016	Owner Information
License #	017854					TV & MK VARUGHESE FAMILY TRUST
Lic Expire	11/30/2022					
Medicare 1:	677605 HHA-18					
Medicare 2:						PHONE:
Phone	(972) 780-9233	Fax	(972) 780-8690			FAX:
Type:	Parent Agency	Administrator	THOMAS VARUGHESE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/22/2021	Owner Information
License #	020483					ICARE HOME HEALTH SERVICES INC
Lic Expire	1/22/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 673-8139	Fax	214 377 7127			FAX:
Type:	Parent Agency	Administrator	JOBI ABRAHAM			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/28/2015	Owner Information
License #	016969					DELTACARE HOSPICE LLC
Lic Expire	5/31/2023					10935 ESTATE LANE SUITE 475
Medicare 1:	671698 HOSPICE					DALLAS, TX 75238-2354
Medicare 2:						PHONE:
Phone	(214) 553-5675	Fax	(214) 553-5676			FAX:
Type:	Parent Agency	Administrator	KOMAL SANDHU			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/17/2021	Owner Information
License #	020985					ICONE LLC
Lic Expire	8/17/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 953-3471	Fax				FAX:
Type:	Parent Agency	Administrator	OLUFEMI HAMED			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	03/20/2007	Owner Information
License #	011169					IMANUEL HEALTH SERVICES LLC
Lic Expire	3/31/2022					10717 SPYGLASS HILL
Medicare 1:	747496 HHA-18					ROWLETT, TX 75089
Medicare 2:						PHONE:
Phone	(214) 663-3175	Fax	(972) 475-4269			FAX:
Type:	Parent Agency	Administrator	AMAKA ALINTAH NWAKIBU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/31/2017	Owner Information
License #	018083					IMPRINT HEALTHCARE SERVICES LLC
Lic Expire	5/31/2019					514 SAN PEDRO DR.
Medicare 1:						GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(214) 336-9417	Fax	(214) 336-9417			FAX:
Type:	Parent Agency	Administrator	WILLIE MCELROY			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/04/2020	Owner Information
License #	020147					IN LOVING HANDS OF BRANDY LLC
Lic Expire	9/4/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 687-0075	Fax				FAX:
Type:	Parent Agency	Administrator	SHARNICE MCGEE			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/08/2010
License # 013071 INSPIRED TO CARE HOME HEALTH AGENCY
Lic Expire 1/31/2022 1927 CREPE MYRTLE DRIVE
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (972) 227-0362 Fax (972) 275-1511
Type: Parent Agency Administrator NOLAN AKINOLA AKINOLA

Owner Information

INSPIRING CARE HEALTH SERVICES INC
1927 CREPE MYRTLE DRIVE
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/05/2006
License # 010917 INTEGRITY HOME HEALTH CARE SERVICES
Lic Expire 4/29/2022 1118 CAVALCADE DR
Medicare 1: 747120 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 803-5884 Fax (469) 520-5801
Type: Parent Agency Administrator REBECCA MWONGA

Owner Information

REBECCA MWONGA
2300 VALLEY VIEW LANE SUITE 870
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2007
License # 011298 INTEGRITY HOME HEALTH CARE SERVICES
Lic Expire 12/31/2022 1106 N HIGHWAY 360 SUITE 220
Medicare 1: 677956 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 522-0044 Fax (972) 522-0088
Type: Parent Agency Administrator CHINEDU OKAFOR

Owner Information

LIVINGWELL HOME HEALTH AGENCY INC
1106 N HIGHWAY 360 SUITE 220
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 01 Date Licensed 06/11/2013
License # 010782 INTERIM HEALTHCARE
Lic Expire 5/31/2023 14465 WEB CHAPEL ROAD STE 209
Medicare 1: FARMERS BRANCH, TX 75234
Medicare 2:
Phone (214) 360-9090 Fax (214) 987-4384
Type: Branch Agency Administrator SUZANNE CHILDERS

Owner Information

INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: () - 1 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/02/2016
License # 017688 INTOUCH HEALTH SERVICES LLC
Lic Expire 8/31/2022 606 ORIOLE BLVD SUITE 102
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 776-5444 Fax (972) 708-9292
Type: Parent Agency Administrator ROSEMARY EHIIOGUH

Owner Information

INTOUCH HEALTH SERVICES LLC
606 ORIOLE BLVD., SUITE 102
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/02/2007
License # 011304 INTOUCH HOME HEALTH INC
Lic Expire 5/31/2024 329 OAKS TRAIL ENTRANCE A SUITE 115
Medicare 1: 743187 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 326-2100 Fax (469) 326-2105
Type: Parent Agency Administrator FELICIA EKWEREKWU

Owner Information

INTOUCH HOME HEALTH INC
4506 VAUGHAN DR SUITE 101
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/07/2016
License # 017769 J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 12/31/2022 1111 S MAIN ST, SUITE 113
Medicare 1: 741695 HOSPICE GRAPEVINE, TX 76051
Medicare 2:
Phone (214) 385-4398 Fax (214) 385-4368
Type: Parent Agency Administrator ANTHONY FLORES

Owner Information

J & J HOMELY HOSPICE AND PALLIATIVE CARE LLC
2735 VILLA CREEK DRIVE SUITE 165C
FARMERS BRANCH, TX 75234
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/27/2010
License # 013581 JACOP HEALTHCARE SERVICES INC
Lic Expire 9/30/2022 3560 QUANNAH DRIVE
Medicare 1: 747598 HHA-18 GRAND PRAIRIE, TEXAS 75052
Medicare 2:
Phone (972) 325-1598 Fax 97275270879726742923
Type: Parent Agency Administrator ANGELA ANANTI

Owner Information

JACOP HEALTHCARE SERVICES, INC
3560 QUANNAH DR
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/29/2010
License # 013591 JAICSTAR HOME CARE INC
Lic Expire 9/30/2022 3617 BROADWAY BLVD, SUITE B
Medicare 1: 747633 GARLAND, TX 75043
Medicare 2:
Phone (469) 304-1130 Fax (469) 304-1133
Type: Parent Agency Administrator SAM VARGHESE

Owner Information

JAICSTAR HOME CARE INC
346 OAKS TRAIL SUITE 213
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/23/2015
License # 016763 JAMBO HEALTH CARE SERVICES
Lic Expire 4/30/2023 2727 LBJ FREEWAY SUITE 820
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 643-2969 Fax (817) 518-9320
Type: Parent Agency Administrator DENIS MWANGI

Owner Information

ANTHONY NGARUIYA & DENIS MWANGI
PO BOX 79461
FORT WORTH, TX 76179
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/02/2020
License # 020143 JAP CARE, INC
Lic Expire 9/2/2022 601 S GREAT SOUTHWEST PKWY, SUITE 106
Medicare 1: GRAND PRAIRIE, TEXAS 75051
Medicare 2:
Phone (214) 412-2528 Fax (214) 518-6186
Type: Parent Agency Administrator AUGUSTINE FOMBON

Owner Information

JAP CARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/22/2004
License # 009321 JCARE HOME HEALTH AGENCY LLC
Lic Expire 9/30/2021 12100 FORD ROAD, SUITE B115
Medicare 1: 673197 HHA-18 FARMERS BRANCH, TEXAS 75234
Medicare 2:
Phone (972) 264-2737 Fax (972) 692-8228
Type: Parent Agency Administrator MRUGESH SONI

Owner Information

JCARE HOME HEALTH AGENCY LLC
2305 OAK LANE SUITE 229
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/10/2020
License # 020306 JCB HOME HEALTH CARE INC
Lic Expire 11/10/2022 1772 PRESCOTT PL
Medicare 1: FARMERS BRANCH, TEXAS 75234
Medicare 2:
Phone (214) 347-9447 Fax (214) 764-1877
Type: Parent Agency Administrator REBECCA ROBLES

Owner Information

JCB HOME HEALTH CARE INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/28/2005
License # 009658 JCP & P HOME HEALTHCARE AGENCY
Lic Expire 3/31/2023 3605 BROADWAY BLVD SUITE B
Medicare 1: 677877 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 638-4500 Fax (214) 389-4356
Type: Parent Agency Administrator JANE EKWONYE

Owner Information

JCP & P HEALTHCARE SERVICES INC
3605 BROADWAY BLVD STE B
GARLAND, TEXAS 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/23/2016
License # 017744 JEFIONS HEALTH CARE SERVICES INC
Lic Expire 8/31/2022 337 OAKS TRAIL STE 105
Medicare 1: 747642 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 677-0086 Fax (469) 677-0119

Type: Parent Agency Administrator CAREN JEPKSOGEI

Owner Information

JEFIONS HEALTH CARE SERVICES INC
113 BRENTWOOD DR.
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/12/2005
License # 009952 JENMERIT HOME HEALTH INC
Lic Expire 9/30/2022 1913 MESA COURT
Medicare 1: 677831 HHA-18 GARLAND, TX 75040
Medicare 2:
Phone (214) 703-9444 Fax (972) 278-4606

Type: Parent Agency Administrator EMMANUEL ONYIA

Owner Information

JENMERIT HOME HEALTH INC
1913 MESA COURT
GARLAND, TX 75040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/11/2017
License # 018154 JESSE HEALTHCARE SERVICES LLC
Lic Expire 7/31/2021 746 COLONEL DRIVE E1
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (469) 661-9249 Fax (972) 495-0367

Type: Parent Agency Administrator WINIFRED NWAOKOLO

Owner Information

JESSE HEALTHCARE SERVICES,LLC
746 COLONEL DRIVE E1
GARLAND, TX 75043
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/1998
License # 006779 JESSNIC HOME HEALTH AGENCY INC
Lic Expire 6/30/2022 1111 SOUTH IRVING HEIGHTS DR, SUITE 105
Medicare 1: 678208 HHA-18 IRVING, TX 75060
Medicare 2:
Phone (972) 871-1988 Fax (972) 871-1819

Type: Parent Agency Administrator JOHN OMOILE

Owner Information

JESSNIC HOME HEALTH AGENCY, INC
111 SOUTH IRVING HEIGHTS DR SUITE 105
IRVING, TX 75060
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 06/08/2012
License # 014860 JESSY EFFECTIVE HOME HEALTH CARE
Lic Expire 6/30/2022 8410 S. WESTMORELAND ROAD, APT 602
Medicare 1: 748023 DALLAS, TX 75237
Medicare 2:
Phone (469) 735-6843 Fax 9726855406, EFAX;18773117858

Type: Parent Agency Administrator JESSY OGBU

Owner Information

JESSY EFFECTIVE HOME HEALTHCARE INC
8410 S WESTMORELAND ROAD #602
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/17/2019
License # 019426 JJ HOME HEALTH SERVICES, INC
Lic Expire 6/17/2024 346 OAKS TRL STE 200
Medicare 1: 747990 GARLAND, TX 75043
Medicare 2:
Phone 469 2063041 Fax 469 2060051

Type: Parent Agency Administrator SABU JOSEPH

Owner Information

JJ HOME HEALTH SERVICES, INC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/10/2019
License # 019475 JJ PRIMARY CARE SERVICES INC
Lic Expire 7/10/2021 346 OAKS TRL STE 200
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone 469 2063041 Fax 469 2060051

Type: Parent Agency Administrator SABU JOSEPH

Owner Information

JJ PRIMARY CARE SERVICES, INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/10/2009
License # 012649 JJIREH HEALTHCARE SERVICES LLC
Lic Expire 9/30/2023 1140 EMPIRE CENTRAL DR. STE# 645
Medicare 1: 747378 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (972) 861-5540 Fax (972) 861-5542
Type: Parent Agency Administrator FLORENCE O. NGWU

Owner Information

JJIREH HEALTHCARE SERVICES, LLC
8500 N STEMMONS FRWY STE. 4080
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/26/2004
License # 009373 JK HOME HEALTH SERVICE
Lic Expire 10/31/2021 609 NORTH EBRITE STREET SUITE 103
Medicare 1: 457980 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone (972) 329-3900 Fax (972) 329-3903
Type: Parent Agency Administrator ZACHARY CRISS

Owner Information

AMERICAN HEALTHCARE CONCEPTS, INC
609 NORTH EBRITE STREET SUITE 103
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/24/2020
License # 020352 JOHNDAVID HOME HEALTH CARE SERVICES, LLC
Lic Expire 11/24/2022 8330 LBJ FREEWAY SUITE 670
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 229-3485 Fax (888) 958-2383
Type: Parent Agency Administrator OLUYEMISI AKINODE

Owner Information

JOHNDAVID HOME HEALTH CARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/10/2021
License # 020583 JOHNSON HEALTH SERVICES LLC
Lic Expire 3/10/2023 19002 DALLAS PARKWAY APT.1838
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (214) 931-4595 Fax
Type: Parent Agency Administrator YETTA JOHNSON

Owner Information

JOHNSON HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/01/1996
License # 005184 JOHNSON HOME HEALTH CARE NURSING INC
Lic Expire 10/31/2021 1130 SOUTH EWING
Medicare 1: 459445 HHA-18 DALLAS, TX 75216
Medicare 2:
Phone (214) 941-8585 Fax (214) 948-1631
Type: Parent Agency Administrator LEE V TAYLOR

Owner Information

JOHNSON HOME HEALTH CARE NURSING INC
1130 SOUTH EWING AVENUE
DALLAS, TX 75216
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 12/13/2016
License # 017789 JOVIAL ANGELS AT HOME CARE SERVICES LLC
Lic Expire 12/31/2022 2300 VALLEY VIEW LANE SUITE 342
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (469) 680-3816 Fax (469) 680-3817
Type: Parent Agency Administrator HELLEN MURAGE

Owner Information

JOVIAL ANGELS AT HOME CARE SERVICES LLC
4127 WEST PIONEER DRIVE
IRVING, TX 75061
PHONE: (469) 855-7196 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/02/2012
License # 014799 JP AND P HEALTHCARE AGENCY INC
Lic Expire 1/31/2022 11551 FOREST CENTRAL DRIVE SUITE 101
Medicare 1: 747513 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 772-6422 Fax (469) 519-6240
Type: Parent Agency Administrator JOY FLETCHER

Owner Information

JP AND P HEALTHCARE AGENCY INC
11551 FOREST CENTRAL DRIVE STE 101
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/06/2018
License # 018643 JSGA HEALTHCARE MANAGEMENT SERVICES LLC
Lic Expire 3/31/2022 2307 OAK LANE SUITE 211
Medicare 1: GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (210) 401-0111 Fax (469) 533-0332
Type: Parent Agency Administrator PATIENCE AZUNNA

Owner Information

JSGA HEALTHCARE MANAGEMENT SERVICES LLC
2307 OAK LANE, SUITE #211
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/10/2009
License # 012702 JSHALOM HOME HEALTH SERVICES INC
Lic Expire 7/31/2023 1416 JUNCTION RUN
Medicare 1: 747393 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (469) 592-4145 Fax (972) 591-4589
Type: Parent Agency Administrator OKUNBOR ALFRED-IYAMU

Owner Information

JSHALOM HOME HEALTH SERVICES INC
1416 JUNCTION RUN
MESQUITE, TX 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/24/2021
License # 021001 JUANITA'S TOUCH HOME HEALTHCARE INC
Lic Expire 8/24/2024 1451 EMPIRE CENTRAL DRIVE STE 900
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 544-2114 Fax (214) 376-7899
Type: Parent Agency Administrator LAKISHA HENDERSON

Owner Information

JUANITA'S TOUCH HOME HEALTHCARE INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/06/2020
License # 019865 JUBILEE HOME HEALTH INC
Lic Expire 4/6/2022 5828 SOMERTON DR
Medicare 1: GRAND PRAIRIE, TX 750528590
Medicare 2:
Phone (817) 983-9986 Fax NA
Type: Parent Agency Administrator GRACE UWAGBAI

Owner Information

JUBILEE HOME HEALTH INC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/24/2018
License # 019042 K MONIE CARE LLC
Lic Expire 11/30/2020 2004 PINENUT DRIVE
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (469) 442-5170 Fax (469) 442-5170
Type: Parent Agency Administrator LILIAN MONIE

Owner Information

K MONIE CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2017
License # 018535 K S HOME HEALTHCARE INC
Lic Expire 9/30/2024 2500 PLEASANT RUN ROAD SUITE 260
Medicare 1: 747781 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (972) 649-6400 Fax (972) 649-4604
Type: Parent Agency Administrator CAROLYN SEPHUS

Owner Information

K S HOME HEALTHCARE INC
1430 VALWOOD PARKWAY STE 160
CARROLLTON, TX 75006
PHONE: (972) 649-6400 FAX: (972) 649-6404
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/27/2018
License # 018810 KABAFUSION TX
Lic Expire 6/30/2022 4950 WESTGROVE DR. #100
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (800) 333-0660 Fax (888) 837-2716
Type: Parent Agency Administrator JEAN BREMER

Owner Information

IVEDCO, LLC
4950 WESTGROVE DR., # 100
DALLAS, TX 75248
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	07/28/2017	Owner Information	
License #	018210					KALIBRA HOME CARE LLC	
Lic Expire	10/31/2021					275 W CAMPBELL RD #225	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(614) 746-5160	Fax	(614) 746-5160			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SYLVIE MENASCE-ANDERSON				
County	DALLAS	Region	03	Date Licensed	03/29/2010	Owner Information	
License #	013199					KASODEL HOME HEALTH SERVICES LLC	
Lic Expire	3/31/2022					809 WOODWAY LANE	
Medicare 1:						RICHARDSON, TX 75081-5125	
Medicare 2:						PHONE:	FAX:
Phone	(972) 352-7845	Fax	(972) 744-0366			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ESTHER ATUCHUKWU				
County	DALLAS	Region	03	Date Licensed	04/30/2001	Owner Information	
License #	007799					KC HOME HEALTH AGENCY INC	
Lic Expire						2601 GUS THOMASSON ROAD #100	
Medicare 1:	459473					MESQUITE, TX 75150	
Medicare 2:						PHONE:	FAX:
Phone	(972) 289-2211	Fax	(972) 289-2237			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	GERTRUDE NWOKE				
County	DALLAS	Region	03	Date Licensed	12/20/2017	Owner Information	
License #	018523					KDB HOSPICE, LLC	
Lic Expire	12/31/2021					1510 NORTH HAMPTON ROAD, SUITE #260	
Medicare 1:	45-1772					DESOTO, TX 75115	
Medicare 2:						PHONE:	FAX:
Phone	(214) 919-5797	Fax	(888) 414-5160			Services: Hospice	
Type:	Parent Agency	Administrator	KENNETH BOWIE			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	02/20/2007	Owner Information	
License #	011359					KEMG HOME HEALTH CARE INC	
Lic Expire	2/28/2022					810 A DALWORTH STREET	
Medicare 1:	457999					GRAND PRAIRIE, TX 75050	
Medicare 2:						PHONE:	FAX:
Phone	(972) 262-4300	Fax	(972) 262-4302			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ISABELLA BROCKMAN				
County	DALLAS	Region	03	Date Licensed	11/02/2021	Owner Information	
License #	021180					KEY ENGAGEMENT IN TEXAS HEALTHCARE LLC	
Lic Expire	11/2/2024					6297 DENHAM CIRCLE	
Medicare 1:						DALLAS, TEXAS 75217	
Medicare 2:						PHONE:	FAX:
Phone	(214) 476-1222	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	QUINTHEIS ELSE				
County	DALLAS	Region	03	Date Licensed	02/13/2019	Owner Information	
License #	019257					KEYS TO LOVE, LLC	
Lic Expire	8/31/2021					3906 W CAMP WISDOM RD STE 108	
Medicare 1:						DALLAS, TX 75237	
Medicare 2:						PHONE:	FAX:
Phone	(214) 875-6842	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LASHONDRA BOLLIN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 05/30/2016
License # 017508 KEYSTONE HEALTHCARE INC
Lic Expire 5/31/2022 777 S CENTRAL EXPRESSWAY STE I-H
Medicare 1: 747319 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 262-9501 Fax (972) 767-4004

Type: Parent Agency Administrator DICKSON ALAO

Owner Information

KEYSTONE HEALTHCARE INC
777 S CENTRAL EXPRESSWAY STE I-H
RICHARDSON, TX 75080

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/10/2020
License # 020162 KHARIS HEALTH SERVICES, LLC
Lic Expire 9/10/2022 1246 BETHEL CT,
Medicare 1: COPPELL, TX 75019
Medicare 2:
Phone 952 807 3480 Fax
Type: Parent Agency Administrator ETTA PAASEWE

Owner Information

KHARIS HEALTH SERVICES LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/05/2013
License # 015467 KIDS THERAPY BY DESIGN
Lic Expire 4/30/2023 2001 BRYAN STREET SUITE 3135
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (469) 206-7349 Fax (469) 206-7531
Type: Parent Agency Administrator AMANDA CARTER

Owner Information

THERAPY BY DESIGN LLC
2001 BRYAN ST SUITE 3125
DALLAS, TX 75201

PHONE: FAX:

Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/16/2003
License # 008464 KIDSCARE HOME HEALTH
Lic Expire 5/31/2024 14651 N. DALLAS PARKWAY, SUITE 200
Medicare 1: DALLAS, TX 75254
Medicare 2:
Phone (866) 919-3240 Fax (877) 300-7450
Type: Parent Agency Administrator SHANNON HANBERRY

Owner Information

THERAPY MANAGEMENT SERVICES, LLC
15820 ADDISON RD
DALLAS, TX 75001

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 04/01/1995
License # 004059 KINDRED HOSPICE
Lic Expire 3/31/2022 7557 RAMBLER RD STE 510
Medicare 1: 451527 HOSPICE DALLAS, TX 75231
Medicare 2:
Phone (214) 231-3914 Fax (214) 630-4032
Type: Parent Agency Administrator IDA WHITEMAN

Owner Information

FAMILY HOSPICE LTD
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 10/06/2020
License # 020214 KING VISION OF FORT WORTH LLC
Lic Expire 10/6/2022 5863 FOXGLOVE LN
Medicare 1: DALLAS, TEXAS 75249
Medicare 2:
Phone (214) 476-2448 Fax (877) 257-3774
Type: Parent Agency Administrator TRACY KING

Owner Information

KING VISION OF FORT WORTH, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/20/2005
License # 009978 KINGLY HOME HEALTH CARE INCORPORATED
Lic Expire 9/30/2022 1219 STEWARD DRIVE
Medicare 1: 677982 HHA-18 IRVING, TX 75061
Medicare 2:
Phone (469) 586-4560 Fax (469) 586-4561
Type: Parent Agency Administrator RACHEL PHILIP

Owner Information

KINGLY HOME HEALTH CARE INCORPORATED
1219 STEWARD DRIVE
IRVING, TX 75061

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/13/2009
License # 012781 KINGS HEALTH CARE LLC
Lic Expire 8/31/2023 9550 SKILLMAN STREET SUITE 102
Medicare 1: 747476 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 221-0147 Fax (214) 221-0175
Type: Parent Agency Administrator ADEKUNLE AKINWOLE

Owner Information

KINGS HEALTH CARE LLC
9550 SKILLMAN STREET STE 102
DALLAS, TX 75243

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/30/2018
License # 019243 KLARUS HOME CARE
Lic Expire 11/30/2022 2302 GUTHRIE ROAD SUITE 240
Medicare 1: 747397 GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 440-1004 Fax (214) 440-2334
Type: Parent Agency Administrator MARIA CRISTINA BACUD

Owner Information

KLARUS HOME CARE LLC
6421 CAMP BOWIE BLVD, SUITE #100
FORT WORTH, TX 76116

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 06/27/2008
License # 012077 KOREAN HOME HEALTH
Lic Expire 6/30/2022 1908 ROYAL LANE SUITE 100
Medicare 1: 747139 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (972) 241-9996 Fax (972) 241-9997
Type: Parent Agency Administrator LINH ATKINS

Owner Information

KOREAN HOME HEALTH CARE INC
1908 ROYAL LANE, SUITE 100
DALLAS, TEXAS 75229

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/24/2021
License # 020852 KORI'S KIND HELPERS LLC
Lic Expire 6/24/2024 1121 HAMPSHIRE LN. SUITE 240
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (469) 579-2679 Fax
Type: Parent Agency Administrator ROBERT WANYOIKE

Owner Information

KORI'S KIND HELPERS LLC

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/11/2019
License # 019593 LAKEHOUSE HOME HEALTH AGENCY, LLC
Lic Expire 9/11/2021 10935 ESTATE LN STE 119
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (469) 206-0395 Fax (469) 206-0395
Type: Parent Agency Administrator CORINE NGAHA

Owner Information

LAKEHOUSE HOME HEALTH AGENCY, LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/07/2008
License # 012259 LAKESHORE HEALTHCARE SERVICES INC
Lic Expire 10/31/2022 9550 FOREST LANE SUITE 102
Medicare 1: 747320 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 348-9700 Fax (214) 348-9701
Type: Parent Agency Administrator ANTHONY NWEDO

Owner Information

LAKESHORE HEALTHCARE SERVICES INC
9550 FOREST LANE SUITE 102
DALLAS, TX 75243

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/05/2014
License # 016016 LALA HEALTHCARE SOLUTIONS LLC
Lic Expire 2/28/2024 1341 W. MOCKINGBIRD LANE, SUITE 214W
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 310-0610 Fax (866) 740-7952
Type: Parent Agency Administrator MICHELLE BRILL

Owner Information

LALA HEALTHCARE SOLUTIONS LLC
4713 PARKHAVEN DR
GARLAND, TX 75043

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/12/2021
License # 020536 LAZON HOME HEALTH INC
Lic Expire 2/12/2023 10701 WESTERN HILLS DRIVE
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone (214) 597-4512 Fax (214) 731-7861
Type: Parent Agency Administrator SAM ODILI

Owner Information

LAZON HOME HEALTH INC
10701 WESTERN HILLS DRIVE
ROWLETT, TEXAS 75089
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/16/2015
License # 016858 LEGACY HOME HEALTH CARE
Lic Expire 6/30/2023 1229 EAST PLEASANT RUN ROAD STE. 122
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (214) 755-0806 Fax (972) 227-5087
Type: Parent Agency Administrator BRIDGET WILLIAMS

Owner Information

KHBW INC
518 BRANCHWOOD DR
LANCASTER, TX 75146
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/11/2003
License # 008359 LEGEND HOME HEALTHCARE INC
Lic Expire 3/31/2022 5730 BENTLEY DRIVE
Medicare 1: GARLAND, TX 750435460
Medicare 2:
Phone (214) 328-6200 Fax (214) 328-6210
Type: Parent Agency Administrator CHRISTIAN NWAMUO

Owner Information

LEGEND HOME HEALTHCARE INC
2214 LORETTA LANE
ROWLETT, TX 75088
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/09/2007
License # 011143 LEONE HOMEHEALTH CARE AGENCY INC
Lic Expire 3/31/2022 3334 BROADWAY BLVD. SUITE 422
Medicare 1: 747050 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 227-2510 Fax (214) 227-2410
Type: Parent Agency Administrator ALIE PATRICK KOROMA

Owner Information

LEONE HOMEHEALTH CARE AGENCY INC
3129 INTERSTATE 30 SUITE H
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/13/2016
License # 017487 LIBERTY AT HOME DIALYSIS LLC
Lic Expire 5/31/2022 5535 RED BIRD CENTER DRIVE SUITE 150
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 331-1112 Fax (214) 259-9216
Type: Parent Agency Administrator JOAN TRAVIS

Owner Information

LIBERTY AT HOME DIALYSIS LLC
5535 RED BIRD CENTER DRIVE, SUITE#150
DALLAS, TX 75237
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 03 Date Licensed 08/12/2019
License # 019069 LIBERTY HOSPICE CARE INC
Lic Expire 11/7/2020 9304 FOREST LANE, SUITE N266
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 682-9299 Fax (214) 593-4700
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information

LIBERTY HOSPICE CARE INC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/12/2021
License # 020539 LIFE VIEW HOMECARE SERVICES
Lic Expire 2/12/2024 18949 MARSH LANE UNIT 714
Medicare 1: DALLAS, TEXAS 75287
Medicare 2:
Phone (313) 978-4561 Fax
Type: Parent Agency Administrator ANGEL JALLICE

Owner Information

LIFE VIEW HOMECARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/23/2016
License # 017823 LIFEGATE HEALTH CARE SERVICES INC
Lic Expire 8/31/2022 310 E I30 STE B105
Medicare 1: 679279 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (469) 554-5482 Fax (972) 925-0891
Type: Parent Agency Administrator STEPHANIE CHUKWUKELU

Owner Information

LIFEGATE HEALTH CARE SERVICES INC
310 E I30 STE B105
GARLAND, TX 75043
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/17/2016
License # 017748 LIFEPOINTE HOSPICE DALLAS METROPLEX LLC
Lic Expire 11/30/2022 12810 HILLCREST RD STE B-127
Medicare 1: 671691 HOSPICE DALLAS, TX 75230
Medicare 2:
Phone (214) 420-4014 Fax (214) 420-4016
Type: Parent Agency Administrator APRIL ALLEN

Owner Information

LIFEPOINTE HOSPICE DALLAS METROPLEX LLC
12425 ISLAND DRIVE
TOMBALL, TX 77377
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/12/2013
License # 015425 LIFESPAN HOME HEALTH
Lic Expire 3/31/2024 7929 BROOKRIVER DRIVE SUITE 600
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator FRANKIE DAVIS

Owner Information

ADVANCE HITECH NURSING INC
6243 IH 10 WEST, STE 375
SAN ANTONIO, TX 78201
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/30/2019
License # 019756 LIFETIME CARE , LLC
Lic Expire 12/30/2021 5801 MARVIN D. LOVE FWY STE.309
Medicare 1: DALLAS, TEXAS 75237
Medicare 2:
Phone (214) 339-2266 Fax (214) 339-2216
Type: Parent Agency Administrator ELIZABETH ISAAC

Owner Information

LIFETIME CARE LLC
5801 MARVIN D LOVE FWY STE 309
DALLAS, TEXAS 75237
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/07/2020
License # 020378 LITHONIA HEALTHCARE DEVELOPMENT LLC
Lic Expire 12/7/2022 8204 ELMBROOK DR STE 108
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 393-5114 Fax (214) 602-4077
Type: Parent Agency Administrator ADRIAN TAYLOR

Owner Information

LITHONIA HEALTHCARE DEVELOPMENT LLC
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/18/2014
License # 016419 LIVINGSTON SENIOR CARE
Lic Expire 9/30/2022 4504 LIVINGSTON AVENUE
Medicare 1: DALLAS, TX 75205
Medicare 2:
Phone (214) 520-7571 Fax (214) 396-1904
Type: Parent Agency Administrator RUSSELL WOOLERY

Owner Information

FHL HOME CARE LLC
4504 LIVINGSTON AVE
DALLAS, TX 75205
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/09/2008
License # 012006 LOGOS HEALTHCARE SERVICES
Lic Expire 5/31/2024 1701 GATEWAY BLVD SUITE 460
Medicare 1: 747152 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 234-5646 Fax (972) 234-5665
Type: Parent Agency Administrator MOBOLAJI IKUJENYO

Owner Information

SIMPLY T & T INCORPORATED
SAME AS ABOVE
,
PHONE:
FAX:
Services: Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	02/18/2003	Owner Information
License #	008330	LONE STAR HOME HEALTH SERVICES			MEDIGUARD AMERICA INC	
Lic Expire	2/28/2023	3129 ESTERS ROAD SUITE 101			3129 ESTERS RD SUITE #101	
Medicare 1:	679267 HHA-18	IRVING, TX 75062			IRVING, TX 75062	
Medicare 2:					PHONE:	FAX:
Phone	(214) 441-0791	Fax	(214) 441-0291		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SARA CHAMATHIL			
County	DALLAS	Region	03	Date Licensed		Owner Information
License #	021344	LONE STAR HOME HEALTH SERVICES LLC			LONE STAR HOME HEALTH LLC	
Lic Expire	1/21/2025	9550 FOREST LN BLDG 1 STE 131				
Medicare 1:		DALLAS, TX 75243				
Medicare 2:					PHONE:	FAX:
Phone	(214) 694-6924	Fax				
Type:	Parent Agency	Administrator	CAROLYNE BELL			
County	DALLAS	Region	03	Date Licensed	10/18/2006	Owner Information
License #	010814	LONE STAR LOVE AND CARE INC			LONE STAR LOVE AND CARE INC	
Lic Expire	10/31/2022	401 S. SHERMAN STREET, SUITE 309			9850 WALNUT ST	
Medicare 1:		RICHARDSON, TX 75081			DALLAS, TX 75243	
Medicare 2:					PHONE:	FAX:
Phone	(214) 575-7992	Fax	(972) 644-7495		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VAISHALI PATEL			
County	DALLAS	Region	03	Date Licensed	08/02/2021	Owner Information
License #	020946	LONGEVITY HOME CARE			LONGEVITY HOME CARE LLC	
Lic Expire	8/2/2024	2709 BECHTOL ST				
Medicare 1:		GARLAND, TEXAS 75042				
Medicare 2:					PHONE:	FAX:
Phone	(469) 321-3066	Fax	(972) 494-3883		Services: Licensed Home Health Services with Dialysis; Personal Assistance Services	
Type:	Parent Agency	Administrator	WILLIAM QUACH			
County	DALLAS	Region	03	Date Licensed	10/27/2021	Owner Information
License #	021163	LORDS CARE HOSPICE, LLC			LORDS CARE HOSPICE LLC	
Lic Expire	10/27/2024	2665 VILLA CREEK DR SUITE 205A				
Medicare 1:		DALLAS, TEXAS 75234				
Medicare 2:					PHONE:	FAX:
Phone	(214) 735-6622	Fax	(972) 499-9099		Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOSEPHINE DEVADOSS			
County	DALLAS	Region	03	Date Licensed	11/16/2020	Owner Information
License #	020319	LOVING HOME CARE LLC			LOVING HOME CARE LLC	
Lic Expire	11/16/2022	8035 E R L THORNTON FWY SUITE 245			4128 ARBOR CT	
Medicare 1:		DALLAS, TEXAS 75228			MESQUITE, TX 75150	
Medicare 2:					PHONE:	FAX:
Phone	(469) 267-2777	Fax	(972) 677-7978		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EVANGELISTA ANUGWOM			
County	DALLAS	Region	03	Date Licensed	11/22/2021	Owner Information
License #	021221	LS HEALTHCARE SERVICES LLC			LS HEALTHCARE SERVICES LLC	
Lic Expire	11/22/2024	632 MAGNOLIA TRL				
Medicare 1:		DESOTO, TEXAS 75115				
Medicare 2:					PHONE:	FAX:
Phone	(214) 970-2881	Fax				
Type:	Parent Agency	Administrator	LIONEL SANDJONG			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	10/26/2004	Owner Information
License #	009374					LYDIA HOME HEALTH CARE LLC
Lic Expire	10/31/2022					2805 CHAHA ROAD
Medicare 1:	457921 HHA-18					ROWLETT, TX 75088
Medicare 2:						PHONE:
Phone	(972) 412-2379	Fax	(972) 412-2977			FAX:
Type:	Parent Agency	Administrator	AJO JAMES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	07/27/2018	Owner Information
License #	018851					LYXX CARE LLC
Lic Expire	7/31/2022					1713 WILLOW CREEK
Medicare 1:						MESQUITE, TX 75181
Medicare 2:						PHONE: (469) 412-1778
Phone	(469) 412-1778	Fax	(469) 269-2352			FAX: (469) 269-2352
Type:	Parent Agency	Administrator	PRISCA WILLIAMS			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/13/2020	Owner Information
License #	020227					M & C HOME HEALTH CARE SOLUTIONS LLC
Lic Expire	10/13/2022					10410 BENT TREE DRIVE
Medicare 1:						ROWLETT, TEXAS 75089
Medicare 2:						PHONE:
Phone	(469) 735-0765	Fax	(469) 519-2487			FAX:
Type:	Parent Agency	Administrator	BRIDGET UMUNNA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/14/2013	Owner Information
License #	015303					M & L MEDICAL SERVICES HOSPICE INC
Lic Expire	1/31/2023					1801 N HAMPTON RD SUITE 333
Medicare 1:	741500 HOSPICE					DESOTO, TX 75115
Medicare 2:						PHONE:
Phone	(972) 228-8500	Fax	(972) 228-8812			FAX:
Type:	Parent Agency	Administrator	PATRICIA MOORE			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	09/15/2003	Owner Information
License #	008648					M & L MEDICAL SERVICES INC
Lic Expire	9/30/2022					1801 N. HAMPTON SUITE #333
Medicare 1:	679405 HHA-18					DESOTO, TX 75115
Medicare 2:						PHONE:
Phone	(972) 228-8500	Fax	(972) 228-8812			FAX:
Type:	Parent Agency	Administrator	PATRICIA MOORE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	01/01/2017	Owner Information
License #	017991					M & D HEALTHCARE SERVICES INC
Lic Expire	12/31/2022					9535 FOREST LANE SUITE 214
Medicare 1:	747617 HHA-18					DALLAS, TX 75243-0000
Medicare 2:						PHONE:
Phone	(972) 677-7897	Fax	(972) 677-7984			FAX:
Type:	Parent Agency	Administrator	EMMANUEL IGWE			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/27/2006	Owner Information
License #	010578					MACHRIS HOME HEALTH SERVICES INC
Lic Expire	6/30/2021					9401 LBJ FREEWAY SUITE 107
Medicare 1:	743101 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 628-9065	Fax	(214) 628-9070			FAX:
Type:	Parent Agency	Administrator	MARY MAWEN NGONG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/06/2018	Owner Information
License #	018688					MAGNET SPECIALTY NURSES PLLC
Lic Expire	4/30/2022					P.O BOX 295
Medicare 1:						ROCKWALL, TX 75087
Medicare 2:						PHONE:
Phone	(469) 850-0093	Fax	(214) 594-7999			FAX:
Type:	Parent Agency	Administrator	JULIET OTIENO			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	01/19/2021	Owner Information
License #	020469					MAIDECARE, LLC
Lic Expire	1/19/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 994-6875	Fax				FAX:
Type:	Parent Agency	Administrator	KELVIN EDOKPOLO			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/28/2005	Owner Information
License #	009999					MAIN HOME HEALTH SERVICES INC
Lic Expire	9/30/2023					3435 HIGHLAND ROAD SUITE 120
Medicare 1:	677868					DALLAS, TX 75228
Medicare 2:						PHONE:
Phone	(214) 256-4013	Fax	(214) 256-4092			FAX:
Type:	Parent Agency	Administrator	MUSTAFA ARASAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/28/2015	Owner Information
License #	017515					MAKAVIC HOME HEALTH LLC
Lic Expire	12/31/2021					2307 OAK LANE STE 213
Medicare 1:	679723 HHA-18					GRAND PRAIRIE, TEXAS 75051
Medicare 2:						PHONE:
Phone	(972) 639-3220	Fax	(972) 639-3313			FAX:
Type:	Parent Agency	Administrator	OLUWATOYIN OLUWASOLA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/13/2008	Owner Information
License #	012157					MANDATE HEALTH SERVICES LLC
Lic Expire	8/31/2022					2351 W. NORTHWEST HWY SUITE #1306
Medicare 1:	747349					DALLAS, TEXAS 75220
Medicare 2:						PHONE:
Phone	(214) 353-9400	Fax	(214) 353-9406			FAX:
Type:	Parent Agency	Administrator	EMEKA NNAJI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/30/2006	Owner Information
License #	010687					MARANATHA HOME HEALTH
Lic Expire	6/30/2022					2100 VIRGINIA DR STE 100-A
Medicare 1:	743186 HHA-18					GRAND PRAIRIE, TX 75051
Medicare 2:						PHONE:
Phone	(972) 992-0190	Fax	(972) 521-6326			FAX:
Type:	Parent Agency	Administrator	DAISY SARMIENTO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/07/2021	Owner Information
License #	021260					MARLA HELPING HANDS, LLC
Lic Expire	12/7/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 592-1512	Fax	(214) 857-3981			FAX:
Type:	Parent Agency	Administrator	BEVERLEY CHATMON			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 12/20/2007
License # 011933 MARVELOUS CHOICE HOME HEALTH INC
Lic Expire 12/31/2021 8035 E RL THORNTON FWY SUITE 452
Medicare 1: 677896 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 324-9099 Fax (214) 324-3090
Type: Parent Agency Administrator CHRISTIANA LEKWUWA

Owner Information

MARVELOUS CHOICE HOME HEALTH INC
8035 E RL THORNTON FWY STE 452
DALLAS, TX 75288
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/21/2009
License # 012920 MAXIM HEALTHCARE SERVICES INC
Lic Expire 1/31/2021 5001 LBJ FREEWAY, SUITE 200
Medicare 1: 458446 HHA-18 DALLAS, TEXAS 75244
Medicare 2:
Phone (214) 370-3385 Fax (877) 306-4574
Type: Parent Agency Administrator ALFONSO HIDALGO

Owner Information

MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/18/2019
License # 019747 MBKC CARE INC
Lic Expire 12/18/2021 1814 BLENHEIM DRIVE
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (214) 405-8523 Fax (469) 573-5081
Type: Parent Agency Administrator VICTORIA JOHNSON

Owner Information

MBKC CARE INC
1814 BLENHEIM DRIVE
GARLAND, TX 75043
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/10/2008
License # 011809 MECARE HOME HEALTH INC
Lic Expire 1/31/2025 18601 LBJ FREEWAY SUITE 706
Medicare 1: 747212 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 331-8166 Fax (972) 331-8169
Type: Parent Agency Administrator EDITH ABENGOWE

Owner Information

MECARE HOME HEALTH INC
18601 LBJ FREEWAY, SUITE 706
MESQUITE, TX 75150
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2010
License # 013321 MED CERT HOME CARE LLC
Lic Expire 5/31/2022 6550 NAAMAN FOREST BLVD SUITE 100
Medicare 1: 747507 HHA-18 GARLAND, TX 75044
Medicare 2:
Phone (972) 303-2424 Fax (972) 303-1620
Type: Parent Agency Administrator SUSAN MATHEW

Owner Information

MEDCERT HOME CARE LLC
6550 NAAMAN FOREST BLVD ST: 100
GARLAND, TX 75044
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/30/2003
License # 008832 MED GLOBAL HOME HEALTH CARE INC
Lic Expire 12/31/2022 18601 LYNDON B JOHNSON FWY # 330
Medicare 1: 453118 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 222-3870 Fax (972) 222-3871
Type: Parent Agency Administrator JAISON JOSEPH

Owner Information

MED GLOBAL HOME HEALTH CARE INC
802 ASHLEY PLACE
MESQUITE, TX 75181
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/17/2011
License # 014295 MED PLUS HOME HEALTHCARE INC
Lic Expire 8/31/2021 4701 ALTAMESA BLVD STE 2H
Medicare 1: 747807 FORT WORTH, TX 76133
Medicare 2:
Phone (972) 803-4255 Fax (972) 329-3903
Type: Parent Agency Administrator ZACHARY CRISS

Owner Information

MED PLUS HOME HEALTHCARE INC
609 N EBRITE ST, STE 110
MESQUITE, TEXAS 75149
PHONE: (972) 329-3900 FAX: (972) 329-3903
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/21/2017
License # 018265 MED PLUS HOSPICE LLC
Lic Expire 8/31/2019 18601 LBJ FRWY # 330 B
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (214) 735-6622 Fax (972) 681-7779
Type: Parent Agency Administrator JOSEPHINE DEVADOSS

Owner Information
MED PLUS HOSPICE LLC
18601 LBJ FRWY #330B
MESQUITE, TX 75150
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/20/2011
License # 013838 MED TEAM INC
Lic Expire 1/31/2023 6230 N. BELTLINE, SUITE 303
Medicare 1: IRVING, TEXAS 75063
Medicare 2:
Phone (214) 373-1111 Fax (214) 238-8080
Type: Parent Agency Administrator KAMLA BEHARRYLAL

Owner Information
THE HOME CARE TEAM, INC
45 NE LOOP 410, SUITE 800
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/27/2021
License # 020491 MEDCONNECT HEALTHCARE LLC
Lic Expire 1/27/2023 12820 HILLCREST ROAD STE C115
Medicare 1: DALLAS, TX 75230
Medicare 2:
Phone (214) 444-7406 Fax (469) 719-3685
Type: Parent Agency Administrator SAKWE BONGO MCDONALD

Owner Information
MEDCONNECT HEALTHCARE LLC
3951 DECHMAN DR
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/07/2009
License # 013029 MEDICAL CONNECTIONS HOME HEALTH SERVICES
Lic Expire 12/31/2021 1801 N HAMPTON RD SUITE 330
Medicare 1: 747508 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 283-6634 Fax (972) 283-6892
Type: Parent Agency Administrator MARY BOYD

Owner Information
MARY ANNETTE BOYD
1801 N. HAMPTON RD. SUITE 330
6884, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/25/2015
License # 017009 MEDSOURCE HEALTH CARE SYSTEM
Lic Expire 7/31/2023 1350 E. ARAPAHO ROAD, SUITE 238
Medicare 1: 679551 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 572-9783 Fax (972) 572-9782
Type: Parent Agency Administrator JOCELYN ANN GARCIA

Owner Information
MEDLINK NETWORK LLC
1701 ANALOG DRIVE
RICHARDSON, TX 75081-2443
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/06/2008
License # 011916 MERIT HOME HEALTHCARE INC
Lic Expire 3/31/2021 1919 S SHILOH ROAD SUITE 525
Medicare 1: 747358 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 575-4645 Fax (214) 575-9119
Type: Parent Agency Administrator CHUKWUMA E. UZOIGWE

Owner Information
MERIT HOME HEALTHCARE INC
1919 S. SHILOH ROAD SUITE #525
GARLAND, TX 75042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/21/2017
License # 018192 MERIT HOSPICE LLC
Lic Expire 7/31/2023 8150 N CENTRAL EXPRESSWAY SUITE M2060
Medicare 1: 74-1741 DALLAS, TX 75206
Medicare 2:
Phone (214) 368-1154 Fax (214) 368-1155
Type: Parent Agency Administrator JENNIFER BECKHAM

Owner Information
MERIT HOSPICE LLC
8150 N CENTRAL EXPRESSWAY SUITE #M2105
DALLAS, TX 75206-1815
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/17/2002
License # 008164 METRO HOME CARE SERVICES INCORPORATED
Lic Expire 7/31/2024 1301 NORTHWEST HIGHWAY SUITE 102
Medicare 1: 679243 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-3756 Fax (214) 703-3760
Type: Parent Agency Administrator MARYCOLLET OKON

Owner Information

METRO HOME CARE SERVICES, INC
1301 NORTHWEST HIGHWAY STE 102
GARLAND, TX 75041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/30/2007
License # 011035 METROSTAR HEALTHCARE SERVICES LLC
Lic Expire 1/31/2024 12300 FORD ROAD SUITE 455
Medicare 1: 747246 HHA-18 DALLAS, TX 75234
Medicare 2:
Phone (972) 331-3133 Fax (972) 331-3135
Type: Parent Agency Administrator MARY EGWU

Owner Information

METROSTAR HEALTHCARE SERVICES LLC
12300 FORD RD. STE 455
DALLAS, TEXAS 75234
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/14/2008
License # 011882 MGA HOME HEALTH PLUS SERVICES INC
Lic Expire 2/28/2023 1109 N HWY 67 SUITE # 4
Medicare 1: 747321 HHA-18 CEDAR HILL, TX 75104
Medicare 2:
Phone 972 2938555 Fax 972 2932855
Type: Parent Agency Administrator GODSON GABRIEL

Owner Information

MGA HOME HEALTH PLUS SERVICES INC
1109 N HWY 67, SUITE 4
CEDAR HILL, TX 75104
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/03/2012
License # 015128 MGA HOMECARE
Lic Expire 7/31/2022 15601 DALLAS PARKWAY SUITE 100
Medicare 1: ADDISON, TX 75001
Medicare 2:
Phone (214) 292-9900 Fax (214) 292-9809
Type: Parent Agency Administrator OZIEL CUEVAS

Owner Information

MGA HEALTHCARE TEXAS, LLC
7025 N SCOTTSDALE ROAD, SUITE 200
SCOTTSDALE, AZ 85253
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 03/09/2007
License # 011144 MILESTONE THERAPY SERVICES
Lic Expire 3/31/2024 718 NORTH BUCKNER BLVD SUITE 312
Medicare 1: DALLAS, TX 75218
Medicare 2:
Phone (214) 324-4431 Fax (214) 324-4664
Type: Parent Agency Administrator SARAH RUPP-BLANCHARD

Owner Information

PEDIATRIC ENTERPRISES OF TEXAS INC
PO BOX 181045
DALLAS, TEXAS 75218
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/09/2020
License # 020223 MILLENIA HOSPICE
Lic Expire 10/9/2022 9450 SKILLMAN STREET SUITE 105
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 677-0241 Fax (469) 533-4453
Type: Parent Agency Administrator CHUKWUDI UCHEGBU

Owner Information

MILLENIA LLC
752 NORTH MAIN STREET P.O.BOX 128
MANSFIELD, TX 76063
PHONE:
FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 06/02/2009
License # 012640 MIRACLE HEALTHCARE SERVICES INCORPORATED
Lic Expire 6/30/2023 1802 GARRISON WAY
Medicare 1: 747652 GARLAND, TX 75040
Medicare 2:
Phone (972) 271-5381 Fax (972) 271-5724
Type: Parent Agency Administrator SUNDAY OMENIHU

Owner Information

MIRACLE HEALTHCARE SERVICES INCORPORATED
1802 GARRISON WAY
GARLAND, TX 75040
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/01/2006
License # 010587 MISSIONCARE HEALTH SERVICES
Lic Expire 6/30/2020 3939 U.S. HIGHWAY 80, 470B
Medicare 1: 673194 MESQUITE, TX 75150
Medicare 2:
Phone (214) 321-7600 Fax (214) 321-7603
Type: Parent Agency Administrator SAMUEL E NWANKWO

Owner Information

MHS MISSIONCARE HEALTH SERVICES INC
3435 HIGHLAND RD STE 115
DALLAS, TX 75228
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/30/2007
License # 011725 MJ HOME HEALTH AGENCY INC
Lic Expire 9/30/2024 3939 EAST US HIGHWAY 80, SUITE 428
Medicare 1: 457981 MESQUITE, TX 75150
Medicare 2:
Phone (972) 216-4894 Fax (972) 285-5185
Type: Parent Agency Administrator JOHN OZO

Owner Information

MJ HOME HEALTH AGENCY INC
3939 EAST HIGHWAY 80 SUITE 428
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/04/2017
License # 018274 MJS HOME HEALTH CARE INC
Lic Expire 8/31/2024 362 OAKS TRAIL SUITE #150
Medicare 1: 747498 GARLAND, TX 75043
Medicare 2:
Phone (972) 374-8798 Fax (972) 289-1002
Type: Parent Agency Administrator DARLENE TITUS

Owner Information

MJS HOME HEALTH CARE INC
362 OAKS TRAIL, SUITE 150
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/08/2021
License # 020446 MOMENTUS HEALTH SERVICES LLC
Lic Expire 1/8/2023 1341 W MOCKINGBIRD LN. SUITE. 214W
Medicare 1: DALLAS, TEXAS 75247
Medicare 2:
Phone (469) 613-5300 Fax (214) 310-0609
Type: Parent Agency Administrator MICHELLE BRILL, RN

Owner Information

MOMENTUS HEALTH SERVICES, LLC
6860 DALLAS PARKWAY #200/209
PLANO, TEXAS 75025
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 06/26/2009
License # 012668 MOMS BEST FRIEND
Lic Expire 6/30/2021 2125 N. JOSEY LANE STE 100
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (972) 446-0500 Fax (972) 820-5744
Type: Parent Agency Administrator JANET WILLIAMS

Owner Information

AUGUSTUS HOLDINGS INC
2125 N JOSEY LANE STE 100
CARROLLTON, TX 75006
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/18/2005
License # 010143 MONARCH HOME HEALTHCARE AGENCY
Lic Expire 11/30/2023 13405 FLOYD CIR STE 100
Medicare 1: 679591 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 629-6158 Fax (972) 629-6246
Type: Parent Agency Administrator ANTHONY NJUGOH

Owner Information

MONARCH HEALTHCARE INC
13405 FLOYD CIR, STE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/10/2009
License # 012847 MORAS HOME CARE INC
Lic Expire 9/30/2023 3228 SOUTHERN DRIVE SUITE 204
Medicare 1: GARLAND, TX 75043
Medicare 2:
Phone (972) 658-6756 Fax (972) 530-0503
Type: Parent Agency Administrator HALIMA MORA

Owner Information

MORA'S HOME CARE, INC
PO BOX 450878
GARLAND, TX 75045
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed		Owner Information	
License #	012847					MORA'S HOME CARE, INC	
Lic Expire	9/30/2023					PO BOX 450878	
Medicare 1:						GARLAND, TX 75045	
Medicare 2:						PHONE:	FAX:
Phone	(972) 658-6756	Fax	(97) 253-0053			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	HALIMA MORA				
County	DALLAS	Region	03	Date Licensed	01/01/2021	Owner Information	
License #	020456					TWILIGHT HOME HEALTHCARE TX LLC	
Lic Expire	11/8/2023						
Medicare 1:	677804						
Medicare 2:						PHONE:	FAX:
Phone	(877) 388-2304	Fax	(214) 275-6499			Services:	Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BRUCE DAVIS				
County	DALLAS	Region	03	Date Licensed	12/07/2007	Owner Information	
License #	011747					MORRIS INFINITE HEALTHCARE SERVICES INCORPORATED	
Lic Expire	12/31/2023					7920 BELTLINE ROAD STE 710	
Medicare 1:	747172 HHA-18;74					DALLAS, TX 75254	
Medicare 2:						PHONE:	FAX:
Phone	(214) 342-0300	Fax	(214) 342-0301			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	HENRIETTA MORRIS			In-Patient Hospice:	NO
County	DALLAS	Region	03	Date Licensed	05/31/2018	Owner Information	
License #	018768					MOTHER EARTH HEALTHCARE SERVICES INC	
Lic Expire	5/31/2022					9821 SUMMERWOOD CIRCLE #1701	
Medicare 1:						DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(469) 349-9828	Fax	(833) 817-7159			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	RENE ANDOH				
County	DALLAS	Region	03	Date Licensed	05/14/2020	Owner Information	
License #	019935					MOVELCARE	
Lic Expire	5/14/2022					4817 KINGFISHER LANE	
Medicare 1:						MESQUITE, TEXAS 75181	
Medicare 2:						PHONE:	FAX:
Phone	469 859 8689	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	OVIERHEYA OGBORU				
County	DALLAS	Region	03	Date Licensed	06/27/2005	Owner Information	
License #	010196					MULTI CARE HOME HEALTH SERVICES LLC	
Lic Expire	10/29/2024					211 WEST PLEASANT RUN ROAD #102	
Medicare 1:	679227 HHA-18					LANCASTER, TX 75146	
Medicare 2:						PHONE:	FAX:
Phone	(972) 227-9300	Fax	(972) 227-9302			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	BARBARA PIPKINS				
County	DALLAS	Region	03	Date Licensed	10/01/2005	Owner Information	
License #	010118					MY REDEEMER HEALTHCARE SERVICES AND CONSULT LLC	
Lic Expire	9/30/2022					903 N BOWSER SUITE 170	
Medicare 1:	459097					RICHARDSON, TX 75081	
Medicare 2:						PHONE:	FAX:
Phone	(972) 952-1478	Fax	(972) 952-1479			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ADESOLA OSIBAMOWO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/11/1997
License # 005978 NAAMAN COMMUNITY HEALTH SERVICES INC
Lic Expire 8/31/2023 115 EXECUTIVE WAY
Medicare 1: 459441 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 224-1633 Fax (972) 224-1647
Type: Parent Agency Administrator ALFRED AKINOLA

Owner Information

NAAMAN COMMUNITY HEALTH SERVICES INC
115 EXECUTIVE WAY
DESOTO, TX 75115
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/28/2001
License # 007558 NATIONAL HEALTH SERVICE CORPORATION
Lic Expire 2/28/2023 3129 ESTERS ROAD SUITE 103
Medicare 1: 679060 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (972) 790-3200 Fax (972) 870-1031
Type: Parent Agency Administrator SARA CHAMATHIL

Owner Information

NATIONAL HEALTH SERVICE CORPORATION
3129 ESTERS RD #103
IRVING, TX 75062
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/27/2019
License # 019281 NATURAL COMFORT HOSPICE, LLC
Lic Expire 2/27/2021 10925 ESTATE LANE # 140
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (214) 473-4790 Fax (469) 620-3137
Type: Parent Agency Administrator KOMAL SANDHU

Owner Information

NATURAL COMFORT HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/05/2021
License # 020432 NEF HEALTHCARE SERVICES INC
Lic Expire 1/5/2023 3044 TREVINO
Medicare 1: GRAND PRAIRIE, TX 75054
Medicare 2:
Phone (443) 825-8835 Fax (703) 332-9608
Type: Parent Agency Administrator FRANK EGWU

Owner Information

NEF HEALTHCARE SERVICES INC
3044 TREVINO
GRAND PRAIRIE, TX 75054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/23/2007
License # 011537 NESS HOME HEALTH SERVICE LLC
Lic Expire 8/31/2020 3225 IH 30 SUITE E
Medicare 1: 747293 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 417-3529 Fax (972) 222-3196
Type: Parent Agency Administrator FINDA S KOROMA

Owner Information

NESS HOME HEALTH SERVICE LLC
3225 IH 30, SUITE E
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/19/2016
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 1/31/2022 4101 MCEWEN RD #500
Medicare 1: 671588 HOSPICE DALLAS, TX 75244
Medicare 2:
Phone (972) 239-0907 Fax (972) 239-0908
Type: Parent Agency Administrator NARISSA ATTEBERRY

Owner Information

NEW CENTURY HOSPICE, INC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/28/2011
License # 014489 NEW DIRECTION HOME HEALTHCARE INC
Lic Expire 11/30/2021 515 N CEDAR RIDGE SUITE 4
Medicare 1: DUNCANVILLE, TEXAS 75116
Medicare 2:
Phone 972 8034244 Fax 844 2703342
Type: Parent Agency Administrator CAROLYN SEPHUS

Owner Information

NEW DIRECTION HOME HEALTHCARE INC
6405 CLEAR POOL
ARLINGTON, TEXAS 76018
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/17/2003
License # 008757 NEW ERA HOME HEALTHCARE SERVICES INC
Lic Expire 11/30/2023 9221 LBJ FREEWAY SUITE 107
Medicare 1: 453131 DALLAS, TX 75243
Medicare 2:
Phone (972) 235-0009 Fax (972) 690-1644
Type: Parent Agency Administrator PAULINE ONYEKA

Owner Information

NEW ERA HOME HEALTHCARE SERVICES INC
9221 LBJ FREEWAY, SUITE 107
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 07 Date Licensed 08/06/2008
License # 012136 NEW GLORIOUS HOME HEALTH INC
Lic Expire 8/31/2024 329 OAKS TRAIL SUITE 115B
Medicare 1: 747431 HHA-18 GARLAND, TEXAS 75043
Medicare 2:
Phone (830) 758-0265 Fax (830) 758-1736
Type: Parent Agency Administrator ANGELICA MARTINEZ

Owner Information

NEW GLORIOUS HOME HEALTH, INC
2149 DEL RIO BLVD. #204
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/22/2008
License # 012115 NEW GRACE HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 2622 WOODPARK DRIVE
Medicare 1: 747359 HHA-18 GARLAND, TX 75044
Medicare 2:
Phone (214) 431-6712 Fax (469) 298-3233
Type: Parent Agency Administrator WINIFRED UDEOGU-MOORE

Owner Information

NEW GRACE HOME HEALTH SERVICES, INC
2622 WOODPARK DRIVE
GARLAND, TX 75044
PHONE: (214) 431-6712 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/09/2009
License # 012813 NEW HEIGHTS HEALTHCARE AGENCY
Lic Expire 6/30/2021 1341 W. MOCKINGBIRD LANE SUITE 500 W
Medicare 1: 457872 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 631-2232 Fax (214) 594-9640
Type: Parent Agency Administrator ADRIAN TAYLOR

Owner Information

NEW HEIGHTS HOMECARE SOLUTIONS INC
2730 N STEMMONS FREEWAY #813
DALLAS, TX 75207
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/10/2015
License # 016921 NEW HOPE HOME HEALTH
Lic Expire 4/30/2023 18601 LYNDON B JOHNSON FREEWAY, SUITE 325
Medicare 1: 459483 HHA MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 654-9446 Fax (214) 654-9585
Type: Parent Agency Administrator KIMBERLY DUNN

Owner Information

CARING POINT LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2015
License # 016759 NEW HORIZON HOME HEALTH
Lic Expire 12/31/2022 3939 EAST US HIGHWAY 80 STE 306
Medicare 1: 679165 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (214) 221-8585 Fax (214) 221-8586
Type: Parent Agency Administrator SHINOJ MATHEW

Owner Information

NEW HORIZON HOME HEALTH
3939 EAST US HIGHWAY 80
MESQUITE, TX 75150
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/23/2010
License # 013265 NEW TIMES HOME CARE
Lic Expire 4/30/2022 205 E CAMP WISDOM RD SUITE B
Medicare 1: 747564 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5521 Fax (972) 780-5579
Type: Parent Agency Administrator CONNIE ATTRAH

Owner Information

EXPEDIENT HOME HEALTH SERVICES LLC
205 E CAMP WISDOM ROAD SUITE #B
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 12/06/2004
License # 009442 NEW VISION HOME HEALTH SERVICES INC
Lic Expire 12/31/2022 1441 WARWICK DRIVE
Medicare 1: 457946 HHA-18 LANCASTER, TX 75134
Medicare 2:
Phone (972) 227-3000 Fax (972) 227-3001
Type: Parent Agency Administrator MYESHA NORMAN

Owner Information

NEW VISION HOME HEALTH SERVICES INC
1441 WARWICK DRIVE
LANCASTER, TX 75134
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/21/2006
License # 010754 NEWMETRIC HOME HEALTH CARE INCORPORATED
Lic Expire 9/30/2022 13339 N CENTRAL EXPY STE 102
Medicare 1: 679767 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 628-9600 Fax (214) 628-9599
Type: Parent Agency Administrator CHUCK OGBU

Owner Information

NEWMETRIC HOME HEALTH CARE INCORPORATED
1315 CHARDONNAY DRIVE
ALLEN, TX 75002
PHONE: (214) 628-9600 FAX: (214) 628-9599
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/07/2009
License # 012538 NEWPORT HOME HEALTH AGENCY
Lic Expire 4/30/2023 1106 N HWY 360 SUITE 204/209
Medicare 1: 747520 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (972) 602-3500 Fax (972) 602-3503
Type: Parent Agency Administrator SIMON OGBEIDE

Owner Information

GREENWICH HEALTHCARE SERVICES INC
1106 N HWY 360 SUITE 204/209
GRAND PRAIRIE, TX 75050
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/18/2013
License # 016219 NEWWAY HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 713 GATEWOOD ROAD SUITE A
Medicare 1: 747562 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 238-7548 Fax (972) 238-7545
Type: Parent Agency Administrator SAMUEL MATHAI

Owner Information

NEWWAY HEALTHCARE SERVICES INC
713 GATEWOOD ROAD, SUITE #A
GARLAND, TX 75043
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 04/29/2011
License # 014066 NIGHTINGALE FAMILY HEALTHCARE SERVICES INC
Lic Expire 4/30/2021 811 S. CENTRAL EXPRESSWAY SUITE 541
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 918-0223 Fax (972) 918-0228
Type: Parent Agency Administrator PHILLIPA ANUWE

Owner Information

NIGHTINGALE FAMILY HEALTHCARE SERVICES INC
811 S. CENTRAL EXPRESSWAY SUITE 541
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/15/2019
License # 019703 NOBLE HOME HEALTH SERVICES, LLC
Lic Expire 3/31/2022 8330 LBJ FREEWAY, SUITE 634
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 396-7589 Fax (210) 634-5342
Type: Parent Agency Administrator OLANREWAJU ABU

Owner Information

NOBLE HOME HEALTH SERVICES, LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2004
License # 009189 NOBLECARE HOME HEALTH SERVICES INC
Lic Expire 7/31/2022 629 WEST CENTERVILLE ROAD SUITE 208
Medicare 1: 457800 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (972) 278-8700 Fax (972) 278-8723
Type: Parent Agency Administrator CHARITY EKPO

Owner Information

NOBLECARE HOME HEALTH SERVICES, INC
2614 ROUGHLEAF LANE
ROWLETT, TX 75089
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	11/02/2017	Owner Information
License #	018418					NOLASHANDS LLC
Lic Expire	11/30/2023					2918 REATA DRIVE
Medicare 1:						WYLIE, TX 75098
Medicare 2:						PHONE:
Phone	(469) 969-0187	Fax	(469) 969-0197			FAX:
Type:	Parent Agency	Administrator	ELENA HINES			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/06/2017	Owner Information
License #	018424					NORTH STAR HOME HEALTH CARE INC
Lic Expire	4/30/2023					1340 PRUDENTIAL DRIVE
Medicare 1:						DALLAS, TX 75235-4115
Medicare 2:						PHONE:
Phone	(214) 275-4667	Fax	(855) 631-4080			FAX:
Type:	Parent Agency	Administrator	JEKAL PATEL			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/22/2009	Owner Information
License #	012616					HOME HEALTH CARE PLUS INC
Lic Expire	5/31/2024					2629 SERENITY CT
Medicare 1:	747405 HHA-18					CARROLLTON, TX 75010-4254
Medicare 2:						PHONE:
Phone	(214) 746-7300	Fax	(214) 746-7301			FAX:
Type:	Parent Agency	Administrator	ROBERT BARKER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/11/2010	Owner Information
License #	013627					THERAPY & HOME CARE, LLC
Lic Expire	10/31/2022					14160 N DALLAS PKWY SUITE 415
Medicare 1:						DALLAS, TX 75254
Medicare 2:						PHONE:
Phone	(972) 385-0006	Fax	(972) 385-0405			FAX:
Type:	Parent Agency	Administrator	NICOLE SALDIVAR			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	08/25/2015	Owner Information
License #	016996					DALLAS COUNTY PHYSICIAN'S CHOICE HOMECARE, LLC
Lic Expire	8/31/2024					3332 MOSSWOOD DR.
Medicare 1:	747699					PLANO, TX 75074
Medicare 2:						PHONE:
Phone	972 7345900	Fax	972 3251110			FAX:
Type:	Parent Agency	Administrator	STANLY SIMON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/18/1999	Owner Information
License #	006875					NOVEL HEALTHCARE SERVICES INC
Lic Expire	2/28/2024					7920 BELTLINE RD SUITE 255
Medicare 1:	459465 HHA-18					DALLAS, TX 75254
Medicare 2:						PHONE:
Phone	(972) 994-9395	Fax	(972) 994-9398			FAX:
Type:	Parent Agency	Administrator	IVERT TAMBE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/22/2015	Owner Information
License #	016932					NOVEL HOSPICE CARE INC
Lic Expire	7/31/2023					7920 BELT LINE ROAD STE 255A
Medicare 1:	741666 HOSPICE					DALLAS, TX 75254
Medicare 2:						PHONE:
Phone	(972) 994-9395	Fax	(972) 994-9398			FAX:
Type:	Parent Agency	Administrator	IVERT TAMBE			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/04/2010
License # 013876 NURSE CARE HOME HEALTH AGENCY
Lic Expire 8/31/2022 10925 ESTATE LANE STE 300
Medicare 1: 677929 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 340-5577 Fax (214) 340-5588
Type: Parent Agency Administrator NWAYABUIFE OBIAGWU

Owner Information

NATIONWIDE MEDICAL & EQUIPMENT SUPPLY INC
10925 ESTATE LANE STE 300
DALLAS, TX 75238
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2019
License # 019070 NURSECALL HEALTH CARE SERVICES INC
Lic Expire 11/7/2022 777 S. CENTRAL EXPRESSWAY. SUITE 104
Medicare 1: RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 682-9299 Fax (972) 382-5999
Type: Parent Agency Administrator LILLIAN ODIACHI

Owner Information

NURSECALL HEALTH CARE SERVICES INC
777 SOUTH CENTRAL EXPRESSWAY SUITE 104
RICHARDSON, TEXAS 75080
PHONE:
FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/21/2005
License # 010206 NURSES HEALTHCARE INC
Lic Expire 12/31/2020 2665 VILLA CREEK DRIVE SUITE 246
Medicare 1: 679575 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 481-1300 Fax (972) 481-1301
Type: Parent Agency Administrator KINGSLEY ENWERE

Owner Information

NURSES HEALTHCARE INC
2665 VILLA CREEK DRIVE SUITE 246
FARMERS BRANCH, TX 75234
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/26/2009
License # 012546 NURSING CARE OF TEXAS
Lic Expire 1/31/2024 1113 LAON LANE
Medicare 1: 457968 HHA-18 DESOTO, TX 75115
Medicare 2:
Phone (972) 296-2755 Fax (469) 533-1616
Type: Parent Agency Administrator LOLA OWENS

Owner Information

NCOT INC
1113 LAON LANE
DESOTO, TX 75115
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/17/2014
License # 016157 OCCUPATIONAL HOME HEALTHCARE LLC
Lic Expire 4/30/2022 7929 BROOKRIVER DRIVE SUITE 180
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 349-6596 Fax (972) 349-6595
Type: Parent Agency Administrator SOFIA WEIGEL

Owner Information

OCCUPATIONAL HOME HEALTHCARE LLC
PO BOX 560702
DALLAS, TEXAS 75356
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/04/2020
License # 020090 OHANA HOME HEALTH AND HOSPICE SERVICES, LLC
Lic Expire 8/4/2022 1229 E. PLEASANT RUN STE. 208
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (972) 672-4236 Fax
Type: Parent Agency Administrator ESTAVION TROTTER

Owner Information

OHANA HOME HEALTH AND HOSPICE SERVICES, LLC
PHONE:
FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 08/26/2019
License # 019550 OLYMPUS HOME HEALTH INC
Lic Expire 8/26/2021 701 STATE HIGHWAY 352 STE A, #300
Medicare 1: MESQUITE, TEXAS 75149
Medicare 2:
Phone (214) 263-7236 Fax
Type: Parent Agency Administrator JAISON KURUVILLA

Owner Information

OLYMPUS HOME HEALTH INC
PHONE:
FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 04/01/2004
License # 009026 OMNI HOME HEALTH CARE
Lic Expire 3/31/2023 819 NORTH O CONNOR ROAD SUITE #101
Medicare 1: 679197 HHA-18 IRVING, TX 75061
Medicare 2:
Phone 972 445 0300 Fax 972 445 0301
Type: Parent Agency Administrator GEORGE ALEX

Owner Information

OMNI HOME HEALTH CARE LLC
819 N. O'CONNOR ROAD, SUITE 101
IRVING, TX 75061

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/01/2010
License # 013736 ON TIME HOME HEALTH SERVICES
Lic Expire 11/30/2022 1350 E ARAPAHO RD, STE 230
Medicare 1: 747841 HHA-18 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 352-2943 Fax (972) 352-2939
Type: Parent Agency Administrator EDWIN BACUD

Owner Information

ON TIME HOME HEALTH SERVICES LLC

-, - 75052

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/09/2012
License # 014790 ONE POINT HOSPICE
Lic Expire 5/31/2022 13140 COIT ROAD, SUITE 405
Medicare 1: 741558 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (972) 784-4066 Fax (972) 777-9895
Type: Parent Agency Administrator JAMES HOLLOWAN

Owner Information

BEST CARE HOSPICE LLC
17826 DAVENPORT ROAD SUITE D
DALLAS, TX 75252

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/06/2008
License # 012091 OPTIMAL HOME HEALTH INC
Lic Expire 3/31/2022 8344 EAST R L THORNTON FRWY SUITE 214
Medicare 1: 679548 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 660-1055 Fax (214) 556-1374
Type: Parent Agency Administrator OSAZE EHIGIATOR

Owner Information

OPTIMAL HOME HEALTH INC
8344 EAST R L THORNTON STE 214
DALLAS, TX 75228

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/27/2014
License # 016290 OPTIMUM BASE SERVICES INC
Lic Expire 6/30/2022 10945 ESTATE LN STE E325
Medicare 1: 743177 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (214) 340-7900 Fax (214) 340-7902
Type: Parent Agency Administrator IFEANYI ONYIA

Owner Information

OPTIMUM BASE SERVICES, INC
10945 ESTATE LANE STE E325
DALLAS, TEXAS 75238

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/28/2000
License # 007713 OPTION CARE
Lic Expire 12/31/2023 6611 N BELTLINE RD SUITE 100
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (972) 536-7355 Fax (972) 536-9886
Type: Parent Agency Administrator DEBRA HOOPER

Owner Information

OPTION CARE ENTERPRISES INC
PO BOX 377
DEERFIELD, IL 60015

PHONE: FAX:

Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 02/21/2012
License # 014646 OPTUM INFUSION SERVICES 305, LLC
Lic Expire 2/28/2022 8400 ESTERS BLVD. SUITE 185
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (844) 386-2474 Fax (844) 825-9644
Type: Parent Agency Administrator LAHILY HENDERSON-DAVIS

Owner Information

OPTUM INFUSION SERVICES 500, INC

PHONE: FAX:

Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/31/2006
License # 010776 ORIENT HOME CARE SERVICES INC
Lic Expire 8/31/2021 606 ORIOLE BLVD SUITE 300 -07
Medicare 1: 457934 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 296-2000 Fax (972) 296-2001
Type: Parent Agency Administrator ETHELBERT ODO

Owner Information

ORIENT HOME CARE SERVICES INC
606 ORIOLE BLVD #300-7
DUNCANVILLE, TX 75116
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/15/2014
License # 016561 ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC
Lic Expire 12/31/2022 2132 ORYX LANE
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 639-3753 Fax (972) 854-6215
Type: Parent Agency Administrator NORAH MOCHAMA

Owner Information

ORYX PEDIATRIC HOME HEALTHCARE AGENCY LLC
2132 ORYX LANE
GRAND PRAIRIE, TX 75052-8807
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 11/19/2009
License # 013011 OSGOOD HOME CARE
Lic Expire 11/30/2021 2652 WINDSWEPT LANE
Medicare 1: 673183 MESQUITE, TX 75181
Medicare 2:
Phone (469) 682-6340 Fax (972) 798-8962
Type: Parent Agency Administrator EMILIA OBODO

Owner Information

OSGOOD HEALTHCARE SERVICES INC
2652 WINDSWEPT LANE
MESQUITE, TX 75181
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/06/2007
License # 011578 OUR HOME CARE INC
Lic Expire 6/30/2021 2636 WALNUT HILL LANE STE 265
Medicare 1: 459315 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (214) 350-4033 Fax (214) 350-4689
Type: Parent Agency Administrator RICHARD NKWANWO

Owner Information

OUR HOME CARE INC
2636 WALNUT HILL LANE SUITE 201
DALLAS, TX 75229
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/03/2009
License # 013140 OUR SAVIOUR HEALTHCARE SERVICES INC
Lic Expire 11/30/2021 9550 SKILLMAN ST SUITE 330
Medicare 1: 747641 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 238-3220 Fax (214) 553-5649
Type: Parent Agency Administrator GERTRUDE AKANNA

Owner Information

OUR SAVIOUR HEALTHCARE SERVICES INC
7205 HIGH POINT DR
SACHSE, TX 75048
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/23/2008
License # 012286 OUTREACH MEDICAL HOME HEALTH AGENCY
Lic Expire 7/31/2022 200 BRYAN PLACE
Medicare 1: 458288 HHA-18 CEDAR HILL, TEXAS 75104
Medicare 2:
Phone (972) 293-3500 Fax (972) 293-3514
Type: Parent Agency Administrator KAY CARRINGTON

Owner Information

KAY CARRINGTON
200 BRYAN PLACE
CEDAR HILL, TEXAS 75104
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/26/2021
License # 020919 P&G SERVICES INC
Lic Expire 6/26/2024 7007 RICHWOOD DR
Medicare 1: DALLAS, TEXAS 75237
Medicare 2:
Phone (214) 232-4706 Fax (972) 224-6992
Type: Parent Agency Administrator ALICE PAIGE

Owner Information

P&G SERVICES INC
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	04/09/2019	Owner Information
License #	019319					PARADISE HOSPICE CARE INC
Lic Expire	4/9/2023					
Medicare 1:	971616					
Medicare 2:						PHONE:
Phone	(469) 379-6438	Fax	(972) 848-0485			FAX:
Type:	Parent Agency	Administrator	MOHAMMAD MASUD			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/26/2019	Owner Information
License #	019549					PARAGON HEALTH CARE SERVICES INC
Lic Expire	8/26/2021					9254 FOREST LANE APT 501
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(469) 740-4482	Fax	(972) 773-9771			FAX:
Type:	Parent Agency	Administrator	CELESTINE ONONIWU			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/06/2021	Owner Information
License #	020434					PARK CITIES HEALTH SERVICES LLC
Lic Expire	1/6/2023					14114 DALLAS PARKWAY SUITE 460
Medicare 1:						DALLAS, TX 75254
Medicare 2:						PHONE:
Phone	(214) 718-2031	Fax	(844) 929-1388			FAX:
Type:	Parent Agency	Administrator	DAVID MUVEVI			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/28/2016	Owner Information
License #	018244					PARKER HEALTH CARE SERVICES, INC
Lic Expire	10/31/2022					2305 OAK LANE STE 211
Medicare 1:	747454 HHA-18					GRAND PRAIRIE, TX 75051
Medicare 2:						PHONE:
Phone	(469) 610-5471	Fax	4696105475 9728728838			FAX:
Type:	Parent Agency	Administrator	OLUWATOYIN OLUWASOLA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/03/2006	Owner Information
License #	010373					PASSION 05 HEALTH SERVICES INC
Lic Expire	4/30/2022					8500 N STEMMONS FRWY SUITE 4025
Medicare 1:	679708 HHA-18					DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	214 2532654	Fax	214 2532655			FAX:
Type:	Parent Agency	Administrator	ALERO OKUNDIA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/27/2005	Owner Information
License #	010082					PASSIONATE CARE HOME HEALTH SERVICES INC
Lic Expire	10/31/2020					9696 SKILLMAN STREET SUITE 385
Medicare 1:	677923 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(972) 234-1600	Fax	(972) 234-1601			FAX:
Type:	Parent Agency	Administrator	TONY AGUEBOR			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/27/2009	Owner Information
License #	012820					PASSIONATE HEALTHCARE SERVICES INC
Lic Expire	8/31/2023					SAME
Medicare 1:	747553 HHA-18					DALLAS, TX 75235
Medicare 2:						PHONE:
Phone	(972) 432-7878	Fax	(214) 905-0809			FAX:
Type:	Parent Agency	Administrator	STELLA OMENIHU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 06/25/2012
License # 015129 PASSIONATE HOME HEALTH SERVICES INC
Lic Expire 6/30/2022 9550 SKILLMAN ST STE 310
Medicare 1: 747253 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 222-7060 Fax (972) 222-6577
Type: Parent Agency Administrator OBY NEBE

Owner Information

PASSIONATE HOME HEALTH SERVICES INC
9550 SKILLMAN STREET SUITE 310
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 06 Date Licensed 02/07/2014
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 1/31/2023 15455 DALL PARKWAY, SUITE 600
Medicare 1: DALLAS, TX 75001
Medicare 2:
Phone (281) 364-9695 Fax (281) 456-2479
Type: Branch Agency Administrator CHARLES WILCOX

Owner Information

PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 04/10/2012
License # 014786 PATHWAY HOME HEALTH AGENCY INC
Lic Expire 4/30/2022 3960 BROADWAY BLVD SUITE 232
Medicare 1: 743143 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 278-2200 Fax (972) 278-2203
Type: Parent Agency Administrator OLUFEMI AINA

Owner Information

GMAC PATHWAY INC
3960 BROADWAY BLVD STE 232
GARLAND, TX 75043
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/18/2014
License # 016779 PATHWAY HOSPICE LLC
Lic Expire 12/31/2022 1021 HAMPSHIRE LN
Medicare 1: 671758 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (214) 377-9377 Fax (214) 292-9604
Type: Parent Agency Administrator ALECIA POWELL

Owner Information

PATHWAY HOSPICE, LLC
4849 GREENVILLE AVENUE SUITE 235
DALLAS, TX 75206
PHONE:
FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/24/2017
License # 018017 PC HOME HEALTH
Lic Expire 4/30/2023 4030 PASSAGE WAY
Medicare 1: LANCASTER, TX 75146
Medicare 2:
Phone (214) 991-5619 Fax (469) 779-6112
Type: Parent Agency Administrator ANTOINE BEACHUM

Owner Information

PC IN HOME SUPPORT, LLC
P.O. BOX 1114
LANCASTER, TX 75146
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/03/2004
License # 009229 PEACE HOME HEALTH INC
Lic Expire 8/31/2022 1401 N. CENTRAL EXPRESSWAY SUITE 373
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 744-0133 Fax (972) 234-4915
Type: Parent Agency Administrator JANE UWAGA

Owner Information

PEACE HOME HEALTH INC
1200 CEDAR POINT DR
WYLIE, TX 75098
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/06/2022
License # 021311 PEACEFUL HOPE HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 1/6/2025 621 AVE G
Medicare 1: DALLAS, TX 75203
Medicare 2:
Phone (214) 866-9270 Fax
Type: Parent Agency Administrator PEACE ISHMAEL BOSIRE OKIENYA

Owner Information

PEACEFUL HOPE HOSPICE AND PALLIATIVE CARE LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/04/2009
License # 012816 PECULIAR CARE HOME HEALTH INC
Lic Expire 5/31/2024 3939 US HWY 80 STE 470A
Medicare 1: 747004 HHA-18 MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 321-7200 Fax (214) 321-7220
Type: Parent Agency Administrator LILIAN NWANKWO

Owner Information

PECULIAR CARE HOME HEALTH SERVICES, INC
3435 HIGHLAND ROAD STE 105
DALLAS, TX 75228
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/08/2016
License # 017262 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 2/28/2025 18601 LBJ FREEWAY, SUITE 723
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (469) 552-2689 Fax (214) 272-3905
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information

PEDATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/25/2010
License # 013674 PEDIATRIC HOME HEALTHCARE LLC
Lic Expire 10/31/2022 1341 W MOCKINGBIRD LANE SUITE 245E
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (972) 630-4810 Fax (214) 271-4590
Type: Parent Agency Administrator JULIE GOLIGHTLY

Owner Information

PEDATRIC HOME HEALTHCARE LLC
1341 W MOCKINGBIRD LN STE#900
DALLAS, TX 75247
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 07/09/2021
License # 020889 PELEZA HOME HEALTHCARE LLC
Lic Expire 7/9/2024 10935 ESTATE LANE STE 119
Medicare 1: DALLAS, TEXAS 75238
Medicare 2:
Phone (469) 206-0395 Fax
Type: Parent Agency Administrator SKYLA LANGSTON

Owner Information

PELEZA HOME HEALTHCARE LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 06 Date Licensed
License # 018021 PERSONAL CARE HEALTH SERVICES
Lic Expire 4/30/2023 1075 W GRIFFIN SUITE 109
Medicare 1: DALLAS, TEXAS 75215
Medicare 2:
Phone (214) 988-9288 Fax (315) 975-4864
Type: Branch Agency Administrator GEORGE SMITH

Owner Information

GEORGE H SMITH, LLC
7447 HARWIN DR STE 102A
HOUSTON, TX 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/29/2011
License # 013988 PHYSICIANS CHOICE HOMECARE
Lic Expire 3/31/2023 200 E. MAIN ST.
Medicare 1: 747754 MESQUITE, TX 75149
Medicare 2:
Phone (972) 686-7602 Fax (972) 686-7475
Type: Parent Agency Administrator DELAUNTE CRAWFORD

Owner Information

TARRANT COUNTY PHYSICIANS CHOICE HOMECARE LLC
6800 HERITAGE PKW STE 103
ROCKWALL, TX 75087
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/26/2010
License # 013195 PHYSICIAN'S CHOICE HOMECARE
Lic Expire 3/31/2022 200 E. MAIN STREET
Medicare 1: 747537 MESQUITE, TX 75149
Medicare 2:
Phone (972) 686-7602 Fax (972) 686-7475
Type: Parent Agency Administrator DELAUNTE CRAWFORD

Owner Information

ENNIS TEXAS PHYSICIANS CHOICE HOMECARE LLC
6800 HERITAGE PARKWAY # 103
ROCKWALL, TX 75087
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 12/09/2004
License # 009451 PHYSICIAN'S CHOICE HOMECARE
Lic Expire 12/31/2023 200 E MAIN STREET
Medicare 1: 673182 HHA-18 MESQUITE, TX 75149
Medicare 2:
Phone 972 6867602 Fax 972 6867475

Owner Information

DALLAS PHYSICIANS CHOICE HOMECARE LLC
200 E MAIN STREET
MESQUITE, TX 75149

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator DELAUNTE CRAWFORD

County **DALLAS** Region 03 Date Licensed 07/06/2017
License # 018272 PINNACLE HOME HEALTH CARE SERVICES
Lic Expire 7/31/2023 2302 GUTHRIE RD STE 140
Medicare 1: 677839 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (214) 503-7400 Fax (214) 503-7460

Owner Information

ELUZAY LLC
2302 GUTHERIE ROAD
GARLAND, TX 75043

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator GLORY RAJU

County **DALLAS** Region 03 Date Licensed 07/17/2009
License # 013018 PINNACLE SENIOR CARE
Lic Expire 7/31/2023 4545 FULLER DRIVE SUITE 335
Medicare 1: 678318 HHA-18 IRVING, TX 750386558
Medicare 2:
Phone (972) 871-7500 Fax (972) 871-7504

Owner Information

TRADITIONAL HOME HEALTH SERVICES, LLC DBA PINNACLE SENIOR CARE
P O BOX 99278
TROY, MI 48099-9278

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator C. BARBARA HENRY

County **DALLAS** Region 03 Date Licensed 10/25/2002
License # 008174 PLATINUM HEALTH SERVICES
Lic Expire 10/31/2022 2023 DEEPWOOD STREET
Medicare 1: 673108 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 982-0192 Fax (972) 784-5404

Owner Information

CHRISTIANAH OKUNADE
2023 DEEPWOOD
MESQUITE, TX 75181

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHRISTIANAH OKUNADE

County **DALLAS** Region 03 Date Licensed 09/03/2015
License # 017200 PLATINUM HEALTHCARE CORP
Lic Expire 9/30/2023 15950 N. DALLAS PKWY, SUITE 456
Medicare 1: 453199 HHA-18 DALLAS, TX 75248
Medicare 2:
Phone (972) 378-9700 Fax (972) 870-4454

Owner Information

PLATINUM HEALTHCARE, CORP
1431 GREENWAY DRIVE SUITE 834
IRVING, TX 75038

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator RAMI ALMUHTADI

County **DALLAS** Region 03 Date Licensed 05/04/2021
License # 020731 PLEASANT TRAIL HOMECARE LLC
Lic Expire 5/4/2024 3025 TIMBER RIDGE LANE
Medicare 1: MESQUITE, TEXAS 75181
Medicare 2:
Phone (214) 785-6982 Fax (214) 983-1149

Owner Information

PLEASANT TRAIL HOMECARE, LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator VICTORIA AGUEBOR

County **DALLAS** Region 03 Date Licensed 09/01/2017
License # 018291 POPE HOME HEALTHCARE AGENCY
Lic Expire 8/31/2023 2236 AREBA STREET SUITE B
Medicare 1: DALLAS, TX 75203
Medicare 2:
Phone (972) 302-5250 Fax (855) 523-4048

Owner Information

POPE HEALTHCARE INC
P O BOX 4089
DALLAS, TX 75208

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator MELVA POPE

County	DALLAS	Region	03	Date Licensed	02/20/2018	Owner Information
License #	018626					POWER HOME HEALTH LLC
Lic Expire	2/28/2022					442 W. NORTHGATE DRIVE
Medicare 1:						IRVING, TX 75062
Medicare 2:						PHONE:
Phone	(214) 242-0530	Fax	(214) 237-4994			FAX:
Type:	Parent Agency	Administrator	EVELIN HERNANDEZ			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/03/2008	Owner Information
License #	012049					FORTUNE EZEHOA AND LINDA EZEHOA
Lic Expire	6/30/2022					1206 BAYSIDE DR
Medicare 1:	747322					WYLIE, TX 75098
Medicare 2:						PHONE:
Phone	(214) 694-6940	Fax	(972) 202-6633			FAX:
Type:	Parent Agency	Administrator	FORTUNE EZEHOA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/25/2021	Owner Information
License #	020549					PRAYFUL HOSPICE LLC
Lic Expire	2/25/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	1 972 6661172	Fax	1 214 3076023			FAX:
Type:	Parent Agency	Administrator	VARGHESE ZACHARIA			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	03/14/1997	Owner Information
License #	005944					PRECIOUS CARE HOME HEALTH, INC
Lic Expire	3/31/2024					811 SO CENTRAL EXPRESSWAY SUITE 304
Medicare 1:	678032					RICHARDSON, TX 75080
Medicare 2:						PHONE:
Phone	(972) 680-0096	Fax	(972) 680-8318			FAX:
Type:	Parent Agency	Administrator	ONYEBUCHI ACHO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/24/2008	Owner Information
License #	011914					PRECIOUS HOME HEALTH CARE INC
Lic Expire	1/31/2023					3435 HIGHLAND DR. SUITE 200
Medicare 1:	457969 HHA-18					DALLAS, TEXAS 75228
Medicare 2:						PHONE:
Phone	(972) 686-4209	Fax	(972) 686-3825			FAX:
Type:	Parent Agency	Administrator	GLORIA NWEKE			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/22/2017	Owner Information
License #	018723					PRECISE PERSONALIZED CARE HOSPICE LLC
Lic Expire	12/31/2023					777 S CENTRAL EXPWY SUITE 1- Z
Medicare 1:	741679 HOSPICE					RICHARDSON, TX 75080
Medicare 2:						PHONE:
Phone	(469) 324-5650	Fax	(469) 324-5634			FAX:
Type:	Parent Agency	Administrator	VERNON MORRISON			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	12/10/2004	Owner Information
License #	009454					NEW STAR REALTY INC
Lic Expire	12/31/2022					1532 DREXEL DRIVE
Medicare 1:	457911 HHA-18					IRVING, TX 75061
Medicare 2:						PHONE:
Phone	(972) 642-0181	Fax	(972) 642-1211			FAX:
Type:	Parent Agency	Administrator	GRACE OMOLOJA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 06/13/2019
License # 019420 PREFERRED HOME HEALTH CARE AGENCY
Lic Expire 6/13/2021 9722 SKILLMAN STREET
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (936) 442-8283 Fax (682) 223-9349
Type: Parent Agency Administrator HAZZEL TAGUTA

Owner Information

HAZZEL RUVIMBO TAGUTA
319 CRIPPLE CREEK DR
CELINA, TX 75009
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/29/2012
License # 014671 PREMA HOME CARE AGENCY
Lic Expire 2/28/2022 9550 FOREST LANE SUITE 200
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 440-8698 Fax (972) 412-8901
Type: Parent Agency Administrator PRECIOUS ANYANWU

Owner Information

PREMA HOME CARE AGENCY INC
9550 FOREST LANE SUITE 478
DALLAS, TEXAS 75243
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 11/30/2021
License # 021237 PREMIER CHOICE HEALTHCARE SERVICES LLC
Lic Expire 11/30/2024 4355 N GARLAND AVE APT 3220
Medicare 1: GARLAND, TX 750408527
Medicare 2:
Phone (405) 370-3501 Fax
Type: Parent Agency Administrator THEODORE NCHAKO NGAKWI

Owner Information

PREMIER CHOICE HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/16/2015
License # 017183 PREMIER CHOICE HOME HEALTH CARE
Lic Expire 12/31/2023 610 UPTOWN BLVD STE 2000
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (214) 702-9513 Fax (972) 803-8086
Type: Parent Agency Administrator PATRICIA HERNANDEZ

Owner Information

YTB ENTERPRISE, LLC
PO BOX 383144
DUNCANVILLE, TX 75138
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/27/2020
License # 019843 PREMIER FAMILY SERVICES, LLC
Lic Expire 2/27/2022 9506 LINKS FAIRWAY DR
Medicare 1: ROWLETT, TEXAS 75089
Medicare 2:
Phone (469) 274-9860 Fax
Type: Parent Agency Administrator BERNARD MARFO

Owner Information

PREMIER FAMILY SERVICES, LLC
9506 LINKS FAIRWAY DR
ROWLETT, TEXAS 75089
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/27/2014
License # 016444 PREMIERE HOME HEALTH SERVICES
Lic Expire 11/30/2022 8262 ABRAMS RD
Medicare 1: 743152 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 741-6191 Fax (214) 741-6192
Type: Parent Agency Administrator JERRY FREENY

Owner Information

PREMIERE PLUS HOME HEALTH SERVICES INC
8262 ABRAMS ROAD
DALLAS, TX 75231
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/27/2021
License # 020722 PRESTIGIOUS HEALTH SERVICES LLC
Lic Expire 4/27/2023 1925 E. BELTLINE RD, SUITE 290
Medicare 1: CARROLLTON, TX 75006
Medicare 2:
Phone (903) 337-6055 Fax
Type: Parent Agency Administrator BRANDY JONES

Owner Information

PRESTIGIOUS HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	11/12/2013	Owner Information
License #	015866					PRESTON WOOD PEDIATRICS LLC
Lic Expire	11/30/2021					318 W BELT LINE ROAD STE 303
Medicare 1:						CEDAR HILL, TX 75104
Medicare 2:						PHONE:
Phone	(972) 349-1313	Fax	(888) 371-6987			FAX:
Type:	Parent Agency	Administrator	WURNEICE CUINGTON			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	05/24/2012	Owner Information
License #	015044					PRESTONWOOD HOME HEALTHCARE LLC
Lic Expire	5/31/2022					134 EAST CHURCH STREET
Medicare 1:	747650 HHA-18					GRAND PRAIRIE, TX 75050
Medicare 2:						PHONE:
Phone	(469) 757-4217	Fax	(972) 745-2390			FAX:
Type:	Parent Agency	Administrator	CELESTINA OGBOLUGO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/05/2021	Owner Information
License #	020511					PRESTONWOOD HOSPICE, LLC
Lic Expire	2/5/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	972 9307999	Fax	972 9307966			FAX:
Type:	Parent Agency	Administrator	SHLIEA TABBYTITE			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	06/17/2015	Owner Information
License #	016865					PRILEO HOME CARE TX LLC
Lic Expire	6/30/2021					8883 W. FLAMINGO ROAD, SUITE 103
Medicare 1:						LAS VEGAS, NV 89147
Medicare 2:						PHONE:
Phone	(214) 570-7655	Fax	(214) 570-7654			FAX:
Type:	Parent Agency	Administrator	CAROLIN LEONG			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/15/2017	Owner Information
License #	018325					PRIMECARE LINK SERVICES LLC
Lic Expire	9/30/2021					10935 ESTATE LANE S-245
Medicare 1:						DALLAS, TX 75238
Medicare 2:						PHONE:
Phone	(214) 560-8247	Fax	(214) 343-8554			FAX:
Type:	Parent Agency	Administrator	SAMUEL MATHAI			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	03/30/2002	Owner Information
License #	008343					PROFESSIONAL CARETAKERS, INC
Lic Expire	3/31/2022					PO BOX 34659
Medicare 1:						FORT WORTH, TX 76162
Medicare 2:						PHONE:
Phone	(214) 691-4411	Fax	(214) 691-2394			FAX:
Type:	Branch Agency	Administrator	HOWARD PETERSEN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/01/2002	Owner Information
License #	007880					METROPRO HEALTHCARE SERVICES INC
Lic Expire	12/31/2022					811 SOUTH CENTRAL EXPRESSWAY
Medicare 1:	459430 HHA-18					RICHARDSON, TEXAS 75080
Medicare 2:						PHONE:
Phone	(972) 918-0700	Fax	(972) 918-0702			FAX:
Type:	Parent Agency	Administrator	IKE ANUWE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 06/10/2011
License # 014401 PROFICIENT HOME HEALTH CARE SERVICES INC
Lic Expire 6/30/2023 2305 OAK LN STE 225
Medicare 1: 457875 HHA-18 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 264-1043 Fax (972) 642-5071
Type: Parent Agency Administrator ESTHER ANYANWU

Owner Information

PROFICIENT HOME HEALTH CARE SERVICES INC
2305 OAK LN STE 225
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 11/04/2020
License # 020286 PROLINE121 LLC
Lic Expire 11/4/2022 3702 DANDRIDGE CIR
Medicare 1: GARLAND, TEXAS 75040
Medicare 2:
Phone (469) 337-7622 Fax
Type: Parent Agency Administrator PEECEE CHARUMA

Owner Information

PROLINE121 LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/19/2005
License # 009767 PROLINK HOME HEALTH CORPORATION
Lic Expire 5/31/2022 8500 NORTH STEMMONS FREEWAY SUITE 3051
Medicare 1: 677805 HHA-18 DALLAS, TX 75247
Medicare 2:
Phone (214) 267-1985 Fax (214) 267-1983
Type: Parent Agency Administrator JOEL MATHEW

Owner Information

PROLINK HOME HEALTH CORPORATION
8500 NORTH STEMMONS FREEWAY SUITE 3000
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/16/2003
License # 008811 PROMED HOME HEALTH CARE LLC
Lic Expire 12/31/2023 12660 COIT ROAD STE 200
Medicare 1: 453127 HHA-18 DALLAS, TX 75251
Medicare 2:
Phone (972) 602-0028 Fax (972) 641-1614
Type: Parent Agency Administrator LALANII JONES

Owner Information

PROMED HOME HEALTH CARE LLC
1106 N HWY 360, SUITE #307
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/16/2007
License # 011074 PROMISE HOMEHEALTH INC
Lic Expire 2/28/2024 10114 EKUKPE DRIVE
Medicare 1: 747041 HHA-18 DALLAS, TX 75217
Medicare 2:
Phone (972) 603-6939 Fax (469) 930-8897
Type: Parent Agency Administrator RAPHAEL ONYEDINMA

Owner Information

PROMISE HOMEHEALTH INC
3216 SILVER CREEK DR.
MESQUITE, TX 75217
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/29/2011
License # 014239 PROVIDENCE PERSONAL ASSISTANCE SERVICES INC
Lic Expire 7/31/2021 1349 EMPIRE CENTRAL DRIVE #640
Medicare 1: DALLAS, TX 75247
Medicare 2:
Phone (469) 893-9616 Fax (214) 256-3028
Type: Parent Agency Administrator FRANCIS DEKU

Owner Information

PROVIDENCE PERSONAL ASSISTANCE SERVICES INC
P.O. BOX 182526
ARLINGTON, TX 76096
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/17/2017
License # 018164 PROVISTA HEALTHCARE
Lic Expire 4/30/2024 4849 GREENVILLE AVE STE 1124
Medicare 1: 453177 HHA-18 DALLAS, TX 75206
Medicare 2:
Phone (214) 965-0431 Fax (214) 965-0434
Type: Parent Agency Administrator BEATRIZ PUENTE

Owner Information

TRC HOME HEALTH SERVICES LLC
4849 GREENVILLE AVE SUITE 1124
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/15/2015
License # 016914 PROVISTA HOSPICE
Lic Expire 7/31/2024 4849 GREENVILLE AVENUE STE 1125
Medicare 1: 741625 HOSPICE DALLAS, TX 75206
Medicare 2:
Phone (214) 965-0431 Fax (214) 965-0434
Type: Parent Agency Administrator MELISSA RODRIGUEZ

Owner Information

RENATUS CARE LLC
4849 GREENVILLE AVE STE 1125
DALLAS, TX 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/17/2011
License # 014107 PROXIMAL HOME HEALTHCARE INC
Lic Expire 5/31/2023 8111 LBJ FREEWAY, SUITE 1365B
Medicare 1: 747805 DALLAS, TEXAS 75251
Medicare 2:
Phone (214) 253-2558 Fax (214) 253-2559
Type: Parent Agency Administrator OLUFEMI OHOME

Owner Information

PROXIMAL HOME HEALTHCARE INC
8111 LBJ FREEWAY STE 1365B
MCKINNEY, TX 75251
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/23/2007
License # 011653 PRUDENT CHOICE HOMECARE SERVICE INC
Lic Expire 10/31/2021 2304 OAK LANE SUITE # 221
Medicare 1: 747433 GRAND PRAIRIE, TX 75051
Medicare 2:
Phone (972) 237-1000 Fax (972) 237-1003
Type: Parent Agency Administrator OLAWOLE SOYEBO

Owner Information

PRUDENT CHOICE HOMECARE SERVICE INC
2304 OAK LANE SUITE 221
GRAND PRAIRIE, TX 75051
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/11/2016
License # 017735 PRUDENT HEALTHCARE AGENCY
Lic Expire 7/31/2022 2100 NORTH HIGHWAY 360 SUITE 207B
Medicare 1: 747352 HHA-18 GRAND PRAIRIE, TX 75050
Medicare 2:
Phone (469) 999-0861 Fax (469) 999-0860
Type: Parent Agency Administrator MONDDE IYAMAH

Owner Information

THE PRUDENT HEALTHCARE AGENCY INC
2100 N SATE HWY 360 SUITE 207B
GRAND PRAIRIE, TX 75050
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/07/2016
License # 017751 PURITY HOME HEALTHCARE INC
Lic Expire 9/30/2020 801 E. PLANO PARKWAY, SUITE 140, RM 104
Medicare 1: 747809 HHA-18 PLANO, TEXAS 75470
Medicare 2:
Phone (903) 583-7040 Fax (903) 486-6115
Type: Parent Agency Administrator VALSAMMA THOMAS

Owner Information

PURITY HOME HEALTH CARE INC
301 W SAMRAYBURN DRIVE SUITE A
BONHAM, TEXAS 75418
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/17/2019
License # 019601 Q & A PERSONAL CARE SERVICES LLC
Lic Expire 9/17/2021 1615 OSPREY DR SUITE 103
Medicare 1: DESOTO, TEXAS 75115
Medicare 2:
Phone (972) 743-7689 Fax (972) 373-4557
Type: Parent Agency Administrator MERLE BOYCE

Owner Information

Q & A PERSONAL CARE SERVICES LLC
PO BOX 2946
CEDAR HILL, TX 75106
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/03/2007
License # 011719 QUALITY BASED HOME HEALTH LLC
Lic Expire 12/31/2023 1221 ABRAMS RD STE 120
Medicare 1: 747140 RICHARDSON, TX 75081
Medicare 2:
Phone (972) 744-9719 Fax (972) 744-9751
Type: Parent Agency Administrator STELLA ALUKO

Owner Information

QUALITY BASED HOME HEALTH, LLC
513 LANCASHIRE DRIVE
FLOWER MOUND, TX 75028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	07/15/2017	Owner Information
License #	018239					QUALITY CARE HOSPICE INC
Lic Expire	7/31/2023					3635 US HWY 80 E
Medicare 1:	741519 HOSPICE					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(972) 681-1000	Fax	(972) 289-1002			FAX:
Type:	Parent Agency	Administrator	DARLENE TITUS			
County	DALLAS	Region	03	Date Licensed	12/31/2013	Owner Information
License #	016058					QUALITY CARE NURSING HOME HEALTH, LLC
Lic Expire	12/31/2021					2655 VILLA CREEK PKWY#235
Medicare 1:						FARMERS BRANCH, TX 75234
Medicare 2:						PHONE:
Phone	(469) 248-2231	Fax	(972) 354-4583			FAX:
Type:	Parent Agency	Administrator	ANGELA WESTFALL			
County	DALLAS	Region	03	Date Licensed	04/16/2009	Owner Information
License #	012548					QUALITY CONCEPT INC
Lic Expire	4/30/2023					2043 YUKON COURT
Medicare 1:	747471					ALLEN, TEXAS 75013
Medicare 2:						PHONE:
Phone	(214) 718-0308	Fax	(214) 348-7601			FAX:
Type:	Parent Agency	Administrator	PETRONILLA UDUMAEZE			
County	DALLAS	Region	04	Date Licensed	06/04/2021	Owner Information
License #	020811					RAPHA HOMECARE SERVICES INC
Lic Expire	6/4/2024					2344 JULIA LANE
Medicare 1:						FORNEY, TEXAS 75126
Medicare 2:						PHONE:
Phone	(469) 715-8242	Fax				FAX:
Type:	Parent Agency	Administrator	OMOLOLA PASEDA			
County	DALLAS	Region	03	Date Licensed	10/31/2020	Owner Information
License #	019043					RAPHA NOVA HOME HEALTHCARE LLC
Lic Expire	10/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 777-1718	Fax	(469) 777-1718			FAX:
Type:	Parent Agency	Administrator	CLARENCE CHE			
County	DALLAS	Region	03	Date Licensed	04/01/2011	Owner Information
License #	014259					BIR JV LLP
Lic Expire	3/31/2023					4714 GETTYSBURG RD
Medicare 1:						MECHANICSBURG, PA 17055
Medicare 2:						PHONE:
Phone	(214) 820-9539	Fax	(717) 635-4915			FAX:
Type:	Parent Agency	Administrator	KATHRYN SCHOPFER			
County	DALLAS	Region	03	Date Licensed	05/11/2007	Owner Information
License #	011327					REGENCY PROVIDER SERVICES INC
Lic Expire	5/31/2022					3939 EAST US HWY 80 SUITE # 273
Medicare 1:	747133 HHA-18					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(469) 547-1980	Fax	(469) 547-1982			FAX:
Type:	Parent Agency	Administrator	EZIAKU OLIVER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 07/13/2010
License # 013455 REJOICE HEALTH LLC
Lic Expire 7/31/2022 2611 N BELT LINE RD SUITE 207
Medicare 1: 747637 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 590-8891 Fax (877) 519-7473

Type: Parent Agency Administrator SIMON NELSON

Owner Information

REJOICE HEALTH LLC
1218 LUNA LANE
GARLAND, TX 75044-5231

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/15/2014
License # 016212 REJOICE HOSPICE INC
Lic Expire 5/31/2022 899 PRESIDENTIAL DRIVE, SUITE 112
Medicare 1: 741577 HOSPICE RICHARDSON, TX 75081
Medicare 2:
Phone (972) 234-1648 Fax (972) 234-1657

Type: Parent Agency Administrator TOMY VENGALIL

Owner Information

REJOICE HOSPICE INC
1218 LUNA LANE
GARLAND, TX 75044-5231

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/01/2021
License # 020664 RELEVANT CARE HOME HEALTH AGENCY LLC
Lic Expire 4/1/2024 433 LAKE HIGHLANDS DRIVE B
Medicare 1: LAKE DALLAS, TEXAS 75065
Medicare 2:
Phone (214) 223-1001 Fax (972) 534-1488

Type: Parent Agency Administrator SHEIRA NCUBE

Owner Information

RELEVANT CARE HOME HEALTH AGENCY LLC

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/16/2002
License # 008154 RELIABLE HOME HEALTH CARE SERVICES
Lic Expire 10/31/2022 409 EAST CENTERVILLE RD SUITE B
Medicare 1: 679251 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-9423 Fax (214) 703-0893

Type: Parent Agency Administrator KUMAR AGRAWAL

Owner Information

RELIABLE GROUP INC
409 E CENTERVILLE RD, SUITE #B
GARLAND, TX 75041

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 8/31/2024 2601 GUS THOMASSON ROAD, SUITE 300A
Medicare 1: MESQUITE, TEXAS 75150
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045

Type: Alternate Delivery Site Administrator ANGELA HAMMONS

Owner Information

BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013

PHONE: FAX:

Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/01/2007
License # 011296 RELIANT HEALTHCARE SERVICES
Lic Expire 4/30/2021 811 SOUTH CENTRAL EXPRESSWAY SUITE 518
Medicare 1: 747323 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 479-1500 Fax (972) 479-1501

Type: Parent Agency Administrator DIEUDONNE SOMO

Owner Information

RELIANT FIRST HEALTHCARE SERVICES INC
811 S CENTRAL EXPRESS WAY STE 518
RICHARDSON, TX 75080

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/30/2015
License # 016728 RELIANT HOME HEALTH CARE
Lic Expire 1/31/2023 1120 N GALLOWAY AVENUE
Medicare 1: 743151 MESQUITE, TX 75149
Medicare 2:
Phone (972) 288-3800 Fax (972) 288-3802

Type: Parent Agency Administrator VICTORIA PADUA

Owner Information

FAB 4 ALLIANCE LLC
1120 N GALLOWAY AVENUE
MESQUITE, TX 75149-2436

PHONE: FAX:

Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/08/2018	Owner Information
License #	018876					Z & B HEALTHCARE INC
Lic Expire	8/31/2022					6951 SEASCAPE DRV
Medicare 1:						GRAND PRAIRIE, TX 75054
Medicare 2:						PHONE:
Phone	(972) 544-7124	Fax	(972) 646-8085			FAX:
Type:	Parent Agency	Administrator	DR. ELVIS NGYIA			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	06/23/2008	Owner Information
License #	012068					RELIEF HOME HEALTHCARE SERVICES INC
Lic Expire	6/30/2021					10098 ROYAL LANE
Medicare 1:	747415 HHA-18					DALLAS, TX 75238
Medicare 2:						PHONE:
Phone	(469) 298-0114	Fax	(469) 298-0499			FAX:
Type:	Parent Agency	Administrator	MERCY MCKNIGHT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	04/11/2016	Owner Information
License #	017756					REMEDY HOME HEALTH AGENCY INC
Lic Expire	4/30/2022					SAME
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 607-9059	Fax	(214) 607-1258			FAX:
Type:	Parent Agency	Administrator	HUMPHREY AMAECHI			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/20/2021	Owner Information
License #	020993					REVIVE WHOLE LIFE SOLUTIONS LLC
Lic Expire	8/20/2024					2524 KIRKLEY STREET
Medicare 1:						DALLAS, TX 75241
Medicare 2:						PHONE:
Phone	(214) 600-6060	Fax	(214) 278-0751			FAX:
Type:	Parent Agency	Administrator	CARRIE MONROE			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/20/2015	Owner Information
License #	016609					ROYAL INVESTMENT GROUP LLC
Lic Expire	1/31/2023					1144 WISHING WELL COURT
Medicare 1:						CEDAR HILL, TX 75104
Medicare 2:						PHONE:
Phone	(832) 881-2800	Fax	(469) 868-6399			FAX:
Type:	Parent Agency	Administrator	DANIEL ANOZIE			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/20/2006	Owner Information
License #	010558					HARMEL & CAR, INC
Lic Expire	6/30/2023					11551 FOREST CENTRAL DRIVE SUITE 116
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 340-9900	Fax	(214) 340-9901			FAX:
Type:	Parent Agency	Administrator	HARLEY COHEN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/20/2017	Owner Information
License #	018114					RIGHT TIME HEALTHCARE INC
Lic Expire	1/13/2020					9304 FOREST LANE STE 219
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 859-0269	Fax	(214) 570-1753			FAX:
Type:	Parent Agency	Administrator	AMECHI GODSON			Services: Licensed Home Health Services; Personal Assistance Services; Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 09/14/2018
License # 019056 RIVER'S EDGE HOMECARE LLC
Lic Expire 9/14/2022 1910 PACIFIC AVE STE 6047
Medicare 1: DALLAS, TX 75201
Medicare 2:
Phone (682) 772-0900 Fax (682) 228-5838
Type: Parent Agency Administrator REGINA WREN

Owner Information

RIVER'S EDGE HOMECARE, LLC
1910 PACIFIC AVE. STE. 6047
DALLAS, TEXAS 75201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/26/2009
License # 012625 RO PRIORITY HOME HEALTH AGENCY INC
Lic Expire 5/31/2024 2930 COUNTRY CIRCLE
Medicare 1: 747629 HHA-18 MESQUITE, TX 75181
Medicare 2:
Phone (972) 285-7977 Fax (972) 329-6848
Type: Parent Agency Administrator ROSE-MARIE ONWUMERE

Owner Information

RO PRIORITY HOME HEALTH AGENCY INC
2930 COUNTRY CIRCLE
MESQUITE, TEXAS 75181
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/26/2011
License # 014341 ROCK OF AGES HOME HEALTH CARE INC
Lic Expire 5/31/2023 346 OAKS TRAIL #205
Medicare 1: 459468 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 840-2222 Fax (972) 840-3311
Type: Parent Agency Administrator JULIUS NNANDILOBI

Owner Information

ROCK OF AGES HOME HEALTH CARE INC
3615 BROADWAY BLVD STE C
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/22/2020
License # 020068 ROCKLIO HOLDINGS LLC DBA COMFORT KEEPERS
Lic Expire 7/22/2022 3740 N. JOSEY LANE SUITE 237
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone (786) 859-9052 Fax
Type: Parent Agency Administrator MARK MILLER

Owner Information

ROCKLIO HOLDINGS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/11/2010
License # 013528 ROG HOME HEALTH SERVICES LLC
Lic Expire 8/31/2020 6340 ASHFORD TRAIL
Medicare 1: MESQUITE, TX 75181
Medicare 2:
Phone (469) 703-5101 Fax (972) 692-7086
Type: Parent Agency Administrator ANDY OBASOHAN

Owner Information

ROG HOME HEALTH SERVICES LLC
10324 PONDWOOD DRIVE
DALLAS, TX 75217-3588
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 05 Date Licensed 10/27/2005
License # 008065 ROSY IN HOME SERVICES INC
Lic Expire 8/31/2022 5115 N GALLOWAY AVE SUITE 204 B
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (972) 613-2773 Fax (972) 354-7976
Type: Branch Agency Administrator ROSEMARY UZUH

Owner Information

ROSY IN HOME SERVICES INC
SAME
AUSTIN, TX 78722
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/22/2010
License # 013673 ROSYRAY HOME CARE SERVICES INC
Lic Expire 10/31/2022 2121 W AIRPORT FWY #320
Medicare 1: 747706 HHA-18 IRVING, TX 75062
Medicare 2:
Phone (214) 529-6820 Fax (972) 584-9292
Type: Parent Agency Administrator RAYMOND ONYEKWERE

Owner Information

ROSYRAY HOME CARE SERVICES INC
1620 SECRETARIAT LANE
IRVING, TX 75060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	DALLAS	Region	03	Date Licensed		Owner Information	
License #	021343				ROYAL CARE HOME HEALTH LLC	ROYAL CARE HOME HEALTH LLC	
Lic Expire	1/21/2025				2906 BRANCH OAKS DR		
Medicare 1:					GARLAND, TX 75043		
Medicare 2:						PHONE:	FAX:
Phone	(214) 254-7854				Fax	Services: Personal Assistance Services	
Type:	Parent Agency				Administrator	PAUL OBU	
County	DALLAS	Region	03	Date Licensed	03/22/2021	Owner Information	
License #	020624				ROZZIKA HEALTHCARE LLC	ROZZIKA HEALTHCARE LLC	
Lic Expire	3/22/2023				2221 SAN SIMEON DR.		
Medicare 1:					MESQUITE, TX 75181		
Medicare 2:						PHONE:	FAX:
Phone	(214) 434-6218				Fax	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency				Administrator	EVALYNE NYANGAU	
County	DALLAS	Region	03	Date Licensed	11/23/2011	Owner Information	
License #	014747				RWW HOME & COMMUNITY REHAB SERVICES INC	RWW HOME & COMMUNITY REHAB SERVICES, INC	
Lic Expire	11/30/2023				1333 CORPORATE DRIVE, #245	9901 LINN STATION ROAD	
Medicare 1:					IRVING, TEXAS 75038	LOUISVILLE, KY 40223	
Medicare 2:						PHONE:	FAX:
Phone	(888) 299-3998				Fax (855) 218-0205	Services: Licensed Home Health Services	
Type:	Parent Agency				Administrator	BRENDA DAVIS	
County	DALLAS	Region	03	Date Licensed	06/22/2021	Owner Information	
License #	020846				S&W PRIMARY HOME CARE, LLC	S&W PRIMARY HOME CARE, LLC	
Lic Expire	6/22/2024				3921 TIMBERIDGE DRIVE		
Medicare 1:					IRVING, TEXAS 75038		
Medicare 2:						PHONE:	FAX:
Phone	(214) 994-3991				Fax	Services: Personal Assistance Services	
Type:	Parent Agency				Administrator	SHANNON WRIGHT	
County	DALLAS	Region	03	Date Licensed	08/12/2009	Owner Information	
License #	012771				SAFEWAY HEALTHCARE SERVICES INC	SAFEWAY HEALTHCARE SERVICES INC	
Lic Expire	8/31/2021				2321 S BELTLINE RD STE 110	2321 S BELTLINE RD STE 110	
Medicare 1:	747646 HHA-18				GRAND PRAIRIE, TX 75051	GRAND PRAIRIE, TX 75051	
Medicare 2:						PHONE:	FAX:
Phone	(972) 262-7662				Fax (972) 262-7663	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency				Administrator	CLIFFORD AKHAROH	
County	DALLAS	Region	03	Date Licensed	04/26/2021	Owner Information	
License #	020796				SAGECARE	MENTIS MANAGEMENT SERVICES, LLC	
Lic Expire	4/26/2024				6301 GASTON AVE STE 750	6565 NORTH LOOP WEST STE 1140	
Medicare 1:					DALLAS, TEXAS 75214	BELLAIRE, TX 77401	
Medicare 2:						PHONE:	FAX:
Phone	(214) 295-5374				Fax (214) 245-5217	(713) 236-8017	
Type:	Parent Agency				Administrator	AMANDA THOMISON FINGER	Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	12/11/2015	Owner Information	
License #	017172				SAINT ANDREW HOSPICE LLC	SAINT ANDREW HOSPICE LLC	
Lic Expire	12/31/2021				346 OAKS TRAIL SUITE 202	346 OAKS TRAIL SUITE 202	
Medicare 1:	741630 HOSPICE				GARLAND, TX 75043	GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 232-2241				Fax (972) 232-2241	Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency				Administrator	IRISH BANKS	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 03/31/2015
License # 016719 SAINT CATHERINE HOSPICE INC
Lic Expire 3/31/2023 4229 GLENHAVEN DR
Medicare 1: 741690 HOSPICE GARLAND, TX 75042
Medicare 2:
Phone (214) 466-9501 Fax (972) 276-8759

Type: Parent Agency Administrator BENJAMIN MADUKA

Owner Information

SAINT CATHERINE HOSPICE INC
4229 GLENHAVEN DR
GARLAND, TX 75042
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/26/2013
License # 015928 SALUS HOME HEALTH SOLUTIONS
Lic Expire 9/30/2023 8330 LBJ FREEWAY, SUITE 864
Medicare 1: 679588 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (972) 238-7108 Fax (972) 238-7109

Type: Parent Agency Administrator FARHAN HUSAIN

Owner Information

EBEN & T INTERNATIONAL INC
5812 SILVER LEAF
MCKINNEY, TEXAS 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/04/2015
License # 016675 SANA HEALTHCARE HOSPICE INC
Lic Expire 7/30/2021 13154 COIT ROAD SUITE 102 B
Medicare 1: 741623 HOSPICE DALLAS, TX 75240
Medicare 2:
Phone (214) 363-4993 Fax (866) 360-9969

Type: Parent Agency Administrator ARACELI DECANINI

Owner Information

SANA HEALTHCARE HOSPICE INC
4515 PRENTICE STREET SUITE 103
DALLAS, TX 75206-5046
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/20/2018
License # 019096 SANCTUM HEALTH PARTNERS, PLLC
Lic Expire 11/14/2020 15305 DALLAS PKWY SUITE 1200
Medicare 1: ADDISON, TEXAS 75001
Medicare 2:
Phone (972) 851-1022 Fax (972) 532-3029

Type: Parent Agency Administrator JACOB JOHNSON

Owner Information

SANCTUM HEALTH PARTNERS, LLC
13727 NOEL ROAD TOWER 2 SUITE 200
DALLAS, TX
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 05/15/2017
License # 018259 SANTA MARIA HOME HEALTH AGENCY
Lic Expire 5/31/2023 11500 N. STEMMONS FREEWAY SUITE 133
Medicare 1: 747444 HHA-18 DALLAS, TX 75229
Medicare 2:
Phone (214) 503-8941 Fax (214) 503-8955

Type: Parent Agency Administrator YOUNG KANG

Owner Information

CANNULIF HEALTHCARE SERVICES INC
1500 N STEMMONS FREEWA, SUITE 133
DALLAS, TX 75229
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/11/2009
License # 012652 SAS HOME HEALTH SERVICES INC
Lic Expire 6/30/2019 3939 US HWY 80E STE 305
Medicare 1: 747557 HHA-18 MESQUITE, TX 75150
Medicare 2:
Phone (972) 698-0404 Fax (972) 698-0844

Type: Parent Agency Administrator SAMUEL AZUBUIKE

Owner Information

SAS HOME HEALTH SERVICES INC
4593 MOUNTAIN LAUREL DRIVE
GRAND PRAIRIE, TX 75052
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services; Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/02/2014
License # 016191 SAVIOR HOME HEALTH INC
Lic Expire 1/31/2022 210 S MAIN STREET SUITE 23
Medicare 1: 677852 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 759-6740 Fax (469) 759-6741

Type: Parent Agency Administrator KUNLE O'KERE

Owner Information

GLORY ABLE HOME HEALTHCARE INC
210 S MAIN STREET SUITE 23
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 10/10/2019
License # 019639 SCARLETT HOME HEALTH CARE, INC
Lic Expire 10/10/2023 1908 ROYAL LANE, SUITE 150
Medicare 1: 748004 HHA DALLAS, TEXAS 75229
Medicare 2:
Phone 972 7070924 Fax 972 7070926

Type: Parent Agency Administrator LINH ATKINS

Owner Information

SCARLETT HOME HEALTH CARE, INC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/18/2015
License # 011037 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC
Lic Expire 1/31/2022 8200 WALNUT HILL LN
Medicare 1: DALLAS, TX 75231
Medicare 2:
Phone (214) 345-7790 Fax (214) 355-4395

Type: Alternate Delivery Site Administrator JONATHAN HARRIS

Owner Information

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS, INC

6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150

IRVING, TX 75063

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/30/2007
License # 011037 SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS INC
Lic Expire 1/31/2022 6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150
Medicare 1: 671578 HOSPICE IRVING, TX 75063
Medicare 2:
Phone (817) 887-0017 Fax (817) 665-2145

Type: Parent Agency Administrator JONATHAN HARRIS

Owner Information

SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS, INC

6341 CAMPUS CIRCLE DRIVE EAST, SUITE 150

IRVING, TX 75063

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/20/2007
License # 011279 SENAI HOME HEALTH
Lic Expire 4/30/2022 100 N CENTRAL EXPY, SUITE NO 190, ROOM # 124
Medicare 1: 747419 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 587-1000 Fax (214) 954-7077

Type: Parent Agency Administrator JOHN THOMAS

Owner Information

SENAI HOME HEALTH SERVICES INC

100 N CENTRAL EXPRESSWAY , SUITE 190, ROOM 124

RICHARDSON, TEXAS 75080

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 01/15/2021
License # 020448 SENIOR CARE OF NORTH TEXAS LLC
Lic Expire 1/15/2023 8951 CYPRESS WATERS BLVD
Medicare 1: DALLAS, TX 75019
Medicare 2:
Phone (940) 665-2999 Fax (940) 665-8228

Type: Parent Agency Administrator CAROL OKUSOLUBO

Owner Information

SENIOR CARE OF NORTH TEXAS LLC

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/13/2018
License # 018652 SENIOR HELPERS
Lic Expire 3/31/2022 1110 MAIN ST
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (214) 712-4890 Fax (214) 712-4893

Type: Parent Agency Administrator JOANNA ARAIZA

Owner Information

JOOLA HOLDINGS LLC

3406 JUNIPER CT

ROWLETT, TX 75088

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/09/2021
License # 020890 SENIOR HELPERS
Lic Expire 7/9/2024 5330 N MACARTHUR BLVD
Medicare 1: IRVING, TEXAS 75038
Medicare 2:
Phone (508) 326-3355 Fax

Type: Parent Agency Administrator KAREN IYERE

Owner Information

P IYERE GROUP LLC

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	03/30/2009	Owner Information	
License #	012845					SCHOELLHORN GROUP LLC	
Lic Expire	3/31/2024					1143 ROCKINGHAM DRIVE SUITE 114	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(214) 361-7943	Fax	(214) 363-0697			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBIN TRENARY				
County	DALLAS	Region	03	Date Licensed	09/03/2016	Owner Information	
License #	017754					PBHS HOME HEALTH DFW I, INC	
Lic Expire	9/30/2022					6404 INTERNATIONAL PARKWAY #1600	
Medicare 1:	747822 HHA-18					PLANO, TX 75093-8256	
Medicare 2:						PHONE:	FAX:
Phone	(214) 449-1450	Fax	(214) 449-1416			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	FRANK LEE				
County	DALLAS	Region	03	Date Licensed	10/06/2014	Owner Information	
License #	016484					HUMANA AT HOME TLC INC	
Lic Expire	10/31/2022					845 3RD AVE., 7TH FLOOR.	
Medicare 1:						NEW YORK, NY 10022	
Medicare 2:						PHONE:	FAX:
Phone	(972) 422-1375	Fax	(972) 665-4790			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN GREEN				
County	DALLAS	Region	03	Date Licensed	09/03/2020	Owner Information	
License #	020144					SENIORS CARE SERVICES LLC	
Lic Expire	9/3/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(888) 567-2041	Fax	(214) 594-4435			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARON JENKINS				
County	DALLAS	Region	03	Date Licensed	08/24/2021	Owner Information	
License #	021003					2W SENIOR CARE	
Lic Expire	8/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 345-3777	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WENDY LI				
County	DALLAS	Region	03	Date Licensed	12/08/2021	Owner Information	
License #	021263					ROBERT STEVENS LUMPFORD	
Lic Expire	12/8/2024					1209 NORTHWEST HWY, #160	
Medicare 1:						GARLAND, TX 75041	
Medicare 2:						PHONE:	FAX:
Phone	(214) 478-4198	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMIE LUMPFORD				
County	DALLAS	Region	03	Date Licensed	01/21/2016	Owner Information	
License #	017404					SERAPHIC TOUCH KIDS CARE INC	
Lic Expire	1/31/2022					2410 LUNA ROAD STE 258	
Medicare 1:						CARROLLTON, TX 75006	
Medicare 2:						PHONE:	FAX:
Phone	(972) 514-5107	Fax	(972) 535-6993			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BIJILI VARANATH VARANATH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 09/14/2020
License # 020049 SERVICES OF LOVE LLC
Lic Expire 7/13/2022 1666 N. HAMPTON RD SUITE 104
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (504) 338-2126 Fax

Owner Information

SERVICES OF LOVE LLC

PHONE: FAX:

Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator WALTER REED

County **DALLAS** Region 03 Date Licensed 07/30/2014
License # 016592 SHALEM HOME HEALTH CARE INC
Lic Expire 7/31/2022 2611 N BELTLINE ROAD SUITE #127
Medicare 1: 457984 HHA-18 SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 290-4994 Fax (972) 285-2561

Owner Information

SHERIL M JOHN OWNER BOARD OF DIRECTOR

N/A

SUNNYVALE, TX 75182-9357

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SHERIL JOHN

County **DALLAS** Region 03 Date Licensed 02/22/2018
License # 018631 SHALEM HOSPICE CARE LLC
Lic Expire 2/28/2022 2611 BELTLINE RD STE 127A
Medicare 1: 97-1502 (HOSPICE) SUNNYVALE, TX 75182
Medicare 2:
Phone (972) 803-4620 Fax

Owner Information

SHALEM HOSPICE CARE, LLC

12222 MERIT DRIVE, SUITE 1200

DALLAS, TX 75251

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SHERIL JOHN

County **DALLAS** Region 03 Date Licensed 03/19/2010
License # 013184 SHALOM HOME HEALTH SERVICES
Lic Expire 3/31/2022 811 S CENTRAL EXPY SUITE # 333
Medicare 1: 747714 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 925-0283 Fax (972) 925-0273

Owner Information

SANTEC INTERNATIONAL CORPORATION

811 S CENTRALO EXPRESSWAY SUITE#550

RICHARDSON, TX 75080

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CAROLTINA NWOKORIE

County **DALLAS** Region 03 Date Licensed 07/16/2021
License # 020912 SHEEVON HEALTH CARE SERVICES INC
Lic Expire 7/16/2024 337 OAKS TRAIL SUITE 101B
Medicare 1: GARLAND, TEXAS 75043
Medicare 2:
Phone (214) 924-2110 Fax

Owner Information

SHEEVON HEALTH CARE SERVICES INC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator CAREN MUNAI

County **DALLAS** Region 03 Date Licensed 12/28/2018
License # 019171 SHELTER HOSPICE INC
Lic Expire 12/28/2022 8111 LBJ FREEWAY SUITE # 1340
Medicare 1: 971620 DALLAS, TEXAS 75251
Medicare 2:
Phone 469 778 0700 Fax 469 778 0707

Owner Information

SHELTER HOSPICE INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator PRINCE SAMUEL

County **DALLAS** Region 03 Date Licensed 09/28/2017
License # 018347 SHINING HEARTS HOME HEALTH CARE LLC
Lic Expire 9/30/2019 7125 MARVIN D LOVE FRWY # 302
Medicare 1: DALLAS, TX 75237
Medicare 2:
Phone (214) 728-3569 Fax (972) 863-9108

Owner Information

SHINING HEARTS HOME HEALTH CARE LLC

7125 MARVIN D LOVE FRWY STE 302

DALLAS, TX 75237

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator STEPHANIE CALLOWAY

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/07/2013
License # 015598 SHINING STAR HOME HEALTH CARE INC
Lic Expire 2/28/2023 8344 EAST R L THORNTON FREEWAY SUITE 203
Medicare 1: 677894 HHA-18 DALLAS, TX 75228
Medicare 2:
Phone (214) 320-6000 Fax (214) 320-6003
Type: Parent Agency Administrator SUSAN VATTACHACKAL

Owner Information

SHINING STAR HOME HEALTH CARE INC
8344 EAST R L THORNTON FWY, SUITE # 203
DALLAS, TX 75228
PHONE:
FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/21/2010
License # 013784 SIGNATURE HEALTH CARE INC
Lic Expire 12/31/2022 3213 INTERSTATE 30 SUITE 203
Medicare 1: 747829 MESQUITE, TX 75150
Medicare 2:
Phone (214) 299-9920 Fax (469) 298-0452
Type: Parent Agency Administrator SHIRLEY ABII

Owner Information

SIGNATURE HEALTH CARE INC
3213 INTERSTATE 30 SUITE #203
MESQUITE, TX 75150
PHONE:
FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/04/2010
License # 013821 SILVERADO HOSPICE DALLAS FORT WORTH
Lic Expire 10/31/2022 4500 BELTWAY DRIVE
Medicare 1: 671611 HOSPICE ADDISON, TX 75001
Medicare 2:
Phone (972) 409-9884 Fax (972) 385-8839
Type: Parent Agency Administrator KAYE DAWSON

Owner Information

SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE:
FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/01/2012
License # 014625 SILVERSTONE HOSPICE
Lic Expire 1/31/2022 4100 HARRY HINES BLVD SUITE 375
Medicare 1: 671754 HOSPICE DALLAS, TX 75219
Medicare 2:
Phone (888) 330-8483 Fax (866) 827-6094
Type: Parent Agency Administrator GLORIA FLACK

Owner Information

COMFORT CARE HOSPICE, LLC
5200 PAIGE RD STE 500
THE COLONY, TX 75056-2121
PHONE:
FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 04/02/2018
License # 018680 SIMPLICITY HEALTH CARE SERVICES
Lic Expire 4/30/2022 1526 SHALFONT LANE
Medicare 1: GARLAND, TX 75040
Medicare 2:
Phone (469) 865-0855 Fax (469) 298-3156
Type: Parent Agency Administrator SHIRLEY SIMMONS

Owner Information

SHIRLEY SIMMONS
1526 SHALFONT LANE
GARLAND, TX 75040
PHONE:
FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/11/2017
License # 018387 SKILLCARE HEALTH SERVICES INC
Lic Expire 7/31/2021 12225 GREENVILLE AVE STE 1060
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (972) 807-2292 Fax (972) 807-2291
Type: Parent Agency Administrator OGECHI EYI

Owner Information

SKILLCARE HEALTH SERVICES INC
12225 GREENVILLE AVE STE 1060
DALLAS, TX 75243
PHONE:
FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/19/2017
License # 018392 SKILLFULHANDS HOSPICE INC
Lic Expire 10/31/2021 2665 VILLA CREEK DR SUITE 201
Medicare 1: DALLAS, TEXAS 75234
Medicare 2:
Phone (214) 735-6622 Fax (214) 307-6023
Type: Parent Agency Administrator JOSEPHINE DEVADOSS DEVADOSS

Owner Information

SKILLFULHANDS HOSPICE INC
2665 VILLA CREEK DR SUITE 201
DALLAS, TEXAS 75234
PHONE:
FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/09/2010
License # 013158 SMARTCARE HEALTH SERVICES INC
Lic Expire 3/31/2022 811 SOUTH CENTRAL EXPWY SUITE 536
Medicare 1: 747565 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (972) 437-9200 Fax (972) 408-0753

Type: Parent Agency Administrator STANLEY ATUMAH

Owner Information

SMARTCARE HEALTH SERVICES INC
811 S CENTRAL EXPY STE 536
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/18/2018
License # 019252 SOLACE PALLIATIVE AND HOSPICE CARE INC
Lic Expire 2/13/2023 401 S SHERMAN ST. SUITE #309
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (214) 339-9466 Fax (972) 502-9180

Type: Parent Agency Administrator VAISHALI PATEL

Owner Information

SOLACE PALLIATIVE AND HOSPICE CARE INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/23/2014
License # 016629 SOLID CARE HOME HEALTH AGENCY INC
Lic Expire 9/30/2022 1500 EAST BELT LINE ROAD SUITE 200
Medicare 1: 743150 HHA-18 CARROLLTON, TX 75006
Medicare 2:
Phone (972) 243-7017 Fax (972) 243-1400

Type: Parent Agency Administrator MICHAEL UMUNNA

Owner Information

SOLID CARE HOME HEALTH INC
1500 E BELTLINE ROAD SUITE 200
CARROLLTON, TX 75006
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/31/2019
License # 019236 SOUTHERN CARE HOME HEALTH LLC
Lic Expire 1/31/2024 417 SURREY PLACE
Medicare 1: MESQUITE, TX 75149
Medicare 2:
Phone (318) 527-9893 Fax (972) 349-8962

Type: Parent Agency Administrator LATRESHIA HARRIS

Owner Information

SOUTHERN CARE HOME HEALTH LLC
417 SURREY PLACE
MESQUITE, TX 75149
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/20/2014
License # 016383 SOUTHWEST PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 8/31/2022 610 UPTOWN BLVD STE 250
Medicare 1: CEDAR HILL, TX 75104
Medicare 2:
Phone (469) 523-1429 Fax (972) 201-9003

Type: Parent Agency Administrator SHERRY MCMULLEN

Owner Information

SOUTHWEST PERSONAL ASSISTANCE SERVICES LLC
610 UPTOWN BLVD STE 235
CEDAR HILL, TX 75104
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/12/2018
License # 018560 SPECIALTY PHARMACY NURSING NETWORK INC
Lic Expire 1/31/2022 15950 DALLAS PARKWAY SUITE 400 OFFICE # 497
Medicare 1: DALLAS, TX 75248
Medicare 2:
Phone (877) 330-7766 Fax (813) 342-7966

Type: Parent Agency Administrator HELEN APPLINGTON

Owner Information

SPECIALTY PHARMACY NURSING NETWORK, INC
1626 BARBER ROAD SUITE B
SARASOTA, FL 34240
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/11/2016
License # 017571 SPERO HEALTHCARE SERVICES
Lic Expire 8/31/2022 10935 ESTATE LANE, S-245
Medicare 1: DALLAS, TX 75238
Medicare 2:
Phone (469) 782-9157 Fax (972) 767-3396

Type: Parent Agency Administrator ANDREW MUSONZA

Owner Information

KDMEDLINK SERVICES, LLC
9550 FOREST LANE #456
DALLAS, TX 75243
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	05/19/2011	Owner Information	
License #	014115					RUTH'S CHOICE IN HOME CARE LLC	
Lic Expire	5/31/2022					1521 SHARON DRIVE	
Medicare 1:						DUNCANVILLE, TX 75137	
Medicare 2:						PHONE:	FAX:
Phone	(972) 296-5959	Fax	(972) 709-5152			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HARVEY BARHAM				
County	DALLAS	Region	03	Date Licensed	05/03/2010	Owner Information	
License #	013288					ST ANDREW HOME HEALTH LLC	
Lic Expire	5/31/2022					346 OAKS TRAIL STE 201	
Medicare 1:	747812					GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 232-2241	Fax	(972) 232-2241			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRISH BANKS				
County	DALLAS	Region	03	Date Licensed		Owner Information	
License #	021355					ST FRANCIS HOSPICE LLC	
Lic Expire	1/25/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 846-5847	Fax	(972) 223-2241			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRISH BANKS			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/14/2014	Owner Information	
License #	016375					SGHPCSA LLC	
Lic Expire	8/31/2022					2501 PARKVIEW DRIVE SUITE 105	
Medicare 1:	741596 HOSPICE					FORT WORTH, TX 76102	
Medicare 2:						PHONE:	FAX:
Phone	(210) 822-2992	Fax	(210) 568-4859			Services: Hospice	
Type:	Parent Agency	Administrator	SHANNON MORA			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/14/2014	Owner Information	
License #	016375					SGHPCSA LLC	
Lic Expire	8/31/2022					2501 PARKVIEW DRIVE SUITE 105	
Medicare 1:	741596 HOSPICE					FORT WORTH, TX 76102	
Medicare 2:						PHONE:	FAX:
Phone	(210) 822-2992	Fax	(210) 568-4859			Services: Hospice	
Type:	Parent Agency	Administrator	SHANNON MORA			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/30/2019	Owner Information	
License #	019570					ST JOHNS HOSPICE LLC	
Lic Expire	8/30/2023						
Medicare 1:	971672						
Medicare 2:						PHONE:	FAX:
Phone	1 972 8086844	Fax	1 214 3076071			Services: Hospice	
Type:	Parent Agency	Administrator	VARGHESE ZACHARIA			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	08/30/2019	Owner Information	
License #	019569					ST MARYS HOSPICE LLC	
Lic Expire	8/30/2023						
Medicare 1:	971635						
Medicare 2:						PHONE:	FAX:
Phone	1 972 3167441	Fax	1 214 3076023			Services: Hospice	
Type:	Parent Agency	Administrator	VARGHESE ZACHARIA			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	11/02/2017	Owner Information
License #	018420					STABILITY HEALTHCARE INC
Lic Expire	11/30/2021					1221 REEVES LANE CEDAR HILL, TX 75104
Medicare 1:						CEDAR HILL, TX 75104
Medicare 2:						PHONE:
Phone	(214) 228-3320	Fax	(972) 293-7075			FAX:
Type:	Parent Agency	Administrator	EMMANUEL ASHILONU			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/18/2015	Owner Information
License #	016974					STAIRWAYS HOSPICE INC
Lic Expire	8/31/2024					10935 ESTATE LANE #S400E
Medicare 1:	971548 (HOSPICE)					DALLAS, TX 75238
Medicare 2:						PHONE:
Phone	(214) 909-2338	Fax	(469) 620-3137			FAX:
Type:	Parent Agency	Administrator	KOMAL SANDHU			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/13/2009	Owner Information
License #	012777					STAR CHOICE HOME HEALTH INC
Lic Expire	8/31/2023					1003 WESTMINISTER AVENUE
Medicare 1:	747403 HHA-18					MURPHY, TX 75094-4458
Medicare 2:						PHONE:
Phone	(972) 578-0044	Fax	(214) 389-4356			FAX:
Type:	Parent Agency	Administrator	JANE EKWONYE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	12/01/2020	Owner Information
License #	020362					STAR HEALTHCARE OF TEXAS INC
Lic Expire	12/1/2022					2840 KELLER SPRINGS RD STE 601
Medicare 1:						CARROLLTON, TEXAS 75006
Medicare 2:						PHONE:
Phone	(214) 631-7827	Fax	(214) 631-3185			FAX:
Type:	Parent Agency	Administrator	NNAEMEKA ONYEDEBELU			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/30/2013	Owner Information
License #	015940					STARCREST HEALTHCARE SERVICES INC
Lic Expire	9/30/2023					13601 PRESTON ROAD STE E560
Medicare 1:	747546 HHA-18					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(972) 735-8683	Fax	(972) 735-8767			FAX:
Type:	Parent Agency	Administrator	NCHANG BOMA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/31/2005	Owner Information
License #	010092					STARLEX HOME HEALTH SERVICES LLC
Lic Expire	12/4/2022					2834 JEREMY DRIVE
Medicare 1:	677845 HHA-18					MESQUITE, TX 75181
Medicare 2:						PHONE:
Phone	(972) 222-7782	Fax	(972) 222-9815			FAX:
Type:	Parent Agency	Administrator	CARMELLE DEVILME			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	11/06/2020	Owner Information
License #	020299					STARLIGHT HOSPICE, INC
Lic Expire	11/6/2022					P O BOX 380472
Medicare 1:						DUNCANVILLE, TEXAS 75137
Medicare 2:						PHONE:
Phone	(469) 868-6402	Fax	(469) 868-6403			FAX:
Type:	Parent Agency	Administrator	ROSIE JACKSON			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	02/06/2021	Owner Information	
License #	020139					STARPLUS HEALTHCARE LLC	
Lic Expire	9/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	469248 7964	Fax	469333 7904			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	LIGY THOMAS				
County	DALLAS	Region	03	Date Licensed	09/20/2002	Owner Information	
License #	008117					STATE HOME HEALTH CARE INC	
Lic Expire	9/30/2023					SAME	
Medicare 1:	679235 HHA-18					DUNCANVILLE, TX 75137	
Medicare 2:						PHONE:	FAX:
Phone	(214) 333-9087	Fax	(214) 333-9089			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	CHRISTY AGWAIFE				
County	DALLAS	Region	03	Date Licensed	04/21/2020	Owner Information	
License #	019887					STEADFAST GROUP LLC	
Lic Expire	4/21/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 221-7575	Fax	(214) 221-0858			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	BIBIANA MORGAN				
County	DALLAS	Region	03	Date Licensed	05/05/2021	Owner Information	
License #	020732					STELLAR PRIMARY HOME CARE LLC	
Lic Expire	5/5/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 800-4259	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AKILAH ELLIS				
County	DALLAS	Region	03	Date Licensed	07/09/2014	Owner Information	
License #	016525					STERLING HEALTHCARE SOLUTIONS INC	
Lic Expire	7/31/2022					12100 FORD RD STE 270	
Medicare 1:	747090 HHA-18					DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(469) 688-0414	Fax	(817) 840-6406			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LAARNIE VINDUA				
County	DALLAS	Region	03	Date Licensed	08/01/1999	Owner Information	
License #	007190					SUNRISE PRIMARY CARE SERVICES INC	
Lic Expire	7/31/2023					1221 ARISTA LN	
Medicare 1:						ROCKWALL, TX 75032	
Medicare 2:						PHONE:	FAX:
Phone	(972) 278-1414	Fax	(972) 278-1399			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	HANS-JOACHIM SCHULZ				
County	DALLAS	Region	03	Date Licensed	12/13/2017	Owner Information	
License #	018503					SUPREME HOME HEALTH SERVICES, INC	
Lic Expire	12/31/2019					4575 S WESTMORELAND RD	
Medicare 1:						DALLAS, TX 75237	
Medicare 2:						PHONE:	FAX:
Phone	(972) 228-3444	Fax	(972) 228-3903			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PENNY IHEMELU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	12/09/2010	Owner Information	
License #	013996					SURE HOME HEALTH SERVICES LLC	
Lic Expire	3/31/2021					12115 SELF PLAZA DR	
Medicare 1:	459373 HHA-18					DALLAS, TX 75218	
Medicare 2:						PHONE:	FAX:
Phone	(214) 221-1338	Fax	(214) 221-1360			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	THOMAS VARUGHESE				
County	DALLAS	Region	03	Date Licensed	07/24/2017	Owner Information	
License #	018196					SWIFT PROVIDER, INC	
Lic Expire	6/30/2022					9205 SKILLMAN ST STE 125	
Medicare 1:						DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(469) 230-0590	Fax	(972) 692-7469			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IKEOKWU ONUOHA				
County	DALLAS	Region	03	Date Licensed	07/15/2016	Owner Information	
License #	018228					SYAM HOME HEALTHCARE LLC	
Lic Expire	11/30/2022					P O BOX 398833	
Medicare 1:	747512					DALLAS, TX 75339	
Medicare 2:						PHONE:	FAX:
Phone	(214) 942-1464	Fax	(214) 948-4985			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARSHRIEF SHEAD				
County	DALLAS	Region	03	Date Licensed	03/18/2017	Owner Information	
License #	018003					AUM HOMECARE SERVICES LLC	
Lic Expire	3/31/2021					8402 STERLING ST. SUITE #103	
Medicare 1:						IRVING, TX 75063	
Medicare 2:						PHONE:	FAX:
Phone	(972) 514-1208	Fax	(972) 476-1146			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HARI BALIJACHINNA				
County	DALLAS	Region	03	Date Licensed	05/31/2019	Owner Information	
License #	019406					SARJUN CARE LLC	
Lic Expire	5/31/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 215-7519	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHANTHI ARUKKUTTI				
County	DALLAS	Region	03	Date Licensed	01/24/2017	Owner Information	
License #	012487					VIVICARE HEALTH PARTNERS LLC	
Lic Expire	3/31/2023					2999 N. 44TH STREET STE 100	
Medicare 1:						PHOENIX, AZ 85018	
Medicare 2:						PHONE:	FAX:
Phone	(903) 306-1324	Fax	(903) 705-4343			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	DANA TARRANT				
County	DALLAS	Region	03	Date Licensed		Owner Information	
License #	012487					VIVICARE HEALTH PARTNERS LLC	
Lic Expire	3/31/2023					2999 N. 44TH STREET STE 100	
Medicare 1:						PHOENIX, AZ 85018	
Medicare 2:						PHONE:	FAX:
Phone	(214) 217-2626	Fax	(214) 217-2434			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	DANA TARRANT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	06/04/2021	Owner Information
License #	020813					TELEIOS HEALTHCARE INC
Lic Expire	6/4/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 974-5499	Fax	(214) 974-5995			FAX:
Type:	Parent Agency	Administrator	JOY SAMUEL			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/07/2009	Owner Information
License #	012767					TENDER CARE, INC
Lic Expire	8/31/2023					4513 SUNNY BROOK DRIVE
Medicare 1:	747864 HHA-18					ROWLETT, TX 75088
Medicare 2:						PHONE:
Phone	(903) 300-3350	Fax	(214) 960-2866			FAX:
Type:	Parent Agency	Administrator	GODWIN ESENE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	09/17/2013	Owner Information
License #	015900					TENDER HANDS HOME HEALTHCARE LLC
Lic Expire	9/30/2021					PO BOX 570869
Medicare 1:	679278 HHA-18					DALLAS, TEXAS 75357
Medicare 2:						PHONE:
Phone	(972) 686-6600	Fax	(469) 607-1180			FAX:
Type:	Parent Agency	Administrator	LALANII JONES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/21/2013	Owner Information
License #	015823					TEXAN HOSPICE PROVIDER LLC
Lic Expire	10/31/2021					2410 LUNA ROAD STE 280
Medicare 1:	741548 HOSPICE					CARROLLTON, TX 75006
Medicare 2:						PHONE:
Phone	(972) 243-3033	Fax	(972) 243-3083			FAX:
Type:	Parent Agency	Administrator	STAN THOMAS			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	02/10/2017	Owner Information
License #	018118					VNS HEALTHCARE, INC
Lic Expire	6/30/2023					12100 FORD ROAD, STE. 275
Medicare 1:	741604 HOSPICE					DALLAS, TEXAS 75234
Medicare 2:						PHONE:
Phone	(972) 528-6033	Fax	(855) 850-8656			FAX:
Type:	Parent Agency	Administrator	OMAR DIZON			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	07/01/2004	Owner Information
License #	009170					TEXAS BEST CARE HOME HEALTH INC
Lic Expire	6/30/2021					18601 LBJ FREEWAY SUITE 110
Medicare 1:	673195					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(972) 222-6746	Fax	(972) 222-1997			FAX:
Type:	Parent Agency	Administrator	JOHN THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/20/2018	Owner Information
License #	018841					TEXAS BEST CARE HOSPICE INC
Lic Expire	7/31/2022					1933 E FRANKFORD RD SUITE 160
Medicare 1:	971566 (HOSPICE)					CARROLLTON, TX 75007
Medicare 2:						PHONE:
Phone	(972) 424-4401	Fax	(972) 424-4402			FAX:
Type:	Parent Agency	Administrator	DANNY WEEMS			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/27/2012
License # 014663 TEXAS BEST HOSPICE SERVICES
Lic Expire 2/28/2025 100 N CENTRAL EXPY STE 190 ROOM 127
Medicare 1: 671751 HOSPICE RICHARDSON, TX 75080
Medicare 2:
Phone (972) 416-8500 Fax (972) 416-8533
Type: Parent Agency Administrator LARRY BARTHEL

Owner Information

NVS HEALTH INC
100 N CENTRAL EXPY STE 190, ROOM 127
RICHARDSON, TX 75080
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/11/2015
License # 017169 TEXAS CARE ONE HOME HEALTH AGENCY
Lic Expire 12/31/2023 9550 FOREST LANE # 226 BLDG # 2
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (214) 377-9945 Fax (682) 223-9349
Type: Parent Agency Administrator RAYMOND MAZIVEYI

Owner Information

RAYMOND MAZIVEYI
9550 FOREST LANE #472
WYLIE, TX 75243
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/31/2020
License # 020136 TEXAS CARE ONE LLC
Lic Expire 8/31/2022 9550 FOREST LANE #226
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 377-9945 Fax (682) 223-9349
Type: Parent Agency Administrator MARTHA URAGU

Owner Information

TEXAS CARE ONE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/03/2020
License # 019958 TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Lic Expire 3/3/2025 911 YORK DR. #203
Medicare 1: 679103 - (HHA) DESOTO, TX 751152064
Medicare 2:
Phone 214 3077300 Fax (214) 853-5885
Type: Parent Agency Administrator KAREN TORTI

Owner Information

TEXAS HOME HEALTH GROUP OF DESOTO, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed
License # 019958 TEXAS HOME HEALTH GROUP OF DESOTO, LLC
Lic Expire 3/3/2025 911 YORK DR. #203
Medicare 1: 67Q9103002 DESOTO, TX 751152064
Medicare 2:
Phone 214 3077300 Fax
Type: Branch Agency Administrator KAREN TORTI

Owner Information

TEXAS HOME HEALTH GROUP OF DESOTO, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 06/16/2015
License # 017068 TEXAS HOME HEALTH PROVIDER LLC
Lic Expire 6/30/2023 2735 VILLA CREEK DR. SUITE 115
Medicare 1: 747718 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (972) 200-0481 Fax (972) 200-0542
Type: Parent Agency Administrator ELSY BENJAMIN

Owner Information

TEXAS HOME HEALTH PROVIDER LLC
2410 LUNA RD STE 140
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/14/2021
License # 020754 TEXAS HOSPICE PROVIDERS LLC
Lic Expire 5/14/2024 2735 VILLA CREEK DR. STE 130T
Medicare 1: DALLAS, TEXAS 752347454
Medicare 2:
Phone 1 972 5446648 Fax 1 214 3076023
Type: Parent Agency Administrator VARGHESE ZACHARIA

Owner Information

TEXAS HOSPICE PROVIDERS LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	DALLAS	Region	03	Date Licensed	12/31/2020	Owner Information	
License #	020425					TEXAS HOSPICE SERVICES, LLC	
Lic Expire	12/31/2022					2665 VILLA CREEK DR SUITE 260	
Medicare 1:						DALLAS, TEXAS 75234	
Medicare 2:							PHONE:
Phone	(214) 735-6622						FAX:
Type:	Parent Agency	Administrator					Services: Hospice In-Patient Hospice: NO
						KAMRAN ANIS	
County	DALLAS	Region	03	Date Licensed	01/26/2009	Owner Information	
License #	012410					TEXAS PREMIER HOME HEALTHCARE INC	
Lic Expire	1/31/2023					713 GATEWOOD ROAD SUITE C	
Medicare 1:	747325 HHA-18					GARLAND, TX 75043	
Medicare 2:							PHONE:
Phone	(972) 226-3300						FAX:
Type:	Parent Agency	Administrator					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
						MATHEW PUTHENPURACKEL	
County	DALLAS	Region	03	Date Licensed	09/16/2014	Owner Information	
License #	016427					TEXAS SIMBA HEALTHCARE INC	
Lic Expire	9/30/2020					2922 COUNTRY CIRCLE	
Medicare 1:						MESQUITE, TX 75181	
Medicare 2:							PHONE:
Phone	(214) 732-2725						FAX:
Type:	Parent Agency	Administrator					Services: Licensed Home Health Services; Personal Assistance Services
						JOB OCHOKI	
County	DALLAS	Region	03	Date Licensed	02/25/2011	Owner Information	
License #	013923					THANK YOU NURSES LTD	
Lic Expire	2/28/2023					N/A	
Medicare 1:						SAN ANTONIO, TX 78228	
Medicare 2:							PHONE:
Phone	(214) 631-0071						FAX:
Type:	Parent Agency	Administrator					Services: Licensed Home Health Services; Personal Assistance Services
						ROSE FLORES	
County	DALLAS	Region	03	Date Licensed	12/12/2013	Owner Information	
License #	015911					IT'S GOOD TO BE HOME LLC	
Lic Expire	12/31/2021					8707 VALLEY RANCH PKWY WEST	
Medicare 1:						IRVING, TX 75063	
Medicare 2:							PHONE:
Phone	(214) 766-5496						FAX:
Type:	Parent Agency	Administrator					Services: Personal Assistance Services
						DAWN JONES	
County	DALLAS	Region	03	Date Licensed	09/26/2006	Owner Information	
License #	010765					ADEOLA MUSTAPHA	
Lic Expire	12/30/2021					7217 LIGHTHOUSE RD	
Medicare 1:	747040 HHA-18					ARLINGTON, TEXAS 76002	
Medicare 2:							PHONE:
Phone	(214) 375-0888						FAX:
Type:	Parent Agency	Administrator					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
						JOY ISELOWO COMFORTERHEALTHCARE@YAHOO	
County	DALLAS	Region	03	Date Licensed	08/27/2008	Owner Information	
License #	012208					STERLING HOME HEALTH CARE INC	
Lic Expire	8/31/2023					10935 ESTATE LANE SUITE 335	
Medicare 1:	747573 HHA-18					DALLAS, TX 75238	
Medicare 2:							PHONE:
Phone	(214) 613-0400						FAX:
Type:	Parent Agency	Administrator					Services: Licensed and Certified Home Health Services; Licensed Home Health Services
						TIMOTHY NOONAN	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	05	Date Licensed	12/07/2017	Owner Information
License #	018493					THE MEDICAL TEAM INC
Lic Expire	12/31/2021					1902 CAMPUS COMMONS DRIVE, SUITE 650
Medicare 1:	97-1529 (HOSPICE)					RESTON, VA 20191
Medicare 2:						PHONE:
Phone	(512) 418-9555	Fax	(512) 418-9777			FAX:
Type:	Parent Agency	Administrator	LORI GILLIAM			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	01/20/2011	Owner Information
License #	013839					THE MEDICAL TEAM INC
Lic Expire	1/31/2023					1902 CAMPUS COMMONS DRIVE, SUITE 650
Medicare 1:	747750					RESTON, VA 20191
Medicare 2:						PHONE:
Phone	(214) 373-1111	Fax	(214) 238-8080			FAX:
Type:	Parent Agency	Administrator	KAMLA BEHARRYLAL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/13/2012	Owner Information
License #	014770					CANTEX HOME HEALTH LEWISVILLE LLC
Lic Expire	2/28/2025					2537 GOLDEN BEAR DRIVE
Medicare 1:	679407 HHA-18					CARROLLTON, TEXAS
Medicare 2:						PHONE:
Phone	(972) 434-9400	Fax	(800) 850-2301			FAX:
Type:	Parent Agency	Administrator	KIMBERLY MOORE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed		Owner Information
License #	014770					CANTEX HOME HEALTH LEWISVILLE LLC
Lic Expire	2/28/2025					2537 GOLDEN BEAR DRIVE
Medicare 1:	67Q4907002 - (Bra					CARROLLTON, TEXAS
Medicare 2:						PHONE:
Phone	972 4349400	Fax	(800) 778-6442			FAX:
Type:	Branch Agency	Administrator	KIMBERLY MOORE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	07/17/2000	Owner Information
License #	007367					THERAPY 2000
Lic Expire	7/31/2022					1431 GREENWAY DRIVE, SUITE 500
Medicare 1:	679055 HHA-18					IRVING, TX 75038
Medicare 2:						PHONE:
Phone	(214) 467-9787	Fax	(469) 961-5800			FAX:
Type:	Parent Agency	Administrator	DARLA GRANT			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	05/24/2019	Owner Information
License #	019559					THREE OAKS HOSPICE DALLAS, INC
Lic Expire	5/24/2023					
Medicare 1:	671762					
Medicare 2:						PHONE:
Phone	214 6289090	Fax	214 6289091			FAX:
Type:	Parent Agency	Administrator	MELISSA MANSELL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	01/13/2015	Owner Information
License #	016602					GLOBAL HOSPICE CARE INC
Lic Expire	1/31/2023					10920 COMPOSITE DR STE A
Medicare 1:	741681 HOSPICE					DALLAS, TX 75220
Medicare 2:						PHONE:
Phone	(469) 432-1997	Fax	18442464823			FAX:
Type:	Parent Agency	Administrator	SUJA KURIAN			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 06/24/2003
License # 008523 THREE STAR HOME HEALTH AGENCY INC
Lic Expire 6/30/2022 407 N CEDAR RIDGE SUITE 325
Medicare 1: 679380 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (214) 339-5042 Fax (214) 339-2838
Type: Parent Agency Administrator STEPHEN OGBONNA

Owner Information

THREE STAR HOME HEALTH AGENCY INC
407 N CEDAR RIDGE DRIVE SUITE 325
DUNCANVILLE, TX 75116-3171

PHONE: (214) 339-5042 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/19/2020
License # 020247 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/19/2022 1111 W MOCKINGBIRD LANE, SUITE 750
Medicare 1: DALLAS, TX 752475028
Medicare 2:
Phone (469) 619-0509 Fax (469) 949-9929
Type: Parent Agency Administrator SHARON JASSAR

Owner Information

FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880

PHONE: FAX:

Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/01/2011
License # 014444 TIMELY CARE HOME HEALTH
Lic Expire 8/31/2024 1350 E. ARAPAHO RD., STE # 208
Medicare 1: 679789 HHA-18 RICHARDSON, TEXAS 75081
Medicare 2:
Phone (972) 699-7200 Fax (972) 699-7206
Type: Parent Agency Administrator SUMA JACOB

Owner Information

TIMELY CARE HOME HEALTH SERVICES LLC
1701 N GREENVILLE AVE SUITE 1105
RICHARDSON, TX 75081

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/17/2012
License # 015204 TOO CARE HOME HEALTH AGENCY INC
Lic Expire 8/31/2023 8330 MEADOW ROAD SUITE 222
Medicare 1: 747005 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 221-8099 Fax (214) 221-8544
Type: Parent Agency Administrator REGINA HAITH

Owner Information

TOO CARE HOME HEALTH AGENCY INC
8330 MEADOW RD SUITE 222
DALLAS, TEXAS 75231

PHONE: (214) 695-7320 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/23/2015
License # 016839 TOPMAK HEALTH CARE SERVICES INC
Lic Expire 3/31/2023 9696 SKILLMAN ST SUITE 225
Medicare 1: 679433 HHA-18 DALLAS, TEXAS 75243
Medicare 2:
Phone (214) 664-9300 Fax (214) 664-9301
Type: Parent Agency Administrator FUNKE ADEFUYE

Owner Information

TOPMAK HEALTH CARE SERVICES INC
3939 US HWY 80 E SUITE 110
MESQUITE, TX 75150

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/17/2012
License # 014804 TORO HOME HEALTH SERVICES INC
Lic Expire 5/31/2022 5920 NARAVISTA DRIVE
Medicare 1: 747772 HHA-18 DALLAS, TX 75249
Medicare 2:
Phone (972) 298-2222 Fax (972) 298-2277
Type: Parent Agency Administrator TAIWO GAJI

Owner Information

TORO HOME HEALTH SERVICES INC
5920 NARAVISTA DRIVE
DALLAS, TX 75249

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/09/2004
License # 009452 TOTAL PATIENT CARE HOME HEALTH
Lic Expire 12/31/2022 331 MELROSE DRIVE SUITE 150
Medicare 1: 457823 HHA-18 RICHARDSON, TX 75080
Medicare 2:
Phone (214) 547-7496 Fax (214) 547-7460
Type: Parent Agency Administrator SATHYAJITH NAIR

Owner Information

TOTAL PATIENT CARE HOME HEALTH LLC
PO BOX 902
ALLEN, TX 75013

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DALLAS** Region 06 Date Licensed 04/25/2008
License # 009281 TOUCH OF CLASS
Lic Expire 8/31/2022 800 E CAMPBELL RD SUITE 254
Medicare 1: RICHARDSON, TX 75081
Medicare 2:
Phone (972) 918-0612 Fax (972) 918-0642
Type: Branch Agency Administrator JANET BOWLES

Owner Information

TOUCH OF CLASS
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/30/2003
License # 008833 TRADITIONAL HEALTHCARE SERVICES
Lic Expire 12/31/2023 918 N DALLAS AVE
Medicare 1: 457869 HHA-18 LANCASTER, TX 75146
Medicare 2:
Phone (972) 218-2272 Fax (972) 218-8023
Type: Parent Agency Administrator NAKPANGI ATLEY

Owner Information

LATAURUS JOHNSON
918 N DALLAS AVE
LANCASTER, TX 75146
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/21/2021
License # 020709 TRANSITIONAL MEDICAL GROUP
Lic Expire 4/21/2024 12655 NORTH CENTRAL EXPRESSWAY, SUITE 330
Medicare 1: DALLAS, TX 75243
Medicare 2:
Phone (469) 886-8206 Fax (214) 722-0036
Type: Parent Agency Administrator SHEENA BOWIE

Owner Information

TRANSITIONAL HEALTHCARE SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/25/2011
License # 014125 TRAXX HEALTHCARE INC
Lic Expire 8/24/2024 5312 FREESTONE DR. SUITE #B
Medicare 1: GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 310-9290 Fax (972) 206-0131
Type: Parent Agency Administrator COMFORT WILLIAMS

Owner Information

TRAXX HEALTHCARE INC
2844 CONRAD LANE
GRAND PRAIRIE, TX 75052
PHONE: (972) 513-5227 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/06/2012
License # 015114 TREASURE LIFE HEALTHCARE SERVICES INC
Lic Expire 6/30/2022 8111 LBJ FREEWAY SUITE # 1340A
Medicare 1: 457905 HHA-18 DALLAS, TEXAS 75251
Medicare 2:
Phone (214) 484-6084 Fax (214) 484-6554
Type: Parent Agency Administrator VALSAMMA THOMAS

Owner Information

TREASURE LIFE HEALTHCARE SERVICES INC
310 EAST INTERSTATE 30, SUITE B102
GARLAND, TX 75043
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/29/2020
License # 019904 TREASURED HANDS PERSONAL CARE LLC
Lic Expire 4/29/2022 3213 INTERSTATE 30, STE 206
Medicare 1: MESQUITE, TX 75150
Medicare 2:
Phone (682) 206-6627 Fax 18443167404
Type: Parent Agency Administrator CYLINDA JORDAN-RUBEN

Owner Information

TREASURED HANDS PERSONAL CARE LLC
2007 LAKE TRAIL DR.
HEARTLAND, TX 75126
PHONE:
FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/31/2017
License # 018516 TREND HEALTH CARE INC
Lic Expire 10/31/2024 915 SOUTH JUPITER ROAD
Medicare 1: 677889 HHA-18 GARLAND, TX 75042
Medicare 2:
Phone (214) 343-4600 Fax (214) 343-4601
Type: Parent Agency Administrator CHRISTIE ECHIKWA

Owner Information

TREND HEALTH CARE, INC
915 SOUTH JUPITER ROAD
GARLAND, TX 75042
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 03/08/2007
License # 011132 TRENDY CARE HOME HEALTH SERVICES
Lic Expire 3/31/2023 6413 COPANO BAY DRIVE
Medicare 1: 743161 HHA-18 ROWLETT, TX 750894118
Medicare 2:
Phone (214) 221-7727 Fax (972) 212-4636
Type: Parent Agency Administrator VIVIAN NSI

Owner Information

TRENDY CARE HOME HEALTH SERVICES INC
6413 COPANO BAY DRIVE
ROWLETT, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 05/27/2015
License # 016826 TRIAD PEDIATRIC HOME HEALTH LLC
Lic Expire 5/31/2021 6111 SHOAL CREEK TRAIL
Medicare 1: GARLAND, TX 75044
Medicare 2:
Phone (972) 495-5150 Fax (972) 495-1806
Type: Parent Agency Administrator CORINNE BAYER SORENSON

Owner Information

TRIAD PEDIATRIC HOME HEALTH LLC
6111 SHOAL CREEK TRAIL
GARLAND, TX 75044
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 07 Date Licensed 06/03/2016
License # 016723 TRIAGE HOME CARE
Lic Expire 2/28/2023 2300 VALLEY VIEW LN STE 880
Medicare 1: IRVING, TX 75062
Medicare 2:
Phone (972) 887-3084 Fax (972) 887-3046
Type: Branch Agency Administrator HAZEM MOHAMED

Owner Information

MOST CHOICE HEALTHCARE LLC
1603 BABCOCK SUITE 115
SAN ANTONIO, TX 78229
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/22/2018
License # 018799 TRIBUTE HOSPICE
Lic Expire 10/15/2022 158 AZTEC LN SUITE 104
Medicare 1: 971567 (HOSPICE) VAN ALSTYNE, TX 75495
Medicare 2:
Phone (469) 226-5440 Fax (972) 584-9292
Type: Parent Agency Administrator RAYMOND ONYEKWERE

Owner Information

ALL CARE HOSPICE LLC
2121 W AIRPORT FREEWAY 320
IRVING, TX 75062-6028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 03/04/2010
License # 013151 TRINITY ANGELS HEALTHCARE SERVICES INC
Lic Expire 3/31/2022 2306 GUTHRIE ROAD SUITE #260-F
Medicare 1: 747529 HHA-18 GARLAND, TX 75043
Medicare 2:
Phone (972) 226-1600 Fax (214) 309-9207
Type: Parent Agency Administrator JOBI ABRAHAM

Owner Information

TRINITY ANGELS HEALTHCARE SERVICES INC
2306 GUTHRIE ROAD SUITE 260 F
GARLAND, TX 75043
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/17/2010
License # 013113 TRINITY HOME DIALYSIS INC
Lic Expire 2/28/2022 1414 WEST WHEATLAND ROAD SUITE 100
Medicare 1: DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 709-1950 Fax (972) 709-1949
Type: Parent Agency Administrator DENNIS JONES

Owner Information

TRINITY HOME DIALYSIS INC
1414 W WHEATLAND ROAD SUITE 100
DUNCANVILLE, TX 75116
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **DALLAS** Region 05 Date Licensed 09/16/2017
License # 018521 TRINITY HOME HEALTHCARE SERVICES
Lic Expire 9/30/2023 8330 LBJ FWY STE 460
Medicare 1: 679420 DALLAS, TX 75243
Medicare 2:
Phone (469) 463-4302 Fax (214) 242-2233
Type: Parent Agency Administrator UCHENNA ONYEKWELU

Owner Information

MEP AND FAMILY HEALTH CARE AGENCY INC
330 SOUTH MAIN STREET
COPPERAS COVE, TX 76522
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	03/30/2012	Owner Information
License #	014719					AKG HOSPICE CARE LLC
Lic Expire	3/31/2022					540 E APPLEBY RD STE 104
Medicare 1:	741569 HOSPICE					FAYETTEVILLE, AR 72703
Medicare 2:						PHONE:
Phone	469 7264402	Fax	888 8209310			FAX:
Type:	Parent Agency	Administrator	ALLURA REYNOLDS			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	07/01/2005	Owner Information
License #	009878					TRINITY INSPIRED HOME HEALTH CARE INC
Lic Expire	6/30/2023					8344 E R L THORNTON FREEWAY SUITE #208
Medicare 1:	679472 HHA-18					DALLAS, TX 75228
Medicare 2:						PHONE:
Phone	(214) 421-0035	Fax	(214) 321-1018			FAX:
Type:	Parent Agency	Administrator	ANGANETTA LAGRONE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	04/14/2006	Owner Information
License #	010392					TRIPLE AGI INC
Lic Expire	4/30/2023					1106 N HWY 360 SUITE 410
Medicare 1:	679743 HHA-18					GRAND PRAIRIE, TX 75050-2599
Medicare 2:						PHONE:
Phone	(972) 522-5758	Fax	(972) 552-5922			FAX:
Type:	Parent Agency	Administrator	BERNADINE UDEOZOH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/27/2021	Owner Information
License #	021166					TROSE HOME HEALTH CARE SERVICES LLC
Lic Expire	10/27/2024					6500 NORTHWEST DRIVE SUITE 350
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(945) 208-1199	Fax	(833) 910-2627			FAX:
Type:	Parent Agency	Administrator	CRYSTAL OKOCHE			Services: Licensed Home Health Services
County	DALLAS	Region	03	Date Licensed	10/14/2021	Owner Information
License #	021128					SAP PALLIATIVE AND HOSPICE CARE INC
Lic Expire	10/14/2024					401 S SHERMAN ST, STE 309A
Medicare 1:						RICHARDSON, TX 75081
Medicare 2:						PHONE:
Phone	(469) 619-3636	Fax	(469) 277-3366			FAX:
Type:	Parent Agency	Administrator	VAISHALI PATEL			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	08/30/2016	Owner Information
License #	017600					TRUE PROVIDENCE HEALTHCARE SERVICES LLC
Lic Expire	8/31/2022					1277 HIGHVIEW DR
Medicare 1:						CEDAR HILL, TX 75104
Medicare 2:						PHONE:
Phone	(469) 434-1397	Fax	(972) 759-9029			FAX:
Type:	Parent Agency	Administrator	FELISTAR AWHEN			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/10/2020	Owner Information
License #	019820					TRUST IN GOD HOME HEALTHCARE LLC
Lic Expire	2/10/2022					1531 DUNCANVILLE ROAD APT 1002
Medicare 1:						DALLAS, TX 75211
Medicare 2:						PHONE:
Phone	(469) 449-3802	Fax				FAX:
Type:	Parent Agency	Administrator	PATRICE HOLLEMAN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	08/04/2020	Owner Information
License #	020092	TWO CIRCLES HOME HEALTH CARE			TWO CIRCLES HOME HEALTH CARE, INC	
Lic Expire	8/4/2022	1908 ROYAL LANE, SUITE 350				
Medicare 1:		DALLAS, TEXAS 75229				
Medicare 2:					PHONE:	FAX:
Phone	(469) 661-1486	Fax	(469) 828-2541	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	LINH ATKINS			
County	DALLAS	Region	03	Date Licensed	06/14/2020	Owner Information
License #	019876	TX PRESTIGE HOME HEALTH, INCORPORATED			TX PRESTIGE HOME HEALTH, INCORPORATED	
Lic Expire	4/15/2022	2340 EAST TRINITY MILLS ROAD., SUITE 340				
Medicare 1:		CARROLLTON, TX 75006				
Medicare 2:					PHONE:	FAX:
Phone	(972) 590-8504	Fax	(972) 590-8513	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	PEARL EBOSON			
County	DALLAS	Region	03	Date Licensed	08/22/2008	Owner Information
License #	012199	U N N HOME HEALTH SERVICES LLC			U N N HOME HEALTH SERVICES, LLC	
Lic Expire	8/31/2022	9550 SKILLMAN STREET SUITE 314			9550 SKILLMAN STREET SUITE 314	
Medicare 1:	747566 HHA-18	DALLAS, TX 75243			DALLAS, TX 75243	
Medicare 2:					PHONE:	FAX:
Phone	(214) 342-6100	Fax	(214) 342-6101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	UCHE NWABUNWANNE			
County	DALLAS	Region	03	Date Licensed	07/22/2008	Owner Information
License #	012116	ULTIMATE CARING HOME HEALTH LLC			ULTIMATE CARING HOME HEALTH, LLC	
Lic Expire	7/31/2024	11300 N CENTRAL EXPRESSWAY SUITE 205			11300 N CENTRAL EXPRESSWAY STE 205	
Medicare 1:	747326 HHA-18;74	DALLAS, TX 75243			DALLAS, TX 75243	
Medicare 2:					PHONE:	FAX:
Phone	(214) 361-3551	Fax	(214) 361-3558	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	ANDREW GEORGE			
County	DALLAS	Region	03	Date Licensed	03/23/2006	Owner Information
License #	010352	ULTIMATE HOME HEALTH CARE			J & M COMMUNICATIONS, LLC	
Lic Expire	3/31/2023	4402 BROADWAY BLVD SUITE 14			4402 BROADWAY BLVD STE 14	
Medicare 1:	679543 HHA-18	GARLAND, TX 75043			GARLAND, TX 75043	
Medicare 2:					PHONE:	FAX:
Phone	(972) 240-4700	Fax	(972) 240-8700	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	DELENE GEORGE			
County	DALLAS	Region	03	Date Licensed	03/21/2017	Owner Information
License #	018057	ULTIMATE PLUS HOSPICE LLC			ULTIMATE PLUS HOSPICE, LLC	
Lic Expire	3/31/2023	4402 BROADWAY BLVD SUITE 9A			4402 BROADWAY BLVD., SUTIE 9A	
Medicare 1:	741614 HOSPICE	GARLAND, TX 75043			GARLAND, TX 75043	
Medicare 2:					PHONE:	FAX:
Phone	(214) 427-8227	Fax	(217) 427-8228	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	DELENE GEORGE			
County	DALLAS	Region	03	Date Licensed	11/30/2005	Owner Information
License #	010313	UNITED COMFORT HEALTHCARE INCORPORATED			UNITED COMFORT HEALTHCARE INCORPORATED	
Lic Expire	11/30/2021	5312 FREESTONE DRIVE			5312 FREESTONE DRIVE	
Medicare 1:	453134 HHA-18	GRAND PRAIRIE, TX 75052			GRAND PRAIRIE, TX 75052	
Medicare 2:					PHONE:	FAX:
Phone	(972) 206-0448	Fax	(972) 206-0131	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	COMFORT WILLIAMS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 01/10/2015
License # 016732 UNITED PLUS HOME HEALTH LLC
Lic Expire 1/31/2023 17290 PRESTON ROAD SUITE 200 D - ROOM A
Medicare 1: 747695 DALLAS, TX 75252
Medicare 2:
Phone 817 3824931 Fax 817 7179354
Type: Parent Agency Administrator BAIJU PILLAI

Owner Information

UNITED PLUS HOME HEALTH LLC
505 CLARIDEN RANCH RD
SOUTHLAKE, TX 76092

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 03/20/2014
License # 016235 UNITED PLUS HOSPICE INC
Lic Expire 3/31/2022 3132 WEST MILLER ROAD SUITE A
Medicare 1: 671736 HOSPICE GARLAND, TX 75041
Medicare 2:
Phone (214) 473-4790 Fax (469) 620-3137
Type: Parent Agency Administrator JOHNSON GEORGE

Owner Information

UNITED PLUS HOSPICE INC
10935 ESTATE LANE # 475 B
DALLAS, TX 75238

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 12/07/2007
License # 011748 UNITED ROYALCARE HEALTHSERVICES INC
Lic Expire 12/31/2022 10935 ESTATE LANE SUITE 330
Medicare 1: 747353 HHA-18 DALLAS, TX 75238
Medicare 2:
Phone (972) 681-2521 Fax (972) 681-2921
Type: Parent Agency Administrator PATIENCE UCHE, RN

Owner Information

UNITED ROYALCARE HEALTHSERVICES INC
10935 E ESTATE LANE SUITE 330
DALLAS, TX 75238

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/01/2021
License # 021098 UNIVERSAL SENIOR SERVICES, INC
Lic Expire 10/1/2024 5215 NORTH O'CONNOR BOULEVARD, SUITE 1100
Medicare 1: IRVING, TEXAS 75039
Medicare 2:
Phone (866) 330-8627 Fax
Type: Parent Agency Administrator SANTOSH KUMAR

Owner Information

UNIVERSAL INDUSTRIES, INC

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/01/2010
License # 013207 UNLIMITED HEALTHCARE PROVIDER LLC
Lic Expire 3/31/2022 3939 EAST US HWY 80 STE 143B
Medicare 1: 747519 MESQUITE, TX 75150
Medicare 2:
Phone (214) 375-8883 Fax (214) 375-8884
Type: Parent Agency Administrator KIM LAMOTTHE

Owner Information

UNLIMITED HEALTHCARE PROVIDER, LLC
PO BOX 763246
DALLAS, TEXAS 75376

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 02/22/2012
License # 014647 US UNIVERSAL HEALTH CARE SERVICES LLC
Lic Expire 2/28/2025 423 W WHEATLAND RD #102
Medicare 1: 747826 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (972) 780-5226 Fax (972) 780-4793
Type: Parent Agency Administrator ANTHONY IYAMAH

Owner Information

US UNIVERSAL HEALTH CARE SERVICES LLC
2955 BANDERA ST
GRAND PRAIRIE, TX 75054

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 01/01/2005
License # 009569 UT SOUTHWESTERN HOME HEALTH CARE
Lic Expire 12/31/2023 6363 FOREST PARK ROAD STE BL.B 304
Medicare 1: 678078 HHA-18 DALLAS, TX 753909279
Medicare 2:
Phone (214) 645-4570 Fax (214) 645-4578
Type: Parent Agency Administrator MELVA PORTEOUS

Owner Information

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
5323 HARRY HINES BLVD
DALLAS, TX 75390

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **DALLAS** Region 03 Date Licensed 04/27/2005
License # 009717 VAP HOME HEALTH CARE INC
Lic Expire 4/30/2022 9304 FOREST LANE SUITE S 220
Medicare 1: 677856 HHA-18 DALLAS, TX 75243
Medicare 2:
Phone (214) 553-9552 Fax (214) 553-9434
Type: Parent Agency Administrator PHILOMENA NWAOKOLO

Owner Information

VAP HOME HEALTH CARE INC
9304 FOREST LANE SUITE S 220
DALLAS, TX 75243

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 06/20/2006
License # 010556 VCM HEALTHCARE LLC
Lic Expire 6/30/2024 12200 FORD ROAD, STE A200
Medicare 1: 679616 HHA-18 FARMERS BRANCH, TX 75234
Medicare 2:
Phone (469) 491-0638 Fax (214) 367-4311
Type: Parent Agency Administrator EMILIA MBANWITE

Owner Information

VCM HEALTHCARE, LLC
300 ROLLING OAKS RIDGE
CEDAR HILL, TX 75104

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/08/2021
License # 021075 VCM HEALTHCARE LLC
Lic Expire 4/8/2024 12300 FORD ROAD, STE 425
Medicare 1: FARMERS BRANCH, TEXAS 75234
Medicare 2:
Phone (469) 491-0638 Fax (214) 367-4311
Type: Parent Agency Administrator EMILIA MBANWITE

Owner Information

VCM HEALTHCARE, LLC
300 ROLLING OAKS RIDGE
CEDAR HILL, TX 75104

PHONE: FAX:

Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/19/2002
License # 008011 VCP HOME HEALTH CARE AGENCY INC
Lic Expire 7/31/2022 607 N CEDAR RIDGE DR SUITE 102
Medicare 1: 679207 HHA-18 DUNCANVILLE, TX 75116
Medicare 2:
Phone (469) 868-6422 Fax (469) 868-6425
Type: Parent Agency Administrator PHINA EMUAKHAGBON

Owner Information

VCP HOME HEALTH CARE AGENCY INC
1425 W PIONEER SUITE # 159
IRVING, TX 75061

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/08/2021
License # 021262 VEBA HOME HEALTH SERVICES INC
Lic Expire 12/8/2024 4412 RANDALL CT
Medicare 1: SACHSE, TEXAS 75048
Medicare 2:
Phone (214) 716-9794 Fax (214) 299-8669
Type: Parent Agency Administrator BASIL ENEJI

Owner Information

VEBA HOME HEALTH SERVICES INC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/23/2020
License # 020419 VERA HOSPICE
Lic Expire 7/23/2022 14140 MIDWAY RD., STE 104
Medicare 1: 74-1763 FARMERS BRANCH, TEXAS 75244
Medicare 2:
Phone (214) 930-2386 Fax (469) 722-3622
Type: Parent Agency Administrator TERESA BATES

Owner Information

CRYSTAL HOSPICE CARE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 04 Date Licensed 01/04/2008
License # 011792 VIBRANT HOME HEALTH CARE INC
Lic Expire 1/31/2023 3884 S. SHILOH RD. SUITE 118
Medicare 1: 743171 HHA-18 GARLAND, TEXAS 75041
Medicare 2:
Phone (903) 885-3975 Fax (903) 885-3978
Type: Parent Agency Administrator TANYA GRIFFIN

Owner Information

VIBRANT HOME HEALTH CARE INC
55 NOBLE CT STE 110
ROCKWALL, TEXAS 75032

PHONE: FAX:

Services: Licensed Home Health Services with Dialysis

County	DALLAS	Region	03	Date Licensed	06/01/2014	Owner Information
License #	016434					VICMORE HOME HEALTH SOLUTIONS INC
Lic Expire	5/31/2022					1020 LIGHTHOUSE CT
Medicare 1:						CEDAR HILL, TX 75104
Medicare 2:						PHONE:
Phone	(214) 247-7288	Fax	(214) 247-7283			FAX:
Type:	Parent Agency	Administrator	DOROTHY OJIRIKA			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	01/27/2012	Owner Information
License #	014922					VICTORY FIVE HEALTHCARE INC
Lic Expire	1/31/2022					17822 DAVENPORT ROAD SUITE A
Medicare 1:	747049 HHA-18					DALLAS, TX 75252
Medicare 2:						PHONE:
Phone	(972) 258-0527	Fax	(972) 258-0525			FAX:
Type:	Parent Agency	Administrator	ASHRUF ALI KHAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	08/16/2006	Owner Information
License #	010683					CHERISH HOME CARE NETWORK, INC
Lic Expire	8/31/2022					9319 LBJ FWY SUITE #217
Medicare 1:	747069 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 221-5399	Fax	(214) 221-0330			FAX:
Type:	Parent Agency	Administrator	JULIA DANG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/03/2011	Owner Information
License #	014136					VIGORCARE PARTNERS OF TEXAS LTD
Lic Expire	6/30/2024					1700 ALMA DRIVE SUITE 230
Medicare 1:						PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(469) 429-2913	Fax	(469) 429-2914			FAX:
Type:	Parent Agency	Administrator	OKE OKOCHA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/12/2014	Owner Information
License #	014136					VIGORCARE PARTNERS OF TEXAS LTD
Lic Expire	6/30/2024					1700 ALMA DRIVE SUITE 230
Medicare 1:						PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(469) 778-0221	Fax	(469) 778-0224			FAX:
Type:	Branch Agency	Administrator	OKE OKOCHA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/12/2014	Owner Information
License #	014136					VIGORCARE PARTNERS OF TEXAS LTD
Lic Expire	6/30/2024					1700 ALMA DRIVE SUITE 230
Medicare 1:						PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(469) 778-0221	Fax	(469) 778-0224			FAX:
Type:	Branch Agency	Administrator	OKE OKOCHA			Services: Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/03/2011	Owner Information
License #	014136					VIGORCARE PARTNERS OF TEXAS LTD
Lic Expire	6/30/2024					1700 ALMA DRIVE SUITE 230
Medicare 1:						PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(469) 429-2913	Fax	(469) 429-2914			FAX:
Type:	Parent Agency	Administrator	OKE OKOCHA			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 02/11/2011
License # 013885 VIKI MEDICAL SERVICES LLC
Lic Expire 2/28/2021 10300 NORTH CENTRAL EXPRESSWAY SUITE 190
Medicare 1: 747948 HHA-18 DALLAS, TX 75231
Medicare 2:
Phone (214) 772-6313 Fax 18887361274
Type: Parent Agency Administrator RUKHE AGHOMO

Owner Information

VIKA MEDICAL SERVICES LLC
3820 EVESHAM DRIVE
PLANO, TX 75025-5736
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 12/04/2020
License # 020373 VILLAGE HOSPICE LLC
Lic Expire 12/4/2022 3939 US HIGHWAY 80 E, SUITE 224
Medicare 1: MESQUITE, TX 751503359
Medicare 2:
Phone 972 2959383 Fax 1 800 6753203
Type: Parent Agency Administrator SANTHOSH THOMAS

Owner Information

VILLAGE HOSPICE LLC
127 E FORK RD
SUNNYVALE, TX
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 07/14/1997
License # 005847 VISION HOME HEALTH CARE INC
Lic Expire 7/31/2022 409 EAST CENTERVILLE ROAD SUITE#A
Medicare 1: 679023 HHA-18 GARLAND, TX 75041
Medicare 2:
Phone (214) 703-0767 Fax (214) 703-0765
Type: Parent Agency Administrator SURESH AGRAWAL

Owner Information

VISION HOME HEALTH CARE INC
409 EAST CENTERVILLE ROAD SUITE A
GARLAND, TX 75041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 09/18/2017
License # 018329 VISITING ANGELS
Lic Expire 9/30/2023 331 MELROSE DRIVE SUITE 240
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (469) 998-4544 Fax (469) 998-4545
Type: Parent Agency Administrator BEAU POLLEY

Owner Information

RICHARDSON TX HOMECARE, LLC
331 MELROSE DRIVE SUITE #240
RICHARDSON, TX 75080
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 04/18/2017
License # 018010 VISITING ANGELS
Lic Expire 4/30/2023 1229 E PLEASANT RUN RD #224
Medicare 1: DESOTO, TX 75115
Medicare 2:
Phone (469) 356-2680 Fax (469) 356-2681
Type: Parent Agency Administrator KOBY SPEARS

Owner Information

LITTLE BEAR HOMECARE LLC
1666 N HAMPTON RD SUITE 101-A
DESOTO, TX 75115
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/02/2012
License # 014973 VISITING ANGELS
Lic Expire 8/31/2022 930 N BELT LINE ROAD SUITE 116
Medicare 1: IRVING, TX 75061
Medicare 2:
Phone (972) 313-2680 Fax (817) 622-8094
Type: Parent Agency Administrator SCOTT LUDWIG

Owner Information

LUDWIG DIVERSIFIED ENTERPRISES INC
6706 JOHNS CT.
ARLINGTON, TX 76016
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/09/2009
License # 012434 VISITING ANGELS
Lic Expire 2/28/2021 8350 N CENTRAL EXPRESSWAY SUITE M1018
Medicare 1: DALLAS, TEXAS 75206
Medicare 2:
Phone (214) 368-2225 Fax (214) 853-5328
Type: Parent Agency Administrator MICHAEL ASHY

Owner Information

JPMA ENTERPRISES INC
5646 MILTON ST. STE #500
DALLAS, TX 75206
PHONE: FAX:
Services: Personal Assistance Services

County	DALLAS	Region	03	Date Licensed	01/30/2009	Owner Information
License #	012420					VERSA SALES LLC
Lic Expire	1/31/2021					82222 CLUB MEADOWS
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 703-8123	Fax	(214) 975-8300			FAX:
Type:	Parent Agency	Administrator	RODNEY ROTHWELL			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/01/2009	Owner Information
License #	012880					VITAL HOME HEALTH CARE INC
Lic Expire	9/30/2023					3321 BROADWAY BLVD, SUITE 201
Medicare 1:	747051 HHA-18					GARLAND, TX 75043
Medicare 2:						PHONE:
Phone	(972) 840-1010	Fax	(972) 840-1011			FAX:
Type:	Parent Agency	Administrator	SHERLY PHILIPOSE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	06/19/2017	Owner Information
License #	018148					VITAL POINT CORPORATION
Lic Expire	6/30/2023					3939 US HIGHWAY 80 E STE 254
Medicare 1:	679241 HHA-18					MESQUITE, TX
Medicare 2:						PHONE:
Phone	(972) 235-6099	Fax	(972) 690-9320			FAX:
Type:	Parent Agency	Administrator	ABDURRAHMAN DELANGE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	02/21/2017	Owner Information
License #	018041					VITALIS HOME HEALTH LLC
Lic Expire	2/28/2023					9550 FOREST LANE STE 309
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(469) 778-0150	Fax	(469) 778-0153			FAX:
Type:	Parent Agency	Administrator	DESMOND ARREY			Services: Personal Assistance Services
County	DALLAS	Region	03	Date Licensed	10/05/2016	Owner Information
License #	006983					VITAS HEALTHCARE OF TEXAS LP
Lic Expire	11/30/2023					2550 BECKLEYMEADE AVENUE BUILDING 1 SUITE 225
Medicare 1:						DALLAS, TEXAS 75237
Medicare 2:						PHONE:
Phone	(214) 424-5600	Fax	(972) 283-6863			FAX:
Type:	Alternate Delivery Site	Administrator	TANA VILLANUEVA			Services: Hospice; Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed	12/01/1998	Owner Information
License #	006983					VITAS HEALTHCARE OF TEXAS LP
Lic Expire	11/30/2023					14651 N DALLAS PARKWAY SUITE 812
Medicare 1:	451504 HOSPICE					DALLAS, TX 75254
Medicare 2:						PHONE:
Phone	(214) 424-5600	Fax	(972) 448-6542			FAX:
Type:	Parent Agency	Administrator	TANA VILLANUEVA			Services: Hospice In-Patient Hospice: NO
County	DALLAS	Region	03	Date Licensed		Owner Information
License #	006983					VITAS HEALTHCARE OF TEXAS LP
Lic Expire	11/30/2023					1441 N. BECKLEY AVE 5TH FLOOR SCHENKEL TOWER
Medicare 1:						DALLAS, TEXAS 75203
Medicare 2:						PHONE:
Phone	(469) 357-5584	Fax	(469) 357-5590			FAX:
Type:	Alternate Delivery Site	Administrator	TANA VILLANUEVA			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: YES

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	01/03/2011	Owner Information	
License #	012429	VIVA PEDIATRICS				VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023	8150 N CENTRAL EXPRESSWAY SUITE M1015				3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:		DALLAS, TX 75206				RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(972) 861-1000	Fax	(972) 861-1111			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JOSH STRANGE				
County	DALLAS	Region	03	Date Licensed	01/03/2011	Owner Information	
License #	012429	VIVA PEDIATRICS				VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023	8150 N CENTRAL EXPRESSWAY SUITE M1015				3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:		DALLAS, TX 75206				RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(972) 861-1000	Fax	(972) 861-1111			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JOSH STRANGE				
County	DALLAS	Region	03	Date Licensed	02/05/2009	Owner Information	
License #	012429	VIVA PEDIATRICS				VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023	275 W. CAMPBELL RD, STE 400				3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:		RICHARDSON, TEXAS 75080				RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(469) 341-7772	Fax	(972) 378-2111			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JOSH STRANGE				
County	DALLAS	Region	03	Date Licensed	02/05/2009	Owner Information	
License #	012429	VIVA PEDIATRICS				VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023	275 W. CAMPBELL RD, STE 400				3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:		RICHARDSON, TEXAS 75080				RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(469) 341-7772	Fax	(972) 378-2111			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JOSH STRANGE				
County	DALLAS	Region	03	Date Licensed	10/01/1984	Owner Information	
License #	001531	VNA				THE VISITING NURSE ASSOCIATION OF TEXAS	
Lic Expire	9/30/2023	1420 W. MOCKINGBIRD LANE, SUITE 700				1420 W. MOCKINGBIRD LANE, SUITE 700	
Medicare 1:	451506 HOSPICE	DALLAS, TEXAS 75247				DALLAS, TX 75247	
Medicare 2:						PHONE:	(214) 689-0000
Phone	(214) 689-0000	Fax	(214) 689-2300			FAX:	(214) 689-2300
Type:	Parent Agency	Administrator	OLIVIA ROGERS			Services: Hospice In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	10/01/1984	Owner Information	
License #	001531	VNA				THE VISITING NURSE ASSOCIATION OF TEXAS	
Lic Expire	9/30/2023	1420 W. MOCKINGBIRD LANE, SUITE 700				1420 W. MOCKINGBIRD LANE, SUITE 700	
Medicare 1:	451506 HOSPICE	DALLAS, TEXAS 75247				DALLAS, TX 75247	
Medicare 2:						PHONE:	(214) 689-0000
Phone	(214) 689-0000	Fax	(214) 689-2300			FAX:	(214) 689-2300
Type:	Parent Agency	Administrator	OLIVIA ROGERS			Services: Hospice In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	10/01/1984	Owner Information	
License #	001531	VNA				THE VISITING NURSE ASSOCIATION OF TEXAS	
Lic Expire	9/30/2023	1420 W. MOCKINGBIRD LANE, SUITE 700				1420 W. MOCKINGBIRD LANE, SUITE 700	
Medicare 1:	451506 HOSPICE	DALLAS, TEXAS 75247				DALLAS, TX 75247	
Medicare 2:						PHONE:	(214) 689-0000
Phone	(214) 689-0000	Fax	(214) 689-2300			FAX:	(214) 689-2300
Type:	Parent Agency	Administrator	OLIVIA ROGERS			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 10/01/1984
License # 001531 VNA
Lic Expire 9/30/2023 1420 W. MOCKINGBIRD LANE, SUITE 700
Medicare 1: 451506 HOSPICE DALLAS, TEXAS 75247
Medicare 2:
Phone (214) 689-0000 Fax (214) 689-2300
Type: Parent Agency Administrator OLIVIA ROGERS

Owner Information

THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247
PHONE: (214) 689-0000 FAX: (214) 689-2300
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 01/13/2020
License # 019776 WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC
Lic Expire 1/13/2022 6139 COLLEGE WAY
Medicare 1: DALLAS, TX 75241
Medicare 2:
Phone (214) 717-2271 Fax
Type: Parent Agency Administrator DATOYA WILLIAMS JAMES

Owner Information

WE CARE ABOUT YOU HOME HEALTH CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 08/17/2020
License # 020106 WE CARE HEALTH, INC
Lic Expire 8/17/2022 2925 SKYWAY CIR N SUITE 150
Medicare 1: IRVING, TEXAS 75038
Medicare 2:
Phone (469) 789-6809 Fax (972) 499-9009
Type: Parent Agency Administrator PAVAN-KUMAR VANNAVA

Owner Information

WE CARE HEALTH, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 05/25/2005
License # 009774 WE CARE HOME HEALTH SERVICES INC
Lic Expire 5/31/2024 309 N GALLOWAY AVE STE 101
Medicare 1: 677808 HHA-18 MESQUITE, TEXAS 75149
Medicare 2:
Phone (972) 289-5800 Fax (972) 289-5804
Type: Parent Agency Administrator CYNTHIA SELL

Owner Information

WE CARE HOME HEALTH SERVICES INC
417 N BRYAN BELTLINE SUITE A
MESQUITE, TX 75149
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/05/2010
License # 013608 WEECARE PEDIATRIC HOME HEALTH LLC
Lic Expire 10/31/2022 100 N CENTRAL EXPRESSWAY SUITE 908
Medicare 1: RICHARDSON, TX 75080
Medicare 2:
Phone (972) 235-9155 Fax (972) 421-1833
Type: Parent Agency Administrator SHELLY LITCHFIELD

Owner Information

WEECARE PEDIATRIC HOME HEALTH LLC
100 NORTH CENTRAL EXPRESSWAY, SUITE 900
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 08/29/2008
License # 012221 WELLCARE GROUP HOME HEALTH INC
Lic Expire 8/31/2022 777 SOUTH CENTRAL EXPRESSWAY SUITE I-P
Medicare 1: 747327 RICHARDSON, TEXAS 75080
Medicare 2:
Phone 972907_3622 Fax (972) 907-3632
Type: Parent Agency Administrator GEORGE AGWAIFE

Owner Information

WELLCARE GROUP HOME HEALTH, INC
777 S CENTRAL EXPWAT STE 1-S
RICHARDSON, TX 75080
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 02/20/2019
License # 019269 WELLCARE HOSPICE LLC
Lic Expire 2/20/2023 2410 LUNA RD STE#286
Medicare 1: 971597 Hospice CARROLLTON, TEXAS 75006
Medicare 2:
Phone (972) 514-6630 Fax (972) 547-9925
Type: Parent Agency Administrator BIJILI VARANATH

Owner Information

WELLCARE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DALLAS	Region	03	Date Licensed	01/16/2019	Owner Information	
License #	019205					WELLCARE PEOPLE HOME HEALTH, INC	
Lic Expire	1/16/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	972 685 3451	Fax	972 685 3452			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GEORGE AGWAIFE				
County	DALLAS	Region	03	Date Licensed	02/01/2021	Owner Information	
License #	020498					WHITES EXECUTIVE PATIENT HOME CARE LLC	
Lic Expire	2/1/2024					1220 RIVER BEND DRIVE STE 116	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(214) 600-4081	Fax	(866) 224-2441			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAKIYA JENKINS				
County	DALLAS	Region	03	Date Licensed	07/12/2016	Owner Information	
License #	017667					WILCARE HEALTHCARE INC	
Lic Expire	7/31/2022					100 N CENTRAL EXPY, SUITE 190, ROOM 111	
Medicare 1:	747780 HHA-18					RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(972) 240-6200	Fax	(972) 240-6255			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARMATHA RAJESH				
County	DALLAS	Region	03	Date Licensed	08/10/2018	Owner Information	
License #	019093					WILCARE HOSPICE LLC	
Lic Expire	11/30/2020					100 N. CENTRAL EXPRESSWAY STE 190 RM 105	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(972) 416-8500	Fax	(972) 416-8533			Services: Hospice	
Type:	Parent Agency	Administrator	RAJU PAULOSE			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	12/12/2018	Owner Information	
License #	019148					LIFECARE HEALTH VENTURES, LLC	
Lic Expire	12/12/2022					928 DIANN CIRCLE	
Medicare 1:	97-1524 (HOSPICE)					LANCASTER, TX 75146	
Medicare 2:						PHONE:	FAX:
Phone	214 3906700	Fax	734 4481950			Services: Hospice	
Type:	Parent Agency	Administrator	TEFFANY ODIE			In-Patient Hospice: NO	
County	DALLAS	Region	03	Date Licensed	01/17/2012	Owner Information	
License #	014585					WINNERS WELLNESS SERVICES INC	
Lic Expire	1/31/2024					18601 LBJ FREEWAY STE 620	
Medicare 1:	747879 HHA-18					MESQUITE, TX 75150	
Medicare 2:						PHONE:	FAX:
Phone	(469) 682-6532	Fax	(972) 222-9226			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PATSY IROHA				
County	DALLAS	Region	03	Date Licensed	07/12/2016	Owner Information	
License #	017614					WKM HEALTHCARE INC	
Lic Expire	7/31/2022					551 BROADWAY COMMONS #300	
Medicare 1:	747156 HHA-18					GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(972) 240-8600	Fax	(972) 240-8607			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARMATHA RAJESH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DALLAS** Region 03 Date Licensed 08/10/2018
License # 019095 WKM HOSPICE LLC
Lic Expire 8/10/2022 100 N. CENTRAL EXPRESSWAY STE 190 RM 106
Medicare 1: 97-1539 (HOSPICE) RICHARDSON, TX 75080
Medicare 2:
Phone (972) 416-8500 Fax (972) 416-8533
Type: Parent Agency Administrator RAJU PAULOSE

Owner Information

WKM HOSPICE, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 09/12/2011
License # 014339 WOORI HOME CARE
Lic Expire 9/30/2023 11500 N. STEMMONS FREEWAY SUITE NO. 126
Medicare 1: DALLAS, TX 75229
Medicare 2:
Phone (972) 982-2228 Fax (972) 820-5989
Type: Parent Agency Administrator YOUNG KANG

Owner Information

BETTER LIVING HEALTHCARE SERVICES INC
2625 OLD DENTON ROAD SUITE 452
CARROLLTON, TX 75007
PHONE:
FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **DALLAS** Region 03 Date Licensed 11/13/2020
License # 020318 WORK OF ART MEDICAL AND WELLNESS CARE, PLLC
Lic Expire 11/13/2022 2512 OAK LAWN AVE
Medicare 1: DALLAS, TEXAS 75219
Medicare 2:
Phone (972) 685-4268 Fax (469) 293-1102
Type: Parent Agency Administrator KELISHIA WILLIAMS-NELSON

Owner Information

WORK OF ART MEDICAL AND WELLNESS CARE, PLLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 07/17/2009
License # 012719 XTRA HEALTH CARE SERVICES INC
Lic Expire 7/31/2023 777 SOUTH CENTRAL EXPRESSWAY SUITE 7 H
Medicare 1: 747554 HHA-18 RICHARDSON, TEXAS 75080
Medicare 2:
Phone (214) 388-0200 Fax (214) 388-0215
Type: Parent Agency Administrator GWENDOLYNE SERIKI

Owner Information

XTRA HEALTH CARE SERVICES INC
11884 GREENVILLE AVE STE 107A
DALLAS, TX 75243
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DALLAS** Region 03 Date Licensed 10/12/2017
License # 018461 Y MEDICAL ASSOCIATES INC
Lic Expire 10/31/2023 8840 NORTH MACARTHUR
Medicare 1: IRVING, TX 75063
Medicare 2:
Phone (800) 447-7558 Fax (855) 838-0623
Type: Parent Agency Administrator MARY BROWN

Owner Information

Y MEDICAL ASSOCIATES, INC
8840 NORTH MACARTHUR
IRVING, TX 75063
PHONE:
FAX:
Services: Licensed Home Health Services

County **DALLAS** Region 03 Date Licensed 09/09/2020
License # 020156 ZETIS HEALTH SERVICES INC
Lic Expire 9/9/2022 5769 BELTLINE ROAD, #708
Medicare 1: DALLAS, TEXAS 75254
Medicare 2:
Phone (214) 815-9187 Fax 18889773665
Type: Parent Agency Administrator CORNELIA ALINNOR

Owner Information

ZETIS HEALTH SERVICES INC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DAWSON** Region 01 Date Licensed 06/10/2002
License # 007971 ANGELS CARE HOME HEALTH
Lic Expire 6/30/2022 1009 N 7TH STREET
Medicare 1: 679160 HHA-18 LAMESA, TX 79331
Medicare 2:
Phone 1009 N 7th St Fax (806) 200-3252
Type: Parent Agency Administrator JILL PHILLIPS

Owner Information

SU CASA HOME HEALTH SERVICES LLC
2301 FM 1187, SUITE 203
MANSFIELD, TX 76063
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	DAWSON	Region	01	Date Licensed	01/01/2005	Owner Information	
License #	009509					CALVERT HOME HEALTH CARE, LLC	
Lic Expire	12/31/2021					2411 SPRINGER DRIVE	
Medicare 1:						NORMAN, OK 73069	
Medicare 2:						PHONE:	FAX:
Phone	(806) 872-0540	Fax	(806) 272-0315			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	JULIE STACY				
County	DAWSON	Region	01	Date Licensed	02/14/2018	Owner Information	
License #	001401					CAPROCK HOME HEALTH SERVICES INC	
Lic Expire	1/31/2025					8806 UNIVERSITY AVENUE	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:						PHONE:	FAX:
Phone	(806) 300-0626	Fax	(806) 300-0627			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	VICTORIA CAUGHNOR				
County	DEAF SMITH	Region	01	Date Licensed	03/16/2017	Owner Information	
License #	017957					KINGS MANOR METHODIST RETIREMENT SYSTEM INC	
Lic Expire	3/31/2023					PO BOX 1999	
Medicare 1:	451782 HOSPICE					HEREFORD, TX 79045	
Medicare 2:						PHONE:	(806) 364-0661 FAX: (806) 364-0675
Phone	(806) 363-6085	Fax	(806) 363-6038			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CHRISTINE BATENHORST				
County	DENTON	Region	03	Date Licensed	01/04/2022	Owner Information	
License #	021307					1ST CALL HOME CARE, LLC	
Lic Expire	1/4/2025					4251 FM 2181 STE. 230339	
Medicare 1:						CORINTH, TEXAS 76210	
Medicare 2:						PHONE:	FAX:
Phone	(469) 230-0673	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	SEDA ZARBINIAN				
County	DENTON	Region	03	Date Licensed	10/07/2019	Owner Information	
License #	019637					29 ACRES, INC	
Lic Expire	10/7/2021					3000 MOSELEY ROAD	
Medicare 1:						CROSSROADS, TEXAS 76227	
Medicare 2:						PHONE:	FAX:
Phone	(469) 970-2248	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MORGAN MCKAY				
County	DENTON	Region	03	Date Licensed	06/25/2021	Owner Information	
License #	020867					A BETTER SOLUTION IN HOME CARE	
Lic Expire	6/25/2024					3701 SANGUINET ST., STE 107	
Medicare 1:						FORT WORTH, TEXAS 76107	
Medicare 2:						PHONE:	FAX:
Phone	(877) 585-9011	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	LINDA FLORES				
County	DENTON	Region	03	Date Licensed	04/27/2005	Owner Information	
License #	009716					A C T HOME HEALTH INC	
Lic Expire	4/30/2024					4401 IH 35 SUITE 208	
Medicare 1:	457965 HHA-18					DENTON, TX 76207	
Medicare 2:						PHONE:	FAX:
Phone	(940) 484-2900	Fax	(940) 484-2903			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	SCOTT SCHRAM				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DENTON** Region 03 Date Licensed 11/30/2015
License # 017275 A K M HOME HEALTHCARE
Lic Expire 11/30/2024 5200 PAIGE RD STE 501
Medicare 1: 747745 HHA-18 THE COLONY, TX 75056
Medicare 2:
Phone (972) 735-9394 Fax (972) 761-1906
Type: Parent Agency Administrator SMITHU NAIR

Owner Information

24 HOUR QUALITY HOME HEALTHCARE LLC
5200 PAIGE ROAD, STE#501
THE COLONY, TX 75056
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 01/08/2014
License # 016277 A STEP ABOVE HOME HEALTH AND PALLIATIVE CARE
Lic Expire 5/31/2022 3712 OLD DENTON RD STE 120
Medicare 1: 679674 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 238-8282 Fax (972) 238-7404
Type: Parent Agency Administrator DILENE VOCHOSKA

Owner Information

PADEZ HOME HEALTH INC
8111 LBJ FREEWAY STE 820
DALLAS, TX 75251
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 10/07/2020
License # 020218 AAF HEALTHCARE LLC
Lic Expire 10/7/2022 1021 BIRD CREEK DRIVE
Medicare 1: LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (203) 709-0346 Fax
Type: Parent Agency Administrator OLUFEMI OYEDELE

Owner Information

AAF HEALTHCARE LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/15/2017
License # 018151 ABSOLUTELY ANGELS INC
Lic Expire 6/30/2023 770 S HWY 377 STE 208
Medicare 1: 457848 HHA-18 PILOT POINT, TX 76258
Medicare 2:
Phone (940) 686-0324 Fax (877) 869-0097
Type: Parent Agency Administrator SUNIL RAI

Owner Information

ABSOLUTELY ANGELS INC
PO BOX 1203
PILOT POINT, TX 76258
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DENTON** Region 01 Date Licensed 07/23/2008
License # 012120 ACCENTCARE HEALTH
Lic Expire 7/31/2023 2950 50TH (HOS)
Medicare 1: 451774 HOSPICE LUBBOCK, TX 79413
Medicare 2:
Phone (806) 788-0158 Fax (806) 788-1561
Type: Parent Agency Administrator JESUS CAZARES

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 12/31/2006
License # 011196 ACCENTCARE HEALTH
Lic Expire 12/31/2022 225 W MULBERRY ST #102 HOS
Medicare 1: 671528 HOSPICE DENTON, TX 76201
Medicare 2:
Phone (940) 220-2127 Fax (855) 750-5879
Type: Parent Agency Administrator DENISE WARDEN

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 12/19/2017
License # 018518 ACCUAID CARE SERVICES LLC
Lic Expire 12/31/2021 1011 SURREY LANE BUILDING 200
Medicare 1: FLOWER MOUND, TX 75022
Medicare 2:
Phone (817) 754-0089 Fax (817) 382-1811
Type: Parent Agency Administrator AMBREEN MASOOD

Owner Information

ACCUAID CARE SERVICES LLC
1011 SURREY LANE BUILDING 200
FLOWER MOUND, TX 75022
PHONE:
FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/15/2016
License # 017938 ACTIVE HOME HEALTH
Lic Expire 11/30/2022 1016 N. INDUSTRIAL BLVD.
Medicare 1: 679106 HHA-18 PILOT POINT, TX 76258
Medicare 2:
Phone (940) 686-4663 Fax (940) 686-0146
Type: Parent Agency Administrator STEPHEN CIULLA

Owner Information

ACTIVE HOME CARE SERVICES, INC
246 N HIGHWAY 377 SUITE A
PILOT POINT, TX 76258-4422
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/17/2002
License # 007973 ADVANCED REHABTRUST HOME HEALTH
Lic Expire 6/30/2022 2433 FORT WORTH DR
Medicare 1: 679204 HHA-18 DENTON, TEXAS 76205
Medicare 2:
Phone (940) 384-0393 Fax (940) 384-0003
Type: Parent Agency Administrator HEIDI GILL

Owner Information

REHABTRUST INC
723 I-35 SUITE 224
DENTON, TX 76205
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 07/28/2014
License # 016347 AFFABLE HEALTHCARE SERVICES INC
Lic Expire 7/31/2022 3730 E MCKINNEY ST. SUITE 105 ROOM 2
Medicare 1: DENTON, TEXAS 76208
Medicare 2:
Phone (940) 808-0183 Fax (469) 270-1515
Type: Parent Agency Administrator OMOLAYO AYENI

Owner Information

AFFABLE HEALTHCARE SERVICES INC
10935 ESTATE LANE SUITE S-235
DALLAS, TX 75238
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/02/2008
License # 012082 AGATES HOME HEALTH AGENCY INC
Lic Expire 7/31/2023 1517 CAYMUS COURT
Medicare 1: 747268 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 221-3693 Fax (972) 221-3695
Type: Parent Agency Administrator OTILIA EFESOA

Owner Information

AGATES HOME HEALTH AGENCY INC
1517 CAYMUS COURT
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/24/2020
License # 020265 ALL SAINTS HOME HEALTH CARE INC
Lic Expire 7/24/2022 2601 LITTLE ELM PKWY STE 602
Medicare 1: 747221 LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (972) 573-4001 Fax (972) 573-4002
Type: Parent Agency Administrator OKENYE AGBOGHAJ

Owner Information

ALL SAINTS HOME HEALTH CARE INC
1269 LONGLEAF DRIVE
CEDAR HILL, TX 75104-5457
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/30/2007
License # 011714 ALLIANCE HOMEHEALTH CARE
Lic Expire 11/30/2022 5205 AZTEC DRIVE
Medicare 1: 747269 HHA-18 THE COLONY, TX 750562371
Medicare 2:
Phone (972) 325-4492 Fax (469) 384-9658
Type: Parent Agency Administrator CATHERINE KARIUKI

Owner Information

ALLIANCE HOMEHEALTH CARE
5205 AZTEC DRIVE
THE COLONY, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 09/23/2019
License # 019611 ALVAREZ PERSONAL CARE
Lic Expire 9/23/2021 3009 OAKSHIRE ST.
Medicare 1: DENTON, TEXAS 76209
Medicare 2:
Phone (940) 243-7881 Fax (214) 889-5618
Type: Parent Agency Administrator GUADALUPE ALVAREZ

Owner Information

GUADALUPE ALVAREZ
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/25/2017
License # 018078 ALWAYS BEST CARE SOUTHLAKE DENTON
Lic Expire 5/31/2023 2650 FM 407 SUITE 255
Medicare 1: ARGYLE, TX 76226
Medicare 2:
Phone (940) 241-2273 Fax (940) 241-3322
Type: Parent Agency Administrator SHANE CARPENTER

Owner Information

LEDA LOU ENTERPRISES
9000 CEDAR RIDGE
LANTANA, TX 76226
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/16/2015
License # 016919 AMADA SENIOR CARE DENTON FRISCO
Lic Expire 7/31/2023 405 STATE HWY 121 BYPASS STE A250
Medicare 1: LEWISVILLE, TX 75067
Medicare 2:
Phone (469) 906-2399 Fax (469) 906-2367
Type: Parent Agency Administrator CHRISTINE CONNELLY

Owner Information

ANZIANO CORP
104 ROSE CT
ARGYLE, TX 76226
PHONE:
FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 04/01/2005
License # 009677 AMAZING GRACE HOME HEALTH AGENCY INC
Lic Expire 3/31/2022 383 PERRY AVENUE
Medicare 1: 679452 HHA-18 LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 436-5241 Fax (972) 436-5709
Type: Parent Agency Administrator ALPHONSINE UGOCHUKWU

Owner Information

AMAZING GRACE HOME HEALTH AGENCY, INC
383 PERRY AVENUE
LEWISVILLE, TX 75057
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/06/2021
License # 020737 AMAZING TOUCH LLC
Lic Expire 5/6/2024 2639 WATERDANCE DRIVE
Medicare 1: LITTLE ELM, TEXAS 75068
Medicare 2:
Phone (469) 453-5558 Fax (469) 501-2565
Type: Parent Agency Administrator REGINA CAESAR

Owner Information

AMAZING TOUCH LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 04/26/2004
License # 009047 AMBER HOME HEALTH CARE
Lic Expire 4/30/2022 1116 CRANE STREET
Medicare 1: 673142 HHA-18 CARROLLTON, TX 75007
Medicare 2:
Phone (972) 910-8898 Fax (972) 910-8897
Type: Parent Agency Administrator GEETHA SEKHER

Owner Information

ROMS GROUP INCORPORATED
17822 DAVENPORT STE B
DALLAS, TX 75252
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 10/26/2010
License # 013678 AMITA HOMECARE
Lic Expire 10/31/2022 3606 WINCHESTER COURT
Medicare 1: 747662 HHA-18 CORINTH, TX 76210
Medicare 2:
Phone (940) 497-4656 Fax (940) 321-4341
Type: Parent Agency Administrator KOLIMA WILLIAMS

Owner Information

AMITA HOME HEALTH INC
3606 WINCHESTER COURT
CORINTH, TX 76210-4160
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/08/2020
License # 019923 AMTHERE HOME HEALTH, INC
Lic Expire 5/8/2022 2591 DALLAS PARKWAY, SUITE 300
Medicare 1: FRISCO, TX 75034
Medicare 2:
Phone (314) 578-2393 Fax
Type: Parent Agency Administrator RESURRECCION MESINA

Owner Information

AMTHERE HOME HEALTH, INC
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DENTON** Region 03 Date Licensed 01/13/2009 **Owner Information**
 License # 012578 ANCHOR PULMONARY REHAB AND HOME HEALTH CARE SERVICES LLC ANCHOR PULMONARY REHAB AND HOME HEALTHCARE SERVICES LLC
 2001 FEATHER LANE
 Lic Expire 1/31/2023 2001 FEATHER LANE LEWISVILLE, TX 75077
 Medicare 1: 679700 LEWISVILLE, TX 75077
 Medicare 2:
 Phone (972) 317-7331 Fax (972) 317-3296 PHONE: FAX:
 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
 Type: Parent Agency Administrator JOEL EKPE

County **DENTON** Region 03 Date Licensed 11/06/2018 **Owner Information**
 License # 019066 ANDOVER HOME HEALTH CARE LLC ANDOVER HOME HEALTH CARE LLC
 2012 PIEDMONT DR
 Lic Expire 11/6/2022 7401 ALMA DR STE 833 LEWISVILLE, TX 75067
 Medicare 1: PLANO, TX 75025
 Medicare 2:
 Phone (469) 269-9456 Fax (469) 464-9971 PHONE: FAX:
 Services: Personal Assistance Services
 Type: Parent Agency Administrator THOMAS BWISA

County **DENTON** Region 03 Date Licensed 01/31/2020 **Owner Information**
 License # 019798 ANGELS OF CARE HOSPICE LLC ANGELS OF CARE HOSPICE LLC
 2620 CASCADE COVE DR
 Lic Expire 1/31/2022 LITTLE ELM, TEXAS 75068
 Medicare 1:
 Medicare 2:
 Phone (469) 463-4302 Fax (214) 242-2233 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO
 Type: Parent Agency Administrator CHIOMA ONYEKWELE

County **DENTON** Region 03 Date Licensed 02/11/2005 **Owner Information**
 License # 009582 ANJI HOME HEALTH AGENCY INC ANJI HOME HEALTH AGENCY INC
 2700 LOON LAKE ROAD
 Lic Expire 2/28/2023 DENTON, TX 76210
 Medicare 1: 677821
 Medicare 2:
 Phone (940) 535-6036 Fax (940) 535-6031 PHONE: FAX:
 Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
 Type: Parent Agency Administrator HONG ZHAO

County **DENTON** Region 03 Date Licensed 02/23/2020 **Owner Information**
 License # 020056 ARCHWAY HOME HEALTH GRACE POINT HEALTH SERVICES, LLC
 376 WEST MAIN STREET SUITE F
 Lic Expire 2/23/2022 LEWISVILLE, TEXAS 75057
 Medicare 1: 747827
 Medicare 2:
 Phone (940) 566-3145 Fax (940) 382-8132 PHONE: FAX:
 Services: Licensed and Certified Home Health Services; Licensed Home Health Services
 Type: Parent Agency Administrator JAISON JOSEPH

County **DENTON** Region 03 Date Licensed 09/05/2017 **Owner Information**
 License # 018458 ARCHWAY HOSPICE DFW TENDER TOUCH HOSPICE, LLC
 4645 AVON LANE #225
 Lic Expire 9/30/2023 FRISCO, TX 75033
 Medicare 1: 74-1753
 Medicare 2:
 Phone (469) 290-6100 Fax (972) 576-9307 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO
 Type: Parent Agency Administrator DARLENE STANFORD

County **DENTON** Region 03 Date Licensed 07/20/2007 **Owner Information**
 License # 011483 ARDENT HOSPICE ARDENT HOSPICE LLC
 700 PARKER SQUARE SUITE 105
 Lic Expire 7/31/2022 FLOWER MOUND, TX 75028-7448
 Medicare 1: 671603 HOSPICE
 Medicare 2:
 Phone (469) 293-1515 Fax (469) 293-1530 PHONE: FAX:
 Services: Hospice
 In-Patient Hospice: NO
 Type: Parent Agency Administrator JIMMIE STAPLETON

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	12/03/2021	Owner Information	
License #	021250					ARTWING HEALTHCARE SOLUTIONS	
Lic Expire	12/3/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 607-0010	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ISHMAEL MANDAZA				
County	DENTON	Region	03	Date Licensed	01/21/2021	Owner Information	
License #	020479					ASCENSION HOME CARE SOLUTIONS, LLC	
Lic Expire	1/21/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(917) 601-7569	Fax	(469) 777-3880			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	RICHARD NGUMA				
County	DENTON	Region	03	Date Licensed	11/06/2018	Owner Information	
License #	019065					HYGIEIA HOME HEALTH LLC	
Lic Expire	11/6/2020						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 532-6948	Fax	(469) 206-9035			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REBECCA EROMOSELE				
County	DENTON	Region	03	Date Licensed	03/02/2007	Owner Information	
License #	011112					ASPEN HEALTHCARE SERVICES, INC	
Lic Expire	3/31/2023					314 W MAIN STREET	
Medicare 1:	743181 HHA-18					LEWISVILLE, TX 75067	
Medicare 2:						PHONE:	FAX:
Phone	(972) 316-2035	Fax	(972) 315-1507			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SARA RIGSBY				
County	DENTON	Region	03	Date Licensed	06/15/2011	Owner Information	
License #	014164					ASPEN HOSPICE CARE INC	
Lic Expire	6/30/2024					314 W MAIN ST STE 700	
Medicare 1:	671734 HOSPICE					LEWISVILLE, TX 75057	
Medicare 2:						PHONE:	FAX:
Phone	(972) 316-2035	Fax	(972) 315-1507			Services: Hospice	
Type:	Parent Agency	Administrator	ANDREA PETE			In-Patient Hospice: NO	
County	DENTON	Region	03	Date Licensed	09/18/2017	Owner Information	
License #	018327					AUTUMN OF LIFE HOME CARE LLC	
Lic Expire	9/30/2023					736 SUMMIT RDG	
Medicare 1:						LEWISVILLE, TX 75077	
Medicare 2:						PHONE:	FAX:
Phone	(972) 375-3366	Fax	(972) 436-1067			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NANCY BORO				
County	DENTON	Region	03	Date Licensed	10/30/2014	Owner Information	
License #	016505					SENIORCARE ASSOCIATES LP	
Lic Expire	3/31/2022					4714 GETTYSBURG RD	
Medicare 1:						MECHANICSBURG, PA 17055	
Medicare 2:						PHONE:	FAX:
Phone	(972) 691-3131	Fax	(972) 691-3151			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	NICOLE BRISCOE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	03/27/2014	Owner Information
License #	016505					SENIORCARE ASSOCIATES LP 4714 GETTYSBURG RD
Lic Expire	3/31/2022					MECHANICSBURG, PA 17055
Medicare 1:	457855 HHA-18					PHONE:
Medicare 2:						FAX:
Phone	(972) 691-3131	Fax	(972) 691-3151			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	NICOLE BRISCOE			
County	DENTON	Region	03	Date Licensed	11/15/2002	Owner Information
License #	008194					BLESSING HEALTHCARE SERVICES LTD CO 2012 VISTA DRIVE
Lic Expire	1/30/2023					LEWISVILLE, TX 75067
Medicare 1:	679297					PHONE:
Medicare 2:						FAX:
Phone	(972) 315-8030	Fax	(972) 459-7944			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BENSON MOMAH			
County	DENTON	Region	03	Date Licensed	02/25/2016	Owner Information
License #	017356					BRIGHT HOME HEALTH CARE INC 1805 E BRANCH HOLLOW DR
Lic Expire	2/28/2024					CARROLLTON, TX 75007
Medicare 1:	677867 HHA-18					PHONE:
Medicare 2:						FAX:
Phone	(972) 820-8240	Fax	(972) 394-7327			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SAJAN MATHEW			
County	DENTON	Region	03	Date Licensed	03/29/2021	Owner Information
License #	020584					N3VISION HEALTHCARE ENTERPRISE INC 13175 ALLENWOOD AVE
Lic Expire	3/29/2024					FRISCO, TX 75035
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(940) 432-5555	Fax	(940) 432-5550			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	VAMSI DODLA			
County	DENTON	Region	03	Date Licensed	02/29/2016	Owner Information
License #	017318					CURANTIS INC PO BOX 2717038
Lic Expire	2/28/2025					FLOWER MOUND, TX 75027
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(214) 800-5566	Fax	(972) 691-8100			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TERI JONES			
County	DENTON	Region	03	Date Licensed	04/19/2016	Owner Information
License #	017359					VANGUARD TEXAS CARE LLC 1930 E. ROSEMEADE PKWY, SUITE 220
Lic Expire	4/30/2022					CARROLLTON, TX 75007
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(214) 396-1505	Fax	(469) 331-7701			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ALISON RICHARDSON			
County	DENTON	Region	03	Date Licensed	02/20/2015	Owner Information
License #	016652					CARE ONE PERSONAL HEALTH SERVICES INC PO BOX 110592
Lic Expire	2/28/2023					CARROLLTON, TX 75011
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(940) 453-7145	Fax	(432) 219-2005			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	DANIEL ENRIQUEZ			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	01/11/2021	Owner Information	
License #	020447					CARENOW HOSPICE LLC	
Lic Expire	1/11/2023						
Medicare 1:	971666 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(469) 758-0017	Fax	(469) 758-0011			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BIJILI VARANATH				
County	DENTON	Region	03	Date Licensed	04/16/2020	Owner Information	
License #	019878					CARING HANDS TOUCH OF LOVE	
Lic Expire	4/16/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(601) 573-9270	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KAWANDA JORDAN				
County	DENTON	Region	03	Date Licensed	02/05/2020	Owner Information	
License #	019806					CARING HEARTS HOMECARE SERVICES LLC	
Lic Expire	2/5/2022					1710 SAM BASS BLVD #425	
Medicare 1:						DENTON, TX 76205	
Medicare 2:						PHONE:	FAX:
Phone	(940) 514-1022	Fax	(844) 265-8641			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EVEREST COMPTON				
County	DENTON	Region	03	Date Licensed	06/07/2021	Owner Information	
License #	020819					CENTENNIAL HOSPICE LLC	
Lic Expire	6/7/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 695-6126	Fax	(972) 695-6186			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BIJILI VARANATH				
County	DENTON	Region	03	Date Licensed	11/30/2021	Owner Information	
License #	021239					CENTURY HOSPICE LLC	
Lic Expire	11/30/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 695-6126	Fax	(972) 695-6186			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BIJILI VARANATH				
County	DENTON	Region	03	Date Licensed	08/29/2016	Owner Information	
License #	017598					CHILD CARE THERAPY, LLC	
Lic Expire	8/31/2022					1756 HALIFAX ST	
Medicare 1:						ROANOKE, TX 76262-1388	
Medicare 2:						PHONE:	FAX:
Phone	(469) 993-8028	Fax	(844) 269-9518			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LEAH AGUILAR				
County	DENTON	Region	03	Date Licensed	08/13/2007	Owner Information	
License #	011521					CLASSIC HOME HEALTH CARE SERVICE INC	
Lic Expire	11/30/2020					4527 BRITTANY LANE	
Medicare 1:	747527 HHA-18					GRAND PRAIRIE, TX 75052	
Medicare 2:						PHONE:	FAX:
Phone	(972) 222-2098	Fax	(972) 222-7982			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOAN ARREY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed		Owner Information
License #	015793					CLEAR PATH HOME CARE LLC
Lic Expire	10/31/2023					1515 WEST WALKER
Medicare 1:						BRECKENRIDGE, TX 76424
Medicare 2:						PHONE:
Phone	(817) 928-5788	Fax				FAX:
Type:	Branch Agency	Administrator	JAMES SIMMONDS			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	09/23/2020	Owner Information
License #	020194					COMPASSIONATE CARE & HOME HEALTH SERVICES, INC
Lic Expire	9/23/2022					26919 E UNIVERSITY DR. STE 200
Medicare 1:						AUBREY, TEXAS 76227
Medicare 2:						PHONE:
Phone	(469) 922-7374	Fax	(214) 764-3102			FAX:
Type:	Parent Agency	Administrator	GISELLE WIRLEN			Services: Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	09/09/2008	Owner Information
License #	012230					CORINTH HOME HEALTH CARE SERVICES INC
Lic Expire	9/30/2020					2111 MEADOWVIEW DRIVE
Medicare 1:	747356 HHA-18					CORINTH, TX 76210-2268
Medicare 2:						PHONE:
Phone	(214) 998-7935	Fax	(940) 279-1034			FAX:
Type:	Parent Agency	Administrator	CINDY AGBAGWE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/21/2018	Owner Information
License #	018795					HILLCREST DALLAS CLINICAL RESEARCH INCORPORATED
Lic Expire	10/30/2022					9550 FOREST LANE SUITE 222
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 329-6414	Fax	(214) 329-6414			FAX:
Type:	Parent Agency	Administrator	CHUCK IJIOMA			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/16/2010	Owner Information
License #	013391					DATE HEALTHCARE SERVICES LLC
Lic Expire	6/30/2022					3201 CROSS TIMBERS ROAD SUITE 300
Medicare 1:						FLOWER MOUND, TX 75028
Medicare 2:						PHONE:
Phone	(972) 539-5311	Fax	(972) 539-5310			FAX:
Type:	Parent Agency	Administrator	LAWRENCE AJAYI			Services: Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	02/01/2018	Owner Information
License #	018636					LHCG CXXXVII, LLC
Lic Expire	1/31/2024					PO BOX 51266
Medicare 1:	679657 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	(940) 387-4594	Fax	(940) 387-4915			FAX:
Type:	Parent Agency	Administrator	KERRY PLATT			Services: Licensed and Certified Home Health Services
County	DENTON	Region	03	Date Licensed	01/12/2021	Owner Information
License #	020450					DFW PLUS HOSPICE CARE LLC
Lic Expire	1/12/2023					6704 VISITA TRAIL
Medicare 1:	971701 Hospice					PLANO, TEXAS 75024
Medicare 2:						PHONE:
Phone	(972) 468-1990	Fax	(972) 528-7290			FAX:
Type:	Parent Agency	Administrator	SANTHI KUMAR			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed		Owner Information
License #	021357					DOVER GLOBAL HEALTH SOLUTIONS LLC
Lic Expire	1/25/2025					4211 CREEK FALLS DR
Medicare 1:						CORINTH, TX 76208
Medicare 2:						PHONE:
Phone	(214) 435-8676	Fax				FAX:
Type:	Parent Agency	Administrator	JEMILAT OFOKAIRE			Services: Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	08/27/2020	Owner Information
License #	020127					EGALITARIAN HOSPICE OF TEXAS INC
Lic Expire	8/27/2022					1917 FOXFIELD WAY
Medicare 1:						JUSTIN, TX 76247
Medicare 2:						PHONE:
Phone	(862) 849-7980	Fax	(940) 233-1049			FAX:
Type:	Parent Agency	Administrator	MICHAEL NNADI			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	07/15/2013	Owner Information
License #	015649					ELITE SERVICE HOME HEALTH AGENCY
Lic Expire	7/31/2023					7777 ADEAIDE STREET # 2066
Medicare 1:						FRISCO, TX 75034
Medicare 2:						PHONE:
Phone	(903) 436-1894	Fax	(972) 502-9717			FAX:
Type:	Parent Agency	Administrator	PATRICIA HENDERSON			Services: Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/20/2017	Owner Information
License #	018112					EMMAUS HOMEHEALTH LLC
Lic Expire	6/30/2023					2417 GREAT BEAR LANE
Medicare 1:						DENTON, TX 76210
Medicare 2:						PHONE:
Phone	(940) 595-6958	Fax	(940) 239-6776			FAX:
Type:	Parent Agency	Administrator	NELLY SANG			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/03/2011	Owner Information
License #	014255					EH HOME HEALTH OF DFW, LLC
Lic Expire	6/30/2024					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	940 3822840	Fax	940 3825115			FAX:
Type:	Branch Agency	Administrator	LINDA FARRIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DENTON	Region	07	Date Licensed		Owner Information
License #	018275					ENTRUSTED PEDIATRIC HOME CARE
Lic Expire	8/31/2024					7600 CHEVY CHASE DR BLDG 2 STE 300
Medicare 1:						AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(512) 532-4800	Fax	(512) 735-2061			FAX:
Type:	Branch Agency	Administrator	NICHOLAS NORWOOD			Services: Licensed Home Health Services
County	DENTON	Region	03	Date Licensed		Owner Information
License #	014228					ENVOY HOSPICE LLC
Lic Expire	7/31/2023					500 FAULCONER DRIVE, STE. 200
Medicare 1:						CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(972) 807-2670	Fax	(972) 767-0010			FAX:
Type:	Alternate Delivery Site	Administrator	ALICIA RICHARDSON			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed		Owner Information
License #	014228					ENVOY HOSPICE, LLC
Lic Expire	7/31/2023					500 FAULCONER DRIVE, STE. 200
Medicare 1:						CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(940) 758-5620	Fax	(940) 758-5621			FAX:
Type:	Alternate Delivery Site	Administrator	DONNA FRANCO			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	06/01/2010	Owner Information
License #	013370					FAMILY CARE NURSING, PLLC
Lic Expire	5/31/2022					2544 TARPLEY RD STE 3110
Medicare 1:						CARROLLTON, TX 75006
Medicare 2:						PHONE:
Phone	(972) 245-2273	Fax	(972) 528-2085			FAX:
Type:	Parent Agency	Administrator	JAGANNATH CHITTIMOORI			Services: Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	03/09/2020	Owner Information
License #	019850					FIDELITY HOME AND HOSPICE
Lic Expire	3/9/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 400-7073	Fax				FAX:
Type:	Parent Agency	Administrator	NNEKA OKOH GODWIN			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	06/07/2005	Owner Information
License #	009789					CALLMED LLC
Lic Expire	6/30/2022					550 S. EDMONDS LANE SUITE #202
Medicare 1:	679605 HHA-18					LEWISVILLE, TX 75067
Medicare 2:						PHONE:
Phone	(469) 441-1565	Fax	(972) 219-1750			FAX:
Type:	Parent Agency	Administrator	ANGIE NDUKA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	11/13/2008	Owner Information
License #	012301					GLOW HEALTHCARE SOLUTIONS INCORPORATED
Lic Expire	11/30/2020					1400 PEREGRINE ST
Medicare 1:	747149 HHA-18					LEWISVILLE, TX 75077
Medicare 2:						PHONE:
Phone	(469) 464-3582	Fax	(469) 464-3592			FAX:
Type:	Parent Agency	Administrator	IFEANYI G. EKECHUKWU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	07/31/2008	Owner Information
License #	012334					GOOD HOPE HEALTHCARE SERVICES LLC
Lic Expire	7/31/2020					3202 DELAFORD DRIVE
Medicare 1:	679705 HHA-18					CARROLLTON, TX 75007
Medicare 2:						PHONE:
Phone	(972) 394-4709	Fax	(972) 894-4574			FAX:
Type:	Parent Agency	Administrator	SCHOLASTICA NNEKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	01/05/2011	Owner Information
License #	013805					GOOD LIVING HOMECARE LLC
Lic Expire	1/31/2024					304 PARKVIEW DR.
Medicare 1:	747782 HHA-18					SUNNYVALE, TEXAS 75182
Medicare 2:						PHONE:
Phone	(469) 214-8925	Fax	(469) 754-0352			FAX:
Type:	Parent Agency	Administrator	MALLIKA RADHAKRISHNAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	12/01/2017	Owner Information
License #	018578					GOOD SAMARITAN SOCIETY HCBSTX, LLC
Lic Expire	11/30/2021					700 NORTH TOWN EAST BLVD., SUITE 159
Medicare 1:	67Q9113002					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(940) 565-6338	Fax	(877) 267-3944			FAX:
Type:	Branch Agency	Administrator	TRACI WOOLFOLK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DENTON	Region	03	Date Licensed	10/01/2017	Owner Information
License #	018525					GOOD SAMARITAN SOCIETY HCBSTX, LLC
Lic Expire	9/30/2024					700 NORTH TOWN EAST BLVD., SUITE 159
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(817) 268-2643	Fax	(817) 282-1062			FAX:
Type:	Alternate Delivery Site	Administrator	TIFFANY CLARK			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	12/29/2005	Owner Information
License #	010216					GOSHEN HEALTHCARE SERVICES, LLC
Lic Expire	12/31/2022					1181 VALLEY RIDGE BLVD
Medicare 1:	677955 HHA-18					LEWISVILLE, TX 75077
Medicare 2:						PHONE:
Phone	(972) 956-9771	Fax	(972) 956-9976			FAX:
Type:	Parent Agency	Administrator	IFEANYI OJEMAYE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/09/2016	Owner Information
License #	017452					GRACE FOCUS CARE SERVICES LLC
Lic Expire	6/30/2022					4236 LOVERS LANE
Medicare 1:						DALLAS, TX 75225
Medicare 2:						PHONE:
Phone	(214) 750-4858	Fax	(469) 548-6858			FAX:
Type:	Parent Agency	Administrator	HELLEN KIMATHI			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	12/05/2018	Owner Information
License #	019134					HANDY CAREGIVERS LLC
Lic Expire	12/5/2022					PO BOX 1517
Medicare 1:						ROANOKE, TX 76262
Medicare 2:						PHONE:
Phone	(817) 360-1518	Fax				FAX:
Type:	Parent Agency	Administrator	ADRIANA HAIGHT			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	10/28/2010	Owner Information
License #	013693					HARRIS HOSPICE INC
Lic Expire	10/31/2022					522 S EDMONDS LANE SUITE 103
Medicare 1:	451777 HOSPICE					LEWISVILLE, TX 75067
Medicare 2:						PHONE:
Phone	(972) 353-0800	Fax	(972) 353-0811			FAX:
Type:	Parent Agency	Administrator	JAY HARRIS			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	09/08/2016	Owner Information
License #	017620					NEW CRESCENT HOSPICE LLC
Lic Expire	9/30/2022					7240 CHASE OAKS BLVD.
Medicare 1:	971640					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(214) 295-2645	Fax	(214) 295-2641			FAX:
Type:	Parent Agency	Administrator	PATRICIA GRAY			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	03/13/2015	Owner Information
License #	016091	HEART TO HEART HOSPICE OF TEXAS LTD			HEART TO HEART HOSPICE OF TEXAS LTD	
Lic Expire	10/31/2023	1406 HALSEY WAY SUITE 110 A			7240 CHASE OAKS BLVD.	
Medicare 1:		CARROLLTON, TX 75007			PLANO, TX 75025	
Medicare 2:				PHONE:	FAX:	
Phone	(214) 944-1443	Fax	(214) 944-1458	Services: Hospice; Alternative Delivery Site (ADS)		
Type:	Alternate Delivery Site	Administrator	PATRICIA GRAY			In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	08/23/2002	Owner Information
License #	008072	HEAVEN AT HOME, INC			HEAVEN AT HOME INC	
Lic Expire	8/31/2023	2441 FT WORTH DR.			PO BOX 51455	
Medicare 1:		DENTON, TX 76205			DENTON, TX 76206	
Medicare 2:				PHONE:	FAX:	
Phone	(940) 380-0500	Fax	(940) 380-0700	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	JAIME TALL			
County	DENTON	Region	03	Date Licensed	12/11/2006	Owner Information
License #	010929	HOME CARE 4 SENIORS LLC			HOME CARE 4 SENIORS LLC	
Lic Expire	12/31/2021	2785 ROCKBROOK DRIVE #305			2785 ROCKBROOK DRIVE #305	
Medicare 1:		LEWISVILLE, TX 75067			LEWISVILLE, TX 75067	
Medicare 2:				PHONE:	FAX:	
Phone	(214) 621-1969	Fax	(214) 295-8827	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MURAD MADHANI			
County	DENTON	Region	03	Date Licensed	06/07/2013	Owner Information
License #	015587	HOME CARE ASSISTANCE			HOME CARE ASSISTANCE DENTON CTY, TX LLC	
Lic Expire	6/30/2023	2570 FM 407 SUITE 125			2570 FM 407, SUITE 125	
Medicare 1:		HIGHLAND VILLAGE, TX 75077			HIGHLAND VILLAGE, TX 75077	
Medicare 2:				PHONE:	FAX:	
Phone	(972) 468-6010	Fax	(972) 317-2534	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	TAMIKA JACKSON			
County	DENTON	Region	03	Date Licensed	11/21/2016	Owner Information
License #	017816	HOME HEALTH SPECIALISTS LLC			HOME HEALTH SPECIALISTS LLC	
Lic Expire	11/30/2022	2140 JUSTIN RD, #200			397 S STEMMONS FREEWAY SUITE 200	
Medicare 1:	677961 HHA-18	HIGHLAND VILLAGE, TX 75077			LEWISVILLE, TX 75067	
Medicare 2:				PHONE:	FAX:	
Phone	(972) 472-2006	Fax	(972) 472-2007	Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	ROBBIE NEVILLE			
County	DENTON	Region	03	Date Licensed	03/02/2021	Owner Information
License #	020553	HOME HELPERS HOME CARE			JTD LEGACY, LLC	
Lic Expire	3/2/2024	2770 MAIN STREET, SUITE 128				
Medicare 1:		FRISCO, TX 75033				
Medicare 2:				PHONE:	FAX:	
Phone	(469) 269-5855	Fax		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	THERESA HELGREN			
County	DENTON	Region	03	Date Licensed	10/13/2006	Owner Information
License #	010803	HOME HELPERSDIRECT LINK #58073			WADES' SOLUTIONS FOR LIVING INC	
Lic Expire	10/31/2023	2300 HIGHLAND VILLAGE RD BLDG 2 STE 2221			PO BOX 293565	
Medicare 1:		HIGHLAND VILLAGE, TX 75077			LEWISVILLE, TEXAS 75029	
Medicare 2:				PHONE:	FAX:	
Phone	(972) 318-5054	Fax	(972) 317-5014	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ROBERT HARRISON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	03/21/2008	Owner Information	
License #	011934					PERSONAL NEIGHBOR CARE LLC	
Lic Expire	3/31/2024					1992 JUSTIN RD STE 200	
Medicare 1:						HIGHLAND VILLAGE, TX 75077	
Medicare 2:						PHONE:	FAX:
Phone	(972) 317-0900	Fax	(972) 317-0919			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GIANNA LOFTIS				
County	DENTON	Region	03	Date Licensed	01/17/2020	Owner Information	
License #	019666					UPWARD WORX, INC	
Lic Expire	10/28/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 662-6433	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNIFER BARNETT				
County	DENTON	Region	07	Date Licensed	10/28/2016	Owner Information	
License #	014286					SIXRSIG LLC	
Lic Expire	8/31/2024					85 NE LOOP 410 STE 607	
Medicare 1:	4655454 Hospice					SAN ANTONIO, TX 78216	
Medicare 2:						PHONE:	FAX:
Phone	(214) 383-8188	Fax	(214) 383-8188			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	FRANK HART			In-Patient Hospice: NO	
County	DENTON	Region	03	Date Licensed	06/09/2015	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 549-7867	Fax	(972) 956-8411			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	DENTON	Region	03	Date Licensed	06/09/2015	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(469) 549-7867	Fax	(972) 956-8411			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	DENTON	Region	03	Date Licensed	06/09/2015	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(469) 549-7867	Fax	(972) 956-8411			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	DENTON	Region	03	Date Licensed	06/22/2016	Owner Information	
License #	017670					IMPARTING KNOWLEDGE HOME HEALTH, INC	
Lic Expire	10/30/2022					1181 VALLEY RIDGE BLVD. STE. C	
Medicare 1:	679652 HHA-18					LEWISVILLE, TEXAS (TX) 75077	
Medicare 2:						PHONE:	FAX:
Phone	(972) 542-0300	Fax	(972) 542-0313			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA OJEMAYE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	04/28/2020	Owner Information	
License #	019901					INDEPENDENCE HOME HEALTH LLC	
Lic Expire	4/28/2022						
Medicare 1:	747993 Home Heal						
Medicare 2:							
Phone	(469) 455-1797	Fax	(469) 455-1797			PHONE:	FAX:
Type:	Parent Agency	Administrator	MANIKA GUPTA			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	DENTON	Region	03	Date Licensed	03/28/2019	Owner Information	
License #	019310					I SERVE HEALTHCARE SERVICES LLC	
Lic Expire	3/28/2023					904 WATER GARDEN CIRCLE	
Medicare 1:						LITTLE ELM, TX 75068	
Medicare 2:							
Phone	(469) 379-2682	Fax	(469) 379-2681			PHONE:	FAX:
Type:	Parent Agency	Administrator	NICHOLAS ATUMAH			Services:	Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	01/01/2020	Owner Information	
License #	019710					ISERVE HOSPICE LLC	
Lic Expire	11/21/2023						
Medicare 1:	971607 Hospice						
Medicare 2:							
Phone	(469) 379-2682	Fax	(469) 379-2681			PHONE:	FAX:
Type:	Parent Agency	Administrator	NICHOLAS ATUMAH			Services:	Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	01/20/2004	Owner Information	
License #	008874					JAKPA HEALTH CARE INC	
Lic Expire	1/31/2023					285 WEST SOUTHWEST PARKWAY	
Medicare 1:	453196					LEWISVILLE, TX	
Medicare 2:							
Phone	(214) 222-3100	Fax	(214) 222-3103			PHONE:	(214) 222-3100 FAX:
Type:	Parent Agency	Administrator	OFIORITSE AGBONTAEN			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	06/01/2017	Owner Information	
License #	018354					JEEVAN HOME HEALTH CARE INC	
Lic Expire	5/31/2024					3620 NORTH JOSEY LN STE 112	
Medicare 1:	747790 HHA-18					CARROLLTON, TX 75007	
Medicare 2:							
Phone	(469) 458-2201	Fax	(469) 410-6172			PHONE:	FAX:
Type:	Parent Agency	Administrator	KURIAKOSE VETTICIRAYIL			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	03/01/2019	Owner Information	
License #	019526					ACCOMPANYHOMECARE, LLC	
Lic Expire	8/14/2021						
Medicare 1:							
Medicare 2:							
Phone	(305) 297-0334	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	ANTONIO MATA			Services:	Personal Assistance Services
County	DENTON	Region	03	Date Licensed	03/01/2000	Owner Information	
License #	007292					JOUETT RT ASSOCIATES INC	
Lic Expire	2/28/2023					314 W MAIN STREET	
Medicare 1:						LEWISVILLE, TX 75057	
Medicare 2:							
Phone	(972) 315-1940	Fax	(214) 722-1840			PHONE:	FAX:
Type:	Parent Agency	Administrator	ELISHEBA EVANS			Services:	Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed		Owner Information
License #	018796					JT4 SENIOR CARE LLC
Lic Expire	6/30/2022					3956 SUNSET LAKE DR
Medicare 1:						LAKELAND, FL 33810
Medicare 2:						PHONE:
Phone	(972) 243-6100	Fax				FAX:
Type:	Branch Agency	Administrator	TEMI CHARRIER			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed		Owner Information
License #	018796					JT4 SENIOR CARE LLC
Lic Expire	6/30/2022					3956 SUNSET LAKE DR
Medicare 1:						LAKELAND, FL 33810
Medicare 2:						PHONE:
Phone	(972) 243-6100	Fax				FAX:
Type:	Branch Agency	Administrator	TEMI CHARRIER			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	02/07/2012	Owner Information
License #	014832					MMKM INC
Lic Expire	2/28/2022					7400 LIVINGSTON DR
Medicare 1:						DENTON, TX 76210
Medicare 2:						PHONE:
Phone	(940) 382-7548	Fax	(940) 382-7645			FAX:
Type:	Parent Agency	Administrator	KIMBERLY TRUAX			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	01/29/2013	Owner Information
License #	015343					LE CELESTE HOMECARE INC
Lic Expire	1/31/2023					3620 NORTH JOSEY LANE STE 111
Medicare 1:	747951 HHA-18					CARROLLTON, TX 75007
Medicare 2:						PHONE:
Phone	(214) 227-9444	Fax	(469) 754-0311			FAX:
Type:	Parent Agency	Administrator	MATHEW JOHN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	04/29/2021	Owner Information
License #	020725					LEONAS ANGELS LLC
Lic Expire	4/29/2023					
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	817 9853662	Fax	469 5194729			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	KATRINA MCPHERSON			
County	DENTON	Region	03	Date Licensed	01/05/2016	Owner Information
License #	017204					ENVOY HOSPICE NORTH LLC
Lic Expire	1/31/2024					500 FAULCONER DRIVE, SUITE 200
Medicare 1:	741627 HOSPICE					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	972 8072670	Fax	972 7670100			FAX:
Type:	Parent Agency	Administrator	ANDREA PETE			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	08/04/2014	Owner Information
License #	016358					LIVING WELL SENIOR CARE LLC
Lic Expire	12/30/2022					8317 STALLION ST
Medicare 1:						DENTON, TX 76208
Medicare 2:						PHONE:
Phone	(940) 215-0209	Fax	(877) 875-1813			FAX:
Type:	Parent Agency	Administrator	CHRISTINA GRUPICO			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DENTON** Region 03 Date Licensed 05/21/2004
License # 009109 LOTUS HOME HEALTHCARE SERVICES PC
Lic Expire 5/31/2022 405 STATE HWY 121 BYPASS, SUITE A250
Medicare 1: 673175 LEWISVILLE, TEXAS 75067
Medicare 2:
Phone (972) 799-1342 Fax (817) 549-5863
Type: Parent Agency Administrator KARISHMA SINGH

Owner Information

LOTUS HOME HEALTHCARE SERVICES, PC
7001 BOULEVARD 26, SUITE 113
NORTH RICHLAND HILLS, TX 76180
PHONE: (817) 528-1832 FAX: (817) 549-5863
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **DENTON** Region 03 Date Licensed 04/12/2018
License # 018699 LOVING DAUGHTER HOME CARE LLC
Lic Expire 4/30/2022 1821 HAVERSHAM DRIVE
Medicare 1: FLOWER MOUND, TX 75022
Medicare 2:
Phone (214) 202-0861 Fax
Type: Parent Agency Administrator MARCEY ROWLAND

Owner Information

LOVING DAUGHTER HOME CARE LLC
1821 HAVERSHAM DR
FLOWER MOUND, TX 75022
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 05/13/2015
License # 016951 MACBON HOME HEALTH INC
Lic Expire 9/30/2023 1720 SOUTH EDMONDS LANE SUITE 14
Medicare 1: 673174 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (214) 346-1965 Fax (214) 346-1980
Type: Parent Agency Administrator LAWRENCE GINIGEME

Owner Information

MACBON HOME HEALTH INC
1720 SOUTH EDMONDS LANE SUITE 14
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/13/2004
License # 009193 MAXIMACARE HOME HEALTH
Lic Expire 7/31/2022 700 PARKER SQUARE, SUITE 265
Medicare 1: 457809 HHA-18 FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 471-1111 Fax (972) 692-6936
Type: Parent Agency Administrator KRYSTAL ALVARADO

Owner Information

MAXIMACARE, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **DENTON** Region 03 Date Licensed 03/26/2021
License # 020345 MELODY CARE & SERVICES, LLC
Lic Expire 11/24/2022 3131 CLEARWATER DR.
Medicare 1: PROSPER, TX 75078
Medicare 2:
Phone (972) 214-7018 Fax (717) 326-1381
Type: Parent Agency Administrator MICHAEL OSUJI

Owner Information

MELODY CARE & SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 09/24/2007
License # 011862 MENAS HOME HEALTHCARE SOLUTIONS INC
Lic Expire 9/30/2022 2005 IRONSIDE DRIVE
Medicare 1: 677878 HHA-18 LEWISVILLE, TX 75056
Medicare 2:
Phone (972) 247-6641 Fax (972) 247-5373
Type: Parent Agency Administrator STELLA ODIARI

Owner Information

MENAS HOME HEALTHCARE SOLUTIONS, INC
2005 IRONSIDE DRIVE
LEWISVILLE, TX 75056
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/04/2010
License # 013531 MERCY HOSPICE
Lic Expire 6/30/2022 2281 OLYMPIA DRIVE SUITE #100
Medicare 1: 451749 HOSPICE FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 459-9992 Fax (972) 459-9911
Type: Parent Agency Administrator AMISHA PATEL

Owner Information

MERCY HOSPICE LTD
2281 OLYMPIA DR. SUITE #100
FLOWER MOUND, TX 75028
PHONE: (972) 459-9992 FAX: (972) 459-9911
Services: Hospice
In-Patient Hospice: NO

County	DENTON	Region	03	Date Licensed	12/13/2021	Owner Information	
License #	021272					NEW BEGINNING PEDIATRIC HOME HEALTH SERVICES LLC	
Lic Expire	12/13/2024					5913 LEGEND LANE	
Medicare 1:						THE COLONY, TEXAS 75056	
Medicare 2:							PHONE:
Phone	(214) 200-6312						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services; Personal Assistance Services
Administrator						MARY BONGMBA	
County	DENTON	Region	03	Date Licensed	03/08/2017	Owner Information	
License #	017435					NEW CENTURY HOSPICE OF DALLAS	
Lic Expire	1/31/2024					3311 N 1-35 STE 150	
Medicare 1:						DENTON, TX 76207	
Medicare 2:							PHONE:
Phone	(940) 222-5885						FAX:
Type:	Alternate Delivery Site						Services: Hospice In-Patient Hospice: NO
Administrator						STEPHANIE MORRIS	
County	DENTON	Region	03	Date Licensed	09/22/2009	Owner Information	
License #	012869					NORTH TEXAS HOME CARE	
Lic Expire	9/30/2023					522 S EDMONDS LANE SUITE 103	
Medicare 1:	747503 HHA-18					LEWISVILLE, TX 75067	
Medicare 2:							PHONE:
Phone	(972) 353-0800						FAX:
Type:	Parent Agency						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Administrator						SHAE MCBRIDE	
County	DENTON	Region	03	Date Licensed	07/17/2020	Owner Information	
License #	020060					PACESETTERS HOME HEALTH LLC	
Lic Expire	7/17/2022					2870 EASTMINSTER DR.	
Medicare 1:						PROSPER, TX 75078	
Medicare 2:							PHONE:
Phone	(702) 490-7531						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services; Personal Assistance Services
Administrator						GWENDOLINE NFOTIOG	
County	DENTON	Region	03	Date Licensed	06/18/2018	Owner Information	
License #	018790					PEACE VALLEY HOSPICE	
Lic Expire	6/30/2022					4541 NORTH JOSEY LANE STE 110 - B	
Medicare 1:	97-1508 (HOSPICE)					CARROLLTON, TX 75010	
Medicare 2:							PHONE:
Phone	(469) 423-0571						FAX:
Type:	Parent Agency						Services: Hospice In-Patient Hospice: NO
Administrator						ALICE ABRAHAM	
County	DENTON	Region	03	Date Licensed	02/10/2020	Owner Information	
License #	019821					PEACE VALLEY HOSPICE INC	
Lic Expire	2/10/2022					4541 N JOSEY LN STE 110	
Medicare 1:						CARROLLTON, TEXAS 75010	
Medicare 2:							PHONE:
Phone	(315) 264-7296						FAX:
Type:	Parent Agency						Services: Hospice In-Patient Hospice: NO
Administrator						SAJU ABRAHAM	
County	DENTON	Region	03	Date Licensed	06/12/2014	Owner Information	
License #	016258					PEDIATRIC THERAPY INC	
Lic Expire	9/30/2022					1302 TEASLEY LANE	
Medicare 1:						DENTON, TX 76205	
Medicare 2:							PHONE:
Phone	(866) 832-1708						FAX:
Type:	Parent Agency						Services: Licensed Home Health Services
Administrator						JAMES MICHAEL CLARK	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DENTON** Region 03 Date Licensed 05/02/2005
License # 009728 PHYSICIANS CHOICE HEALTH SERVICES
Lic Expire 5/31/2023 860 HEBRON PARKWAY SUITE 703
Medicare 1: 677946 HHA-18 LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 459-9264 Fax (214) 764-9161

Owner Information

DJ MONTGOMERY ENTERPRISE LLC
860 HEBRON PARKWAY SUITE 703
LEWISVILLE, TX 75057

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator DARLA MONTGOMERY

County **DENTON** Region 03 Date Licensed 09/13/2019
License # 019597 PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY
COMPANY
Lic Expire 9/13/2021 3713 RANCHERS RIDGE
Medicare 1: KRUM, TEXAS 76249
Medicare 2:
Phone 214 994 4683 Fax

Owner Information

PRECIOUS NEIGHBORS HOME HEALTH LIMITED LIABILITY COMPANY

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JAMES DORGBETOR

County **DENTON** Region 03 Date Licensed 02/15/2006
License # 010291 PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC
Lic Expire 2/28/2022 2412 OLD NORTH RD BUILDING 101 SUITE K
Medicare 1: 677962 HHA-18 DENTON, TX 76209
Medicare 2:
Phone (940) 566-4999 Fax (940) 566-4992

Owner Information

PREMIER GOLDEN HEART HEALTH CARE SERVICES LLC
2412 OLD NORTH RD SUITE 101 K
DENTON, TX 76209

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator NDIFREKE ITATA

County **DENTON** Region 03 Date Licensed 11/18/2015
License # 017139 PSALMS HOME CARE CONSULTING LLC
Lic Expire 11/30/2023 4120 LIVERPOOL DR
Medicare 1: FLOWER MOUND, TEXAS 75028
Medicare 2:
Phone (940) 594-9729 Fax (214) 285-3142

Owner Information

PSALMS HOME CARE CONSULTING LLC
P.O. BOX 1941
DENTON, TX 76202

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator SHERYL CASON

County **DENTON** Region 03 Date Licensed 12/14/2020
License # 020400 QUALITY HOME CARE AGENCY LLC
Lic Expire 12/14/2022 513 LANCASHIRE DR.
Medicare 1: FLOWER MOUND, TEXAS 75028
Medicare 2:
Phone (469) 487-3175 Fax

Owner Information

QUALITY HOME CARE AGENCY LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator TEMITOPE ABIMBOLA

County **DENTON** Region 03 Date Licensed 07/08/2020
License # 020042 QUALITY HOME CARE PROFESSIONALS LLC
Lic Expire 7/8/2022 1450 HALSEY WAY SUITE 108
Medicare 1: CARROLLTON, TEXAS 75007
Medicare 2:
Phone 267 231 1817 Fax 407 255 8684

Owner Information

QUALITY HOMECARE PROFESSIONALS, LLC

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator MARTHA KHAMA

County **DENTON** Region 03 Date Licensed 10/05/2015
License # 017066 R2R HEALTHCARE INC
Lic Expire 3/31/2022 751 HEBRON PARKWAY SUITE 210
Medicare 1: LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 219-0020 Fax (972) 219-0019

Owner Information

R2R HEALTHCARE RAINBOW TO RAINBOW INCORPORATED
860 HEBRON PARKWAY SUITE 203
LEWISVILLE, TX 75057

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator VALERIE KEYS

County **DENTON** Region 03 Date Licensed 01/12/2016
License # 017220 R2R PALLIATIVE AND HOSPICE CARE LLC
Lic Expire 1/31/2022 751 HEBRON PARKWAY, SUITE 210
Medicare 1: 741639 HOSPICE LEWISVILLE, TX 75057
Medicare 2:
Phone (972) 219-0020 Fax (972) 219-0019
Type: Parent Agency Administrator CHERL LEWIS

Owner Information
R2R PALLIATIVE AND HOSPICE CARE LLC
860 HEBRON PARKWAY SUITE 203, ROOM A
LEWISVILLE, TX 75057-5151
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 12/04/2015
License # 017243 RAY OF SUNSHINE SENIOR CARE
Lic Expire 12/31/2021 1204 W UNIVERSITY SUITE 201
Medicare 1: DENTON, TX 76201
Medicare 2:
Phone (940) 442-5374 Fax (940) 442-5375
Type: Parent Agency Administrator CYNTHIA FERRIS

Owner Information
RAY OF SUNSHINE SITTING SERVICE REGISTRY OF DENTON INC
1204 W UNIVERSITY SUITE 201
DENTON, TX 76201
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/05/2009
License # 012431 REALITY HEALTH CARE
Lic Expire 2/28/2021 2705 MEADOW WOOD DRIVE
Medicare 1: 747402 HHA-18 FLOWER MOUND, TX 75022
Medicare 2:
Phone (214) 222-5201 Fax (214) 222-5202
Type: Parent Agency Administrator MERCY BIENI

Owner Information
REALITY HEALTH CARE INC
PO BOX 271120
FLOWER MOUND, TX 75022
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 06/04/2019
License # 019411 REASSURED HEALTHCARE SERVICES INC
Lic Expire 6/4/2021 15009 LONE SPRING DRIVE
Medicare 1: LITTLE ELM, TX 75068
Medicare 2:
Phone (469) 535-1213 Fax (972) 412-8901
Type: Parent Agency Administrator PAUL OBELE

Owner Information
REASSURED HEALTHCARE SERVICES INC
15009 LONE SPRING DRIVE
LITTLE ELM, TX 75068
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 03/31/2006
License # 010368 REDEEM HOME HEALTH INC
Lic Expire 3/31/2023 1720 SOUTH EDMONDS LANE SUITE #14B
Medicare 1: 679569 HHA-18 LEWISVILLE, TX 75067
Medicare 2:
Phone (972) 221-9200 Fax (972) 221-9229
Type: Parent Agency Administrator MERCY GINIGEME

Owner Information
REDEEM HOME HEALTH INC
1720 SOUTH EDMONDS LANE, SUITE #14B
LEWISVILLE, TX 75067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 01/04/2007
License # 010977 REGAL HEALTHCARE INC
Lic Expire 1/31/2025 4220 WILD PLUM DRIVE
Medicare 1: 679732 CARROLLTON, TX 75010
Medicare 2:
Phone (214) 483-3355 Fax (214) 483-3357
Type: Parent Agency Administrator PLEASURE NWACHUKWU

Owner Information
REGAL HEALTHCARE INC
4220 WILD PLUM DR
CARROLLTON, TX 75010
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DENTON** Region 03 Date Licensed 07/25/2013
License # 016260 RENEW HOME HEALTH
Lic Expire 7/31/2023 3305 SOUTH MAYHILL ROAD SUITE 103
Medicare 1: 747251 HHA-18 DENTON, TX 76208
Medicare 2:
Phone (940) 243-9812 Fax (940) 243-9817
Type: Parent Agency Administrator PHILIP CRISWELL

Owner Information
MAXUS HEALTHCARE PARTNERS LLC
1050 FOREST PARK BLVD
FORT WORTH, TX 76110
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	DENTON	Region	03	Date Licensed	08/08/2018	Owner Information	
License #	018873					RHEJES HEALTHCARE SERVICES, LLC	
Lic Expire	8/31/2020					19019 PRESTON RD. APT. 710	
Medicare 1:						DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(469) 762-9411	Fax	(972) 924-0779			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CHUKWUEMEKA OZOUDE				
County	DENTON	Region	03	Date Licensed	10/01/2013	Owner Information	
License #	016007					RAHNT, LLC	
Lic Expire	9/30/2023					614 S EDMONDS LANE SUITE 102	
Medicare 1:						LEWISVILLE, TX 75067	
Medicare 2:						PHONE:	FAX:
Phone	(214) 383-0555	Fax	(214) 383-0538			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE RANKINE				
County	DENTON	Region	03	Date Licensed	07/21/2009	Owner Information	
License #	012723					RISING HOME HEALTHCARE INC	
Lic Expire	7/31/2023					SAME AS ABOVE	
Medicare 1:	747552 HHA-18					CARROLLTON, TX 75010	
Medicare 2:						PHONE:	FAX:
Phone	(972) 394-8600	Fax	(972) 394-8611			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	BOSAH MENYUAH				
County	DENTON	Region	03	Date Licensed	09/20/2014	Owner Information	
License #	016526					ROYAL HOME HEALTH CARE INCORPORATED	
Lic Expire	9/30/2022					1517 BOSQUE DRIVE	
Medicare 1:	457987 HHA-18					CARROLLTON, TX 75010	
Medicare 2:						PHONE:	FAX:
Phone	972 2479001	Fax	(972) 247-9002			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSHILKUMAR OOTTUKANDATHIL				
County	DENTON	Region	03	Date Licensed	12/23/2021	Owner Information	
License #	021289					LZK HOLDINGS LLC	
Lic Expire	12/23/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 768-0308	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KATIE KILLEBREW				
County	DENTON	Region	03	Date Licensed	07/05/2016	Owner Information	
License #	017493					SILVER LINING HCS, LLC	
Lic Expire	7/31/2022					9040 YUCCA CIR	
Medicare 1:						SANGER, TX 76266	
Medicare 2:						PHONE:	FAX:
Phone	(940) 514-1600	Fax	(888) 558-8750			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ASHLEY LASCOR				
County	DENTON	Region	03	Date Licensed	11/28/2011	Owner Information	
License #	014492					SIMPLICITY HEALTHCARE SERVICES INC	
Lic Expire	11/30/2021					3404 APPROACH LN	
Medicare 1:	747868					OAK POINT, TX 75068	
Medicare 2:						PHONE:	FAX:
Phone	(469) 362-9373	Fax	(972) 408-0882			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LAMBERT OGUH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	05/07/2007	Owner Information
License #	007938					SOLARIS HOSPICE INC
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400
Medicare 1:	45-1688					DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011	Fax	(940) 627-3160			FAX:
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	06/27/2018	Owner Information
License #	018808					SOVEREIGN HOSPICE INC
Lic Expire	6/30/2022					1828 MEADOW TRAIL LANE
Medicare 1:	97-1537 (HOSPICE)					AUBREY, TX 76227-1446
Medicare 2:						PHONE:
Phone	(214) 718-9353	Fax	(214) 853-4318			FAX:
Type:	Parent Agency	Administrator	SAJITH NANDAKUMAR			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	07/31/2012	Owner Information
License #	014969					RESK HEALTHCARE INC
Lic Expire	7/31/2022					1433 PRAIRIE DRIVE
Medicare 1:	741697 HOSPICE					CARROLLTON, TEXAS 75007
Medicare 2:						PHONE:
Phone	(214) 396-7474	Fax	(214) 396-7475			FAX:
Type:	Parent Agency	Administrator	ELSY BENJAMIN			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	07/16/2021	Owner Information
License #	020911					STELLA HOME HEALTH, LLC
Lic Expire	7/16/2024					2200 SCOTT CREEK DR
Medicare 1:						LITTLE ELM, TX 75068
Medicare 2:						PHONE:
Phone	(972) 829-5512	Fax	NA			FAX:
Type:	Parent Agency	Administrator	MALVIS NDIKA			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	10/06/2021	Owner Information
License #	021103					ALICIA GREGORIOS REYES LIMITED LIABILITY COMPANY
Lic Expire	10/6/2024					4609 WORCHESTER LANE
Medicare 1:						MCKINNEY, TX 75070
Medicare 2:						PHONE:
Phone	(843) 597-6564	Fax				FAX:
Type:	Parent Agency	Administrator	ALICIA GREGORIOS REYES			Services: Personal Assistance Services
County	DENTON	Region	01	Date Licensed	11/12/2004	Owner Information
License #	009402					KINDSTAR, INC
Lic Expire	11/30/2022					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	679485 HHA-18					DALLAS, TX 75284
Medicare 2:						PHONE:
Phone	806 7912100	Fax	806 7912105			FAX:
Type:	Parent Agency	Administrator	CRISTI PAULK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	DENTON	Region	03	Date Licensed	12/31/2018	Owner Information
License #	019300					TEXAS HOME HEALTH GROUP OF DENTON, LLC
Lic Expire	12/31/2022					PO BOX 50805
Medicare 1:	679325					DENTON, TEXAS 76210
Medicare 2:						PHONE:
Phone	940 8911161	Fax	940 8911162			FAX:
Type:	Parent Agency	Administrator	REBECCA RAASCH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DENTON** Region 03 Date Licensed
License # 019300 TEXAS HOME HEALTH GROUP OF DENTON, LLC
Lic Expire 12/31/2022 225 W MULBERRY ST #101 - BRANCH
Medicare 1: 67Q9325002 DENTON, TX 76201
Medicare 2:
Phone (940) 891-1161 Fax (940) 891-1162
Type: Branch Agency Administrator REBECCA RAASCH

Owner Information

TEXAS HOME HEALTH GROUP OF DENTON, LLC
PO BOX 50805
DENTON, TEXAS 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed
License # 019300 TEXAS HOME HEALTH GROUP OF DENTON, LLC
Lic Expire 12/31/2022 225 W MULBERRY ST #101 (LYT)
Medicare 1: 67Q9325001 DENTON, TX 76201
Medicare 2:
Phone (940) 891-1161 Fax
Type: Branch Agency Administrator REBECCA RAASCH

Owner Information

TEXAS HOME HEALTH GROUP OF DENTON, LLC
PO BOX 50805
DENTON, TEXAS 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed 11/30/2004
License # 009725 THE POTTERS HEALTHCARE SERVICES
Lic Expire 11/30/2024 873 S. STEMMONS FRWY. STE 100
Medicare 1: 453181 HHA-18 LEWISVILLE, TEXAS 75067
Medicare 2:
Phone (972) 459-9999 Fax (972) 315-2065
Type: Parent Agency Administrator KEHINDE AMOSUN

Owner Information

BETHESDA INCORPORATED
860 HEBRON PARKWAY SUITE 501
LEWISVILLE, TX 75057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **DENTON** Region 03 Date Licensed
License # 017192 TOTAL HOSPICE AND PALLIATIVE CARE
Lic Expire 12/31/2023 209 N BONNIE BRAE STREET, SUITE 201
Medicare 1: 741699 DENTON, TEXAS 76201
Medicare 2:
Phone 817 3281628 Fax (940) 312-7921
Type: Alternate Delivery Site Administrator MARGARET BALL

Owner Information

ABS PALLIATIVE AND HOSPICE CARE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TX 75201
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed
License # 017192 TOTAL HOSPICE AND PALLIATIVE CARE
Lic Expire 12/31/2023 209 N BONNIE BRAE STREET, SUITE 201
Medicare 1: 741699 DENTON, TEXAS 76201
Medicare 2:
Phone 817 3281628 Fax (940) 312-7921
Type: Alternate Delivery Site Administrator MARGARET BALL

Owner Information

ABS PALLIATIVE AND HOSPICE CARE, LLC
717 N. HARWOOD STREET, SUITE 550
DALLAS, TX 75201
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **DENTON** Region 03 Date Licensed 11/30/2018
License # 019125 TOUCHING HEARTS AT HOME
Lic Expire 3/31/2021 4217 BLUE GRASS DRIVE
Medicare 1: FLOWER MOUND, TX 75028
Medicare 2:
Phone (972) 900-3635 Fax (972) 905-7445
Type: Parent Agency Administrator HOLLY HILL

Owner Information

HILLHEJ, INC
PHONE: FAX:
Services: Personal Assistance Services

County **DENTON** Region 03 Date Licensed 02/28/2006
License # 010325 TRINITY HEALTH AND HOME CARE SERVICES
Lic Expire 2/28/2022 2720 STAIN GLASS CT
Medicare 1: 679324 HHA-18 CARROLLTON, TX 750075052
Medicare 2:
Phone (972) 782-9190 Fax (817) 585-4806
Type: Parent Agency Administrator ISRAEL MWESIGWA

Owner Information

TRINITY HEALTH AND HOME CARE SERVICES LLC
2720 STAIN GLASS CT
CARROLLTON, TX 75007
PHONE: (214) 263-2389 FAX: (214) 371-0087
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	DENTON	Region	03	Date Licensed	08/18/2010	Owner Information
License #	013533		TRIO HOME CARE			M & H MANAGEMENT INC
Lic Expire	8/31/2022		2214 EMERY ST. SUITE 410			723 S IH 35 EAST STE 128
Medicare 1:	747630 HHA-18		DENTON, TEXAS 76201			DENTON, TX 76205
Medicare 2:						PHONE:
Phone	(940) 381-2288	Fax	(940) 381-2299			FAX:
Type:	Parent Agency	Administrator	DREW MIZE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DENTON	Region	03	Date Licensed	04/22/2016	Owner Information
License #	017511		TRIO HOSPICE			MORNING CALM HOSPICE, INC
Lic Expire	4/30/2022		2214 EMERY ST. SUITE 420			723 S. INTERSTATE 35 EAST. SUITE 126
Medicare 1:	671723		DENTON, TEXAS 76201			DENTON, TX 76205
Medicare 2:						PHONE:
Phone	(940) 442-5344	Fax	(940) 442-5354			FAX:
Type:	Parent Agency	Administrator	DREW MIZE			Services: Hospice In-Patient Hospice: NO
County	DENTON	Region	03	Date Licensed	07/23/2009	Owner Information
License #	012733		UNLIMITED CARE OF NORTH TEXAS INC			UNLIMITED CARE OF NORTH TEXAS INC
Lic Expire	7/31/2023		604 N. BELL AVE.			PO BOX 847
Medicare 1:			DENTON, TEXAS 76209			AUBREY, TEXAS 76227
Medicare 2:						PHONE: (940) 390-0493
Phone	(940) 390-0493	Fax	(940) 230-2180			FAX:
Type:	Parent Agency	Administrator	LINDA DEGRAFFENREID			Services: Personal Assistance Services
County	DENTON	Region	03	Date Licensed	04/16/2004	Owner Information
License #	009040		US BIOSERVICES CORPORATION			APS ENTERPRISES HOLDING COMPANY, INC
Lic Expire	4/30/2023		5025 PLANO PARKWAY			
Medicare 1:			CARROLLTON, TX 75010			PHONE:
Medicare 2:						FAX:
Phone	(469) 365-8300	Fax	(844) 322-9979			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	PATRICIA GARZA			
County	DENTON	Region	03	Date Licensed	01/31/2005	Owner Information
License #	009559		VCARE HOME HEALTH INC			VCARE HOME HEALTH INC
Lic Expire	1/31/2025		5200 PAIGE RD SUITE 400			5200 PAIGE RD STE 400
Medicare 1:	457957 HHA-18		THE COLONY, TX 75056			THE COLONY, TX 75056
Medicare 2:						PHONE:
Phone	(214) 618-4784	Fax	(214) 618-4794			FAX:
Type:	Parent Agency	Administrator	MALLIKA RADHAKRISHNAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	DENTON	Region	03	Date Licensed	10/11/2021	Owner Information
License #	021120		VICARE HOME HEALTH			VICARE HEALTH SERVICES LLC
Lic Expire	10/11/2024		812 YARROW STREET			
Medicare 1:			LITTLE ELM, TX 75068			PHONE:
Medicare 2:						FAX:
Phone	(252) 495-1963	Fax				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SHANEAN DIXON			
County	DENTON	Region	03	Date Licensed	08/31/2015	Owner Information
License #	017199		VISITING ANGELS			DENTON HOMECARE LLC
Lic Expire	8/31/2023		501 S CARROLL BLVD STE 201			1514 AUSTIN AVE.
Medicare 1:			DENTON, TX 76201			WACO, TX 76701
Medicare 2:						PHONE:
Phone	(940) 387-0395	Fax	(940) 387-6359			FAX:
Type:	Parent Agency	Administrator	JAYSON COX-MONIK			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	10/14/2021	Owner Information		
License #	021129				VITAL SUPPORT HOME HEALTH CARE LLC	VITAL SUPPORT HOME HEALTH CARE LLC		
Lic Expire	10/14/2024				1508 E BELT LINE RD SUITE 201			
Medicare 1:					CAROLLTON, TX 75006			
Medicare 2:						PHONE:		FAX:
Phone	(214) 436-3853	Fax	(972) 245-2270			Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	MADINA HASSON					
County	DENTON	Region	03	Date Licensed	10/30/2013	Owner Information		
License #	006982				VITAS HEALTHCARE OF TEXAS LP	VITAS HEALTHCARE OF TEXAS LP		
Lic Expire	11/30/2022				723 SOUTH I 35 EAST SUITE 228			
Medicare 1:					DENTON, TX 76205			
Medicare 2:						PHONE:		FAX:
Phone	(817) 870-7070	Fax	(817) 870-7090			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	STEVEN WELKER			In-Patient Hospice: NO		
County	DENTON	Region	03	Date Licensed	01/28/2005	Owner Information		
License #	006983				VITAS HEALTHCARE OF TEXAS LP	VITAS HEALTHCARE OF TEXAS LP		
Lic Expire	11/30/2023				4343 N JOSEY LANE 4TH FLOOR			
Medicare 1:					CARROLLTON, TX 75010			
Medicare 2:						PHONE:		FAX:
Phone	(972) 428-5620	Fax	(972) 428-5656			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	TANA VILLANUEVA			In-Patient Hospice: YES		
County	DENTON	Region	03	Date Licensed	10/02/1995	Owner Information		
License #	001531				VNA	THE VISITING NURSE ASSOCIATION OF TEXAS		
Lic Expire	9/30/2023				2800 SHORELINE DR. SUITE 250	1420 W. MOCKINGBIRD LANE, SUITE 700		
Medicare 1:					DENTON, TX 76210	DALLAS, TX 75247		
Medicare 2:						PHONE: (214) 689-0000	FAX: (214) 689-2300	
Phone	(940) 349-5900	Fax	(940) 383-4000			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS			In-Patient Hospice: NO		
County	DENTON	Region	03	Date Licensed	10/02/1995	Owner Information		
License #	001531				VNA	THE VISITING NURSE ASSOCIATION OF TEXAS		
Lic Expire	9/30/2023				2800 SHORELINE DR. SUITE 250	1420 W. MOCKINGBIRD LANE, SUITE 700		
Medicare 1:					DENTON, TX 76210	DALLAS, TX 75247		
Medicare 2:						PHONE: (214) 689-0000	FAX: (214) 689-2300	
Phone	(940) 349-5900	Fax	(940) 383-4000			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS			In-Patient Hospice: NO		
County	DENTON	Region	03	Date Licensed	10/02/1995	Owner Information		
License #	001531				VNA	THE VISITING NURSE ASSOCIATION OF TEXAS		
Lic Expire	9/30/2023				2800 SHORELINE DR. SUITE 250	1420 W. MOCKINGBIRD LANE, SUITE 700		
Medicare 1:					DENTON, TX 76210	DALLAS, TX 75247		
Medicare 2:						PHONE: (214) 689-0000	FAX: (214) 689-2300	
Phone	(940) 349-5900	Fax	(940) 383-4000			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS			In-Patient Hospice: NO		
County	DENTON	Region	03	Date Licensed	10/02/1995	Owner Information		
License #	001531				VNA	THE VISITING NURSE ASSOCIATION OF TEXAS		
Lic Expire	9/30/2023				2800 SHORELINE DR. SUITE 250	1420 W. MOCKINGBIRD LANE, SUITE 700		
Medicare 1:					DENTON, TX 76210	DALLAS, TX 75247		
Medicare 2:						PHONE: (214) 689-0000	FAX: (214) 689-2300	
Phone	(940) 349-5900	Fax	(940) 383-4000			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	OLIVIA ROGERS			In-Patient Hospice: NO		

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	DENTON	Region	03	Date Licensed	05/26/2016	Owner Information			
License #	017423					DOUBLE A HOSPICE CARE INC			
Lic Expire	5/31/2022					8111 LBJ FREEWAY SUITE 820			
Medicare 1:	741718 HOSPICE					DALLAS, TX 75251-1313			
Medicare 2:						PHONE:	FAX:		
Phone	(214) 570-1648	Fax	(214) 602-6091			Services: Hospice			
						In-Patient Hospice: NO			
Type:	Parent Agency	Administrator	DILENE VOCHOSKA						
County	DENTON	Region	03	Date Licensed	04/18/2008	Owner Information			
License #	011968					ZELANO HEALTHCARE, LLC			
Lic Expire	4/30/2023					N/A			
Medicare 1:	747236					CORINTH, TX 76210			
Medicare 2:						PHONE:	FAX:		
Phone	(940) 498-1524	Fax	(940) 498-1525			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	LARRY IMOEKER						
County	DEWITT	Region	07	Date Licensed	09/15/1989	Owner Information			
License #	001140					DEWITT MEDICAL DISTRICT			
Lic Expire	9/30/2022					SAME AS ABOVE.			
Medicare 1:						CUERO, TX 77954			
Medicare 2:						PHONE:	(361) 275-6191	FAX:	(361) 275-3999
Phone	(361) 275-8999	Fax	(361) 275-8970			Services: Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	MARGARET KRAUSE						
County	DEWITT	Region	07	Date Licensed	11/19/1984	Owner Information			
License #	001569					DEWITT MEDICAL DISTRICT			
Lic Expire	11/30/2023					SAME AS ABOVE.			
Medicare 1:	457696 HHA-18					CUERO, TX 77954			
Medicare 2:						PHONE:	(361) 275-6191	FAX:	(361) 275-3999
Phone	(361) 275-8999	Fax	(361) 275-8970			Services: Licensed and Certified Home Health Services			
Type:	Parent Agency	Administrator	MARGARET KRAUSE						
County	DEWITT	Region	07	Date Licensed	09/01/2012	Owner Information			
License #	015189					SOUTHERN ASSURED HOME HEALTH LLC			
Lic Expire	8/31/2022					PO BOX 822			
Medicare 1:						YORKTOWN, TX 78164			
Medicare 2:						PHONE:	FAX:		
Phone	(210) 257-5765	Fax	(210) 257-0419			Services: Licensed and Certified Home Health Services			
Type:	Branch Agency	Administrator	BARRY WATSON						
County	DIMMIT	Region	07	Date Licensed	06/09/2020	Owner Information			
License #	019989					TJA MANAGEMENT, LLC			
Lic Expire	6/9/2022					1600 AIRPORT FREEWAY SUITE 503			
Medicare 1:						BEDFORD, TEXAS 76022			
Medicare 2:						PHONE:	FAX:		
Phone	210 3755914	Fax	210 3755919			Services: Hospice			
						In-Patient Hospice: NO			
Type:	Parent Agency	Administrator	LAURA CANTU						
County	DIMMIT	Region	07	Date Licensed	07/21/2004	Owner Information			
License #	007687					SANDS CARE HEALTH SERVICES LC			
Lic Expire	7/31/2022					201 WEST HILLSIDE SUITE 8			
Medicare 1:						LAREDO, TX 78041-6905			
Medicare 2:						PHONE:	FAX:		
Phone	(830) 876-2200	Fax	(830) 876-2205			Services: Personal Assistance Services			
Type:	Branch Agency	Administrator	SCOTT EDWARD SANDS SANDS						

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **DONLEY** Region 01 Date Licensed 05/01/2018
License # 018848 ROADRUNNER HOMECARE
Lic Expire 4/30/2022 200 S GOODNIGHT
Medicare 1: 457567 HHA-18 CLARENDON, TX 79226
Medicare 2:
Phone (806) 874-0042 Fax (806) 874-0049
Type: Parent Agency Administrator CHANDRA CHRISTOPHER

Owner Information

HWATCH OF THE TX PANHANDLE LLC
3310 LAMAR AVE, STE. A
PARIS, TX 75460
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 07/03/2007
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 7/31/2022 111 W RAILROAD AVE
Medicare 1: BENAVIDES, TX 78341
Medicare 2:
Phone (956) 787-9199 Fax (956) 783-9006
Type: Parent Agency Administrator IRMA GARZA

Owner Information

MRNG, INC
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 07/03/2007
License # 011519 CARING TOUCH PROVIDER SERVICES
Lic Expire 7/31/2022 111 W RAILROAD AVE
Medicare 1: BENAVIDES, TX 78341
Medicare 2:
Phone (956) 787-9199 Fax (956) 783-9006
Type: Parent Agency Administrator IRMA GARZA

Owner Information

MRNG, INC
PO BOX 568
BENAVIDES, TX 78341
PHONE: FAX:
Services: Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 05/09/2011
License # 014083 HAVEN SKILLED SERVICES LLC
Lic Expire 5/31/2023 500 S DR EE DUNLAP ST SUITE A & B
Medicare 1: 747748 HHA-18 SAN DIEGO, TX 78384
Medicare 2:
Phone (361) 279-7159 Fax (361) 279-7256
Type: Parent Agency Administrator JENNIFER FEHRENKAMP

Owner Information

HAVEN SKILLED SERVICES LLC
500 S DR EE DUNLAP ST SUITE A & B
SAN DIEGO, TX 78384
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 12/29/2011
License # 014555 HEALING HANDS & HEARTS HOME CARE LLC
Lic Expire 12/31/2019 203 SOUTH MAIN AVENUE
Medicare 1: 747846 HHA-18 FREER, TX 78357
Medicare 2:
Phone (361) 394-1863 Fax (361) 394-1864
Type: Parent Agency Administrator CONNIE GARZA

Owner Information

HEALING HANDS & HEARTS HOME CARE LLC
P. O. BOX 4
FREER, TX 78357
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 02/22/2017
License # 018051 NURSING SERVICES AND CONSULTANTS OF LAREDO
Lic Expire 2/28/2023 114 WEST RAILROAD AVENUE
Medicare 1: 677735 HHA-18 BENAVIDES, TX 78341
Medicare 2:
Phone (361) 256-4400 Fax (361) 256-4413
Type: Parent Agency Administrator HECTOR ALVARADO

Owner Information

NSCL INC
PO BOX 398
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **DUVAL** Region 07 Date Licensed 11/14/2003
License # 008750 SANTA FE HEALTH CARE INC
Lic Expire 11/30/2022 119 WEST RAILROAD AVENUE
Medicare 1: 453121 HHA-18 BENAVIDES, TX 78341
Medicare 2:
Phone (361) 256-3980 Fax (361) 256-3981
Type: Parent Agency Administrator PRISCILLA GARZA

Owner Information

SANTA FE HEALTH CARE INC
PO BOX 510
BENAVIDES, TEXAS 78341
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	EASTLAND	Region	01	Date Licensed	06/01/2006	Owner Information
License #	010716					EH OF WEST TEXAS, LP
Lic Expire	5/31/2024					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	254 6298200	Fax	254 6298220			FAX:
Type:	Branch Agency	Administrator	DANA WHITE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EASTLAND	Region	01	Date Licensed	11/30/2007	Owner Information
License #	011731					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2023					12900 FOSTER
Medicare 1:	457128 HHA-18					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(254) 629-1268	Fax	(254) 629-8698			FAX:
Type:	Parent Agency	Administrator	MOLLY KENNEDY			Services: Licensed and Certified Home Health Services
County	EASTLAND	Region	03	Date Licensed		Owner Information
License #	007938					SOLARIS HOSPICE INC
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400
Medicare 1:	451688					DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011	Fax	(940) 627-3160			FAX:
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	EASTLAND	Region	01	Date Licensed	05/10/2013	Owner Information
License #	015686					TRI STAR HOME CARE INC
Lic Expire	8/31/2021					PO BOX 430
Medicare 1:						CISCO, TX 76437
Medicare 2:						PHONE:
Phone	(254) 442-4996	Fax	(254) 442-2002			FAX:
Type:	Parent Agency	Administrator	PAMELA MEADOR			Services: Licensed Home Health Services; Personal Assistance Services
County	ECTOR	Region	01	Date Licensed	09/29/1983	Owner Information
License #	001383					NURSES UNLIMITED INC
Lic Expire	9/30/2023					P. O BOX 4534
Medicare 1:	457528 HHA-18					ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	(432) 550-1700	Fax	(432) 550-1714			FAX:
Type:	Parent Agency	Administrator	TORI REECE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ECTOR	Region	01	Date Licensed	01/09/1995	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	432 5802000	Fax	432 5802032			FAX:
Type:	Parent Agency	Administrator	TRACY FOLLER			Services: Licensed Home Health Services; Personal Assistance Services
County	ECTOR	Region	01	Date Licensed	01/09/1995	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	432 5802000	Fax	432 5802032			FAX:
Type:	Parent Agency	Administrator	TRACY FOLLER			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ECTOR** Region 01 Date Licensed 08/25/2017
License # 018280 ALL PEOPLE HOSPICE AND HEALTH CARE INC
Lic Expire 8/31/2019 4745 N. SIERRA AVE
Medicare 1: ODESSA, TX 79764
Medicare 2:
Phone (432) 258-7751 Fax (432) 381-5272

Owner Information

ALL PEOPLE HOSPICE AND HEALTH CARE, INC
1324 N. COUNTY RD. W.
ODESSA, TX 79763
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CHRISTOPHER HAGGER

County **ECTOR** Region 01 Date Licensed 12/14/2012
License # 001401 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 1/31/2025 1340 EAST 7TH STREET SUITE 220
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 332-3177 Fax (432) 332-3184

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator VICTORIA CAUGHRON

County **ECTOR** Region 01 Date Licensed 08/16/2016
License # 017578 CARING PARTNERS HOME CARE
Lic Expire 8/31/2022 1901 E. 37TH STREET, SUITE 207
Medicare 1: ODESSA, TEXAS 79762
Medicare 2:
Phone (432) 276-2593 Fax (432) 225-1060

Owner Information

COMPASSION SUPPORT, LLC
9611 ACER AVE., BLDG. B, SUITE 100
EL PASO, TX 79925
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator MARIA FIERRO

County **ECTOR** Region 01 Date Licensed 08/25/2015
License # 016994 CROSSLAND CARE INC
Lic Expire 8/31/2024 1901 E 37TH STREET SUITE 205
Medicare 1: ODESSA, TX 79762
Medicare 2:
Phone (432) 339-5555 Fax (432) 339-5550

Owner Information

CROSSLAND CARE INC
2020 EAST 8TH STREET
ODESSA, TX 79761
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator KELLY CROSSLAND

County **ECTOR** Region 01 Date Licensed 06/15/2001
License # 007652 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 6/30/2023 2626 JBS PARKWAY SUITE B110
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 550-6900 Fax (877) 463-1310

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator

County **ECTOR** Region 01 Date Licensed 06/25/2003
License # 008527 EXPRESS NURSING
Lic Expire 6/30/2022 4700 E UNIVERSITY BLVD
Medicare 1: 679327 HHA-18 ODESSA, TX 79762
Medicare 2:
Phone (432) 580-9393 Fax (432) 580-9394

Owner Information

EXN INC
4700 E UNIVERSITY BLVD
ODESSA, TX 79762
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services

Type: Parent Agency Administrator MYRA SALAZAR

County **ECTOR** Region 01 Date Licensed 03/04/2009
License # 011726 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 601 EAST 2ND STREET, SUITE E
Medicare 1: ODESSA, TX 79761
Medicare 2:
Phone (432) 332-4025 Fax (432) 332-1640

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator LISA CUPPS

County	ECTOR	Region	01	Date Licensed	03/04/2009	Owner Information
License #	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE			GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	601 EAST 2ND STREET, SUITE E			12900 FOSTER	
Medicare 1:		ODESSA, TX 79761			OVERLAND PARK, NC 28117	
Medicare 2:					PHONE:	FAX:
Phone	(432) 332-4025	Fax	(432) 332-1640		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LISA CUPPS			
County	ECTOR	Region	01	Date Licensed	03/04/2009	Owner Information
License #	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE			GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	601 EAST 2ND STREET, SUITE E			12900 FOSTER	
Medicare 1:		ODESSA, TX 79761			OVERLAND PARK, NC 28117	
Medicare 2:					PHONE:	FAX:
Phone	(432) 332-4025	Fax	(432) 332-1640		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LISA CUPPS			
County	ECTOR	Region	01	Date Licensed	03/03/1995	Owner Information
License #	003840	HOME HOSPICE			HOME HOSPICE OF ODESSAMIDLAND, LLC	
Lic Expire	3/31/2023	619 N GRANT AVE STE 120			619 N GRANT AVE STE 120	
Medicare 1:	451617 HOSPICE	ODESSA, TX 79761			ODESSA, TX 79761	
Medicare 2:					PHONE:	FAX:
Phone	(432) 580-9990	Fax	(432) 580-9989		Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	AMY DRUMM			
County	ECTOR	Region	01	Date Licensed	04/04/2008	Owner Information
License #	011956	HOME NURSING			HOME HEALTHCARE NURSING LLC	
Lic Expire	4/30/2024	619 N. GRANT, STE 110			6010 E HWY 191 SUITE 235	
Medicare 1:	747112 HHA-18	ODESSA, TEXAS 797614502			ODESSA, TX 79762-5013	
Medicare 2:					PHONE:	FAX:
Phone	(432) 617-8125	Fax	(432) 550-7989		Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	BRANDON HAMILTON			
County	ECTOR	Region	01	Date Licensed	08/23/2017	Owner Information
License #	002022	HOSPICE OF MIDLAND INC			HOSPICE OF MIDLAND INC	
Lic Expire	11/30/2022	219 W 4TH STREET				
Medicare 1:		ODESSA, TEXAS 79761				
Medicare 2:					PHONE:	FAX:
Phone	(432) 653-1737	Fax	(432) 653-1732		Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	DEBORAH GOODMAN			
County	ECTOR	Region	01	Date Licensed	03/04/2013	Owner Information
License #	015410	LIFESPAN HOME HEALTH			ADVANCE HI TECH NURSING, INC	
Lic Expire	3/31/2023	2626 JBS PARKWAY SUITE B110			6243 IH 10 WEST, SUITE 375	
Medicare 1:		ODESSA, TX 79761			SAN ANTONIO, TX 78201	
Medicare 2:					PHONE:	FAX:
Phone	(877) 434-3153	Fax	(877) 463-1310		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LORENA TORRES			
County	ECTOR	Region	01	Date Licensed	03/30/2021	Owner Information
License #	020658	MERCY HOME HEALTH LLC			MERCY HOME HEALTH LLC	
Lic Expire	3/30/2024	1905 W 18TH ST				
Medicare 1:		ODESSA, TX 79763				
Medicare 2:					PHONE:	FAX:
Phone	(432) 818-8482	Fax	(432) 704-1547		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MYRIAM MEJIA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ECTOR	Region	01	Date Licensed	02/23/2012	Owner Information
License #	014654					NURSEX HOME HEALTH SERVICES, LLC
Lic Expire	2/28/2022					2525 N. GRANDVIEW AVENUE SUITE 400
Medicare 1:	747783 HHA-18					ODESSA, TX 79761
Medicare 2:						PHONE:
Phone	(432) 550-0268	Fax	(432) 550-0193			FAX:
Type:	Parent Agency	Administrator	ANGELIA AWBREY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ECTOR	Region	01	Date Licensed	08/30/1996	Owner Information
License #	004878					STAR CARE HOME HEALTH INC
Lic Expire	8/31/2023					620 N. GRANT AVENUE, SUITE 100
Medicare 1:	459081 HHA-18					ODESSA, TX 79761
Medicare 2:						PHONE:
Phone	(432) 580-7707	Fax	(432) 580-7937			FAX:
Type:	Parent Agency	Administrator	RAVI SHAKAMURI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ECTOR	Region	01	Date Licensed	09/14/2000	Owner Information
License #	007430					STAR HOSPICE INC
Lic Expire	9/30/2022					620 N. GRANT AVENUE, SUITE 100
Medicare 1:	451701 HOSPICE					ODESSA, TX 79761
Medicare 2:						PHONE:
Phone	(432) 580-7707	Fax	(432) 580-7937			FAX:
Type:	Parent Agency	Administrator	RAVI SHAKAMURI			Services: Hospice In-Patient Hospice: NO
County	ECTOR	Region	01	Date Licensed	07/03/2008	Owner Information
License #	012084					KINDSTAR, INC
Lic Expire	7/31/2024					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	459246 HHA-18					DALLAS, TX 75284
Medicare 2:						PHONE:
Phone	(432) 686-1944	Fax	(432) 686-1938			FAX:
Type:	Parent Agency	Administrator	TORI REECE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ECTOR	Region	01	Date Licensed	06/21/2018	Owner Information
License #	019432					TRINITY HEALTHCARE OF WEST TEXAS, INC
Lic Expire	6/20/2023					4700 E. UNIVERSITY BLVD.
Medicare 1:						ODESSA, TEXAS 79762
Medicare 2:						PHONE:
Phone	(432) 557-8110	Fax	(432) 381-8276			FAX:
Type:	Parent Agency	Administrator	MYRA SALAZAR			Services: Licensed Home Health Services; Personal Assistance Services
County	ECTOR	Region	01	Date Licensed	05/03/2014	Owner Information
License #	016239					TWO HEARTS HOME HEALTH LLC
Lic Expire	5/31/2022					134 E CHURCH STREET
Medicare 1:						GRAND PRAIRIE, TX 75050
Medicare 2:						PHONE:
Phone	(432) 685-1705	Fax	(432) 620-8250			FAX:
Type:	Parent Agency	Administrator	CELESTINA OGBOLUGO			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	12/02/2016	Owner Information
License #	018208					R&H HOME CARE, INC
Lic Expire	3/31/2023					1326 E. YANDELL DRIVE
Medicare 1:	459477 HHA-18					EL PASO, TX 79902
Medicare 2:						PHONE:
Phone	(915) 587-0074	Fax	(915) 587-9803			FAX:
Type:	Parent Agency	Administrator	VICTORIA CASTANEDA			Services: Licensed and Certified Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 10/15/2009
License # 012899 1ST CHOICE HOME HEALTH
Lic Expire 10/31/2023 10662 VISTA DEL SOL DR
Medicare 1: 747491 HHA-18;74 EL PASO, TX 79935
Medicare 2:
Phone (915) 855-9333 Fax (915) 855-9213

Owner Information

HILLRISE HOME MANAGEMENT LLC
10662 VISTA DEL SOL DR
EL PASO, TX 79935

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator LISA WENGER

County **EL PASO** Region 02 Date Licensed 03/19/2018
License # 018657 ABARIM HOME HEALTH CARE TEXAS, INC
Lic Expire 3/31/2022 747 E SAN ANTONIO AVE STE 102
Medicare 1: EL PASO, TX 799012557
Medicare 2:
Phone (915) 249-6114 Fax (833) 227-4904

Owner Information

ABARIM HOME HEALTH CARE TEXAS, INC
747 E SAN ANTONIO AVE STE 102
EL PASO, TX 79901

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JESSICA SOTO

County **EL PASO** Region 02 Date Licensed 10/29/2013
License # 015837 ABRAZO PAS LLC
Lic Expire 10/31/2023 3661 TRINA PL
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 433-8946 Fax (915) 261-7341

Owner Information

ABRAZO PAS LLC
14140 DEATH VALLEY LANE
EL PASO, TX 79938

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator MIREYA ARAMBULA

County **EL PASO** Region 02 Date Licensed 08/16/2013
License # 015717 ABUNDANT LIVING HOME HEALTH
Lic Expire 8/31/2023 1115 MONTANA AVE.
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 564-0168 Fax (210) 714-0168

Owner Information

ABUNDANT LIVING HOME HEALTH LLC
3701 SACRAMENTO AVENUE
EL PASO, TX 79930

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator MIGUEL VILLANUEVA

County **EL PASO** Region 02 Date Licensed 06/03/2015
License # 016836 ACASA PERSONAL IN HOME CARE SERVICES LLC
Lic Expire 6/30/2024 4215 FRED WILSON AVE
Medicare 1: EL PASO, TX 79904
Medicare 2:
Phone (915) 383-3462 Fax (915) 975-8184

Owner Information

ACASA PERSONAL INHOME CARE SERVICES LLC
3802 DYER ST SUITE B
EL PASO, TX 79930

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator PATRICIA URIBE

County **EL PASO** Region 01 Date Licensed 10/10/1996
License # 003467 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS
Lic Expire 1/31/2025 1200 GOLDEN KEY CIRCLE, SUITE 435
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 774-8890 Fax (915) 774-8848

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator TARA PARMENTER

County **EL PASO** Region 01 Date Licensed 10/10/1996
License # 003467 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS
Lic Expire 1/31/2025 1200 GOLDEN KEY CIRCLE, SUITE 435
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 774-8890 Fax (915) 774-8848

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator TARA PARMENTER

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	02/05/2021	Owner Information
License #	020509	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS				NURSES UNLIMITED INC P. O BOX 4534
Lic Expire	2/5/2023	1200 GOLDEN KEY CIRCLE, SUITE 435				ODESSA, TX 79760
Medicare 1:		EL PASO, TX 79925				PHONE:
Medicare 2:						FAX:
Phone	915 7748890	Fax	915 7748848			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ANA DOMINGUEZ			

County	EL PASO	Region	02	Date Licensed	12/01/2020	Owner Information
License #	020361	ACCENTCARE PERSONAL CARE SERVICES OF TEXAS				TEXAS HOME HEALTH OF AMERICA, LP 17855 N. DALLAS PKWY, SUITE 200
Lic Expire	12/1/2022	1200 GOLDEN KEY CIRCLE, SUITE 435				DALLAS, TEXAS 75287
Medicare 1:		EL PASO, TX 79925				PHONE:
Medicare 2:						FAX:
Phone	(915) 774-0534	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	REGANALD MACKEY			

County	EL PASO	Region	02	Date Licensed	08/13/2015	Owner Information
License #	016967	ACO PROVIDER SERVICES				CARING MEDICAL EQUIPMENT LLC 9924 DYER STREET
Lic Expire	2/6/2022	9861 DYER ST STE 20				EL PASO, TX 79924
Medicare 1:		EL PASO, TX 79924				PHONE:
Medicare 2:						FAX:
Phone	(915) 757-0127	Fax	9157570334 9152329898			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTIAN DURAN			

County	EL PASO	Region	02	Date Licensed	09/14/2011	Owner Information
License #	014344	ACTIONCARE PEDIATRIC THERAPY				ACTIONCARE REHABILITATION CENTER LLC 10450 BRIAN MOONEY AVENUE
Lic Expire	9/30/2024	10450 BRIAN MOONEY AVENUE				EL PASO, TEXAS 79935
Medicare 1:		EL PASO, TX 79935				PHONE:
Medicare 2:						FAX:
Phone	(915) 598-6616	Fax	(915) 598-6651			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	DWAYNE MARROTT			

County	EL PASO	Region	02	Date Licensed	02/02/2015	Owner Information
License #	016714	ADVANCED HEALTHCARE				PUEBLO DE SALUD HOME HEALTH SERVICES LLC P O BOX 26704
Lic Expire	2/28/2024	3431 PERSHING STE A4				EL PASO, TX 79926
Medicare 1:	747023 HHA-18	EL PASO, TX 79903				PHONE:
Medicare 2:						FAX:
Phone	(915) 590-3330	Fax	(915) 594-8245			Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	MAYRA CUELLAR			

County	EL PASO	Region	02	Date Licensed	09/24/2020	Owner Information
License #	020198	ADVANCED HOSPICE OF EL PASO LLC				ADVANCED HOSPICE OF EL PASO LLC
Lic Expire	9/24/2022	3431 PERSHING DR STE B1				
Medicare 1:		EL PASO, TX 799032701				PHONE:
Medicare 2:						FAX:
Phone	(915) 503-0481	Fax				Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MAYRA CUELLAR			

County	EL PASO	Region	02	Date Licensed	06/25/2012	Owner Information
License #	014946	AFFINITY PERSONAL ASSISTANCE SERVICES LLC				AFFINITY PERSONAL ASSISTANCE SERVICES, LLC 1800 HUGH ROYER PLACE
Lic Expire	6/30/2022	1800 HUGH ROYER PLACE				EL PASO, TX 79936
Medicare 1:		EL PASO, TX 79936				PHONE:
Medicare 2:						FAX:
Phone	(915) 603-0060	Fax	(915) 633-9444			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	REBECCA URBAN-CHAVEZ			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	12/11/2020	Owner Information	
License #	020398					AGAPE HOME HEALTHCARE LLC	
Lic Expire	12/11/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	915 8203627	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANEL HERNANDEZ				
County	EL PASO	Region	07	Date Licensed		Owner Information	
License #	011712					ALEGRE HOME HEALTH CARE, LLC	
Lic Expire	11/30/2022					3400 N MCCOLL RD STE B2	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(915) 209-3114	Fax	(956) 668-7732			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ALICIA DELEON				
County	EL PASO	Region	07	Date Licensed		Owner Information	
License #	011712					ALEGRE HOME HEALTH CARE, LLC	
Lic Expire	11/30/2022					3400 N MCCOLL RD STE B2	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(915) 209-3114	Fax	(956) 668-7732			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ALICIA DELEON				
County	EL PASO	Region	02	Date Licensed	09/30/2014	Owner Information	
License #	016454					ALEGRE PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	9/30/2022					2150 TRAWOOD DR. B-260	
Medicare 1:						EL PASO, TX 79935	
Medicare 2:						PHONE:	FAX:
Phone	(915) 307-2478	Fax	(915) 990-2013			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA ORNELAS				
County	EL PASO	Region	02	Date Licensed	07/22/2020	Owner Information	
License #	020067					ALEGRIA PERSONAL ASSISTANCE SERVICES	
Lic Expire	7/22/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(915) 256-2185	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALEJANDRA LUJAN				
County	EL PASO	Region	02	Date Licensed	08/15/2016	Owner Information	
License #	017666					ALIANZA PERSONAL CARE INC	
Lic Expire	8/31/2022					10921 PELLICANO DR SUITE 115	
Medicare 1:						EL PASO, TX 79935	
Medicare 2:						PHONE:	FAX:
Phone	915 5999856 915 59990	Fax	915 5919876			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ENEDINA CORTEZ				
County	EL PASO	Region	02	Date Licensed	04/02/2013	Owner Information	
License #	015459					ALIGN HOME HEALTH, LLC	
Lic Expire	4/30/2023					5655 STAR VIEW DRIVE	
Medicare 1:	747958 HHA-18					EL PASO, TX 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 307-4311	Fax	(915) 307-4313			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MAYRA CUELLAR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	02/28/2019	Owner Information	
License #	019285					ALL CARE HOME CARE	AMI HEALTH CARE INC
Lic Expire	2/28/2024					9861 DYER ST SUITE 20	
Medicare 1:						EL PASO, TX 79924	
Medicare 2:							PHONE: FAX:
Phone	(915) 307-6778	Fax	(915) 757-0334				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTIAN DURAN				
County	EL PASO	Region	02	Date Licensed	08/30/2012	Owner Information	
License #	015041					ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC	ALLEGIANCE PERSONAL ASSISTANCE SERVICES INC
Lic Expire	8/31/2022					4625 ALABAMA ST STE A	2501 WYOMING AVENUE
Medicare 1:						EL PASO, TX 79930	EL PASO, TX 79903
Medicare 2:							PHONE: FAX:
Phone	(915) 545-2727	Fax	(915) 545-2728				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	GERAL MENDOZA				
County	EL PASO	Region	02	Date Licensed	06/25/2009	Owner Information	
License #	012831					ALTA VISTA COMMUNITY CARE SERVICES LLC	ALTA VISTA COMMUNITY CARE SERVICES, LLC
Lic Expire	6/30/2023					1155 WESTMORELAND DRIVE SUITE 115	1155 WESTMORELAND DRIVE STE 115
Medicare 1:						EL PASO, TEXAS 79925	EL PASO, TEXAS 79925
Medicare 2:							PHONE: FAX:
Phone	(915) 594-0098	Fax	(915) 594-0082				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JOSIE ORTIZ				
County	EL PASO	Region	02	Date Licensed	04/27/2002	Owner Information	
License #	008592					ALTOMAR HOME HEALTHCARE INC	ALTOMAR HOME HEALTHCARE INC
Lic Expire	4/30/2021					3214 E YANDELL	3214 E YANDELL DRIVE
Medicare 1:	459478 HHA-18					EL PASO, TX 79903	EL PASO, TX 79903
Medicare 2:							PHONE: FAX:
Phone	(915) 845-2211	Fax	(915) 845-0499				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ELIZA MARTINEZ				
County	EL PASO	Region	02	Date Licensed	11/13/2019	Owner Information	
License #	019699					ALWAYS BEST CARE	NEVCAM WORKS CORPORATION
Lic Expire	11/13/2021					2601 E YANDELL SUITE 113	
Medicare 1:						EL PASO, TX 79903	
Medicare 2:							PHONE: FAX:
Phone	(915) 309-9235	Fax	(915) 440-3780				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	GRACIELA CAMACHO				
County	EL PASO	Region	02	Date Licensed	08/13/1993	Owner Information	
License #	001518					ALWAYS CARING HEALTH CARE SERVICES INC	ALWAYS CARING HEALTH CARE SERVICES INC
Lic Expire	8/31/2023					4171 N MESA BLDG D SUITE 400	4171 N MESA BLDG D SUITE 400
Medicare 1:						EL PASO, TX 79902	EL PASO, TX 79902
Medicare 2:							PHONE: FAX:
Phone	(915) 532-5742	Fax	(915) 543-7999				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MAGDALENE ULLRICH-ALLEN				
County	EL PASO	Region	02	Date Licensed	08/13/1993	Owner Information	
License #	002599					ALWAYS CARING HOME CARE SERVICES INC	ALWAYS CARING HOME CARE SERVICES INC
Lic Expire	8/31/2022					4171 N MESA BLDG D SUITE 400A	4171 N MESA BLDG D SUITE 400A
Medicare 1:	677665 HHA-18					EL PASO, TX 79902	EL PASO, TX 79902
Medicare 2:							PHONE: FAX:
Phone	(915) 545-4663	Fax	(915) 545-4697				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MAGDALENE M. ULLRICH-ALLEN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	07/28/2009	Owner Information
License #	012911		AM HEALTHCARE			HORIZON HEALTH CARE INC
Lic Expire	7/31/2023		3727 MONTANA AVE			3727 MONTANA AVENUE
Medicare 1:	459132 HHA-18		EL PASO, TX 79903			EL PASO, TX 79903
Medicare 2:						PHONE: (915) 585-4553 FAX: (915) 585-4565
Phone	(915) 585-4553	Fax	(915) 585-4565			Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	GLORIA NARES			
County	EL PASO	Region	02	Date Licensed	08/20/2009	Owner Information
License #	012797		AM HOME PERSONAL ASSISTANCE SERVICE			GRT INC
Lic Expire	8/31/2021		3727 MONTANA AVE			3727 MONTANA
Medicare 1:			EL PASO, TX 79903			EL PASO, TX 79903
Medicare 2:						PHONE: FAX:
Phone	(915) 533-0262	Fax	(915) 533-0367			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	STEPHANIE GARCIA			
County	EL PASO	Region	02	Date Licensed	05/27/2015	Owner Information
License #	016822		AM HOSPICE INC			AM HOSPICE INC
Lic Expire	5/31/2023		3727 MONTANA AVE			3727 MONTANA AVENUE
Medicare 1:	741586 HOSPICE		EL PASO, TX 79903			EL PASO, TX 79903
Medicare 2:						PHONE: FAX:
Phone	(915) 242-6930	Fax	(915) 585-4565			Services: Hospice
Type:	Parent Agency	Administrator	NORMA RODRIGUEZ			In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	11/12/2020	Owner Information
License #	020310		AMADA SENIOR CARE EL PASO			EL PASO SENIOR CARE LLC
Lic Expire	11/12/2022		306 THUNDERBIRD DR., STE. B-1			
Medicare 1:			EL PASO, TEXAS 79912			PHONE: FAX:
Medicare 2:						Services: Personal Assistance Services
Phone	(843) 718-4893	Fax				
Type:	Parent Agency	Administrator	JORGE ANDAZOLA			
County	EL PASO	Region	02	Date Licensed	04/03/2018	Owner Information
License #	018684		AMANECER PERSONAL HOME CARE LLC			AMANECER PERSONAL HOME CARE LLC
Lic Expire	4/30/2022		7222 MAJORCA COURT			PO BOX 221315
Medicare 1:			EL PASO, TX 79912			EL PASO, TX 79913
Medicare 2:						PHONE: FAX:
Phone	(915) 262-0484	Fax	(915) 262-0483			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	NATHALIE LEYVA ZAYAS			
County	EL PASO	Region	02	Date Licensed	01/26/2007	Owner Information
License #	011021		AMAZING GRACE SYSTEMS HOMEHEALTH			AMAZING GRACE SYSTEMS HOME HEALTH
Lic Expire	1/31/2025		921 LAS AVES PL			921 LAS AVES PL
Medicare 1:	747183 HHA-18		EL PASO, TX 79912			EL PASO, TX 79912
Medicare 2:						PHONE: FAX:
Phone	(915) 587-4968	Fax	(915) 581-0170			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MICHAEL OYETUNDE			
County	EL PASO	Region	02	Date Licensed	09/26/2014	Owner Information
License #	016448		AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC			AMERICAN ARCH HOMEHEALTH & PERSONAL ASSISTANCE CARE AGENCY LLC
Lic Expire	9/30/2022		2200 N LEE TREVINO SUITE A6			469 EMERALD BLUFF
Medicare 1:	748025		EL PASO, TX 79936			EL PASO, TX 79928
Medicare 2:						PHONE: FAX:
Phone	(915) 333-9613	Fax	(866) 200-2812			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SHAHBAA ZAIDAN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 08/11/2016
License # 017568 AMISTAD PERSONAL ASSISTANCE SERVICES
Lic Expire 8/31/2022 1413 DAVID RAY WAY
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 474-6480 Fax (915) 249-6098
Type: Parent Agency Administrator JUAN GONZALEZ JR

Owner Information

JUAN MARCELO GONZALEZ JR
1413 DAVID RAY WAY
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/07/2009
License # 012894 AMOR PERSONAL ASSISTANCE SERVICE INC
Lic Expire 10/31/2024 1220 MONTANA AVENUE
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 351-2004 Fax (915) 351-3718
Type: Parent Agency Administrator ALICIA GOMEZ

Owner Information

AMOR PERSONAL ASSISTANCE SERVICE INC
1220 MONTANA AVENUE
EL PASO, TX 79902
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/01/2017
License # 018381 AMERICAN HOME HEALTH SERVICES LLC
Lic Expire 8/31/2023 5939 GATEWAY WEST SUITE A
Medicare 1: 747649 HHA-18 EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 562-3334 Fax (915) 562-3336
Type: Parent Agency Administrator MARIA BEATRIZ REYES

Owner Information

AMERICAN HOME HEALTH SERVICES LLC
5939 GATEWAY WEST SUITE A
EL PASO, TX 79925-3301
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/11/2017
License # 018153 ANGEL HANDS PROVIDER SERVICES
Lic Expire 7/31/2023 280 YSLETA LN
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone (915) 260-9589 Fax (915) 790-0026
Type: Parent Agency Administrator DORA ROMAN

Owner Information

VIALSOMA, LLC
280 YSLETA LN
EL PASO, TX 79907
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/02/2007
License # 011447 ANGEL PERSONAL CARE
Lic Expire 7/31/2022 10921 PELLICANO DR SUITE 116
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 633-1365 Fax (915) 633-1251
Type: Parent Agency Administrator GLORIA NAVA

Owner Information

GLOMAR GROUP INC
10921 PELLICANO DR SUITE 116
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/17/2013
License # 015320 ANGELES DE EL PASO HOME HEALTH INC
Lic Expire 1/31/2023 312 S COPIA SUITE A
Medicare 1: EL PASO, TX 79905
Medicare 2:
Phone (915) 613-6808 Fax (915) 881-8651
Type: Parent Agency Administrator SUSAN PEREZ

Owner Information

ANGELES DE EL PASO HOME HEALTH INC
504 DE VARGAS
EL PASO, TX 79905
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/19/2012
License # 014695 ANGELS 2 YOU HOME HEALTH
Lic Expire 3/31/2020 5555 NORTH MESA SUITE 300
Medicare 1: 747872 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 581-0909 Fax (915) 581-8907
Type: Parent Agency Administrator LACY E NEWBERRY

Owner Information

ANGELS 2 YOU LLC
7380 REMCON SUITE #E
EL PASO, TX 79912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	EL PASO	Region	02	Date Licensed	05/08/2018	Owner Information	
License #	018739					ANGEL'S HOME CARE LLC	
Lic Expire	5/31/2022					1428 PEDRO FIGARI AVE	
Medicare 1:						EL PASO, TX 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 538-8745	Fax	(915) 249-6626			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAIME GUERRERO				
County	EL PASO	Region	02	Date Licensed	09/13/2011	Owner Information	
License #	014398					APC HOME HEALTH SERVICE, INC	
Lic Expire	9/30/2023					1805 BELL STREET	
Medicare 1:						HARLINGEN, TX	
Medicare 2:						PHONE:	() - 1 FAX:
Phone	915 7786010	Fax	915 7786553			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOVIE CANTU				
County	EL PASO	Region	02	Date Licensed	09/30/2020	Owner Information	
License #	020207					APOLLO PERSONAL HOME CARE LLC	
Lic Expire	9/30/2022					1121 LARRY MAHAN DR., STE B	
Medicare 1:						EL PASO, TEXAS 79925	
Medicare 2:						PHONE:	FAX:
Phone	(913) 503-7575	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIZABETH TERRAZAS				
County	EL PASO	Region	02	Date Licensed	07/02/2019	Owner Information	
License #	019460					ARMONIA HOSPICE LLC	
Lic Expire	7/2/2023					5734 N. MESA ST.	
Medicare 1:	971542 (HOSPICE)					EL PASO, TEXAS 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 584-5284	Fax	(915) 234-2256			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	OLGA RODRIGUEZ				
County	EL PASO	Region	02	Date Licensed	12/01/2016	Owner Information	
License #	017902					ARMONIA HOME HEALTH CARE AGENCY LLC	
Lic Expire	11/30/2022					5732 NORTH MESA	
Medicare 1:	747647 HHA-18					EL PASO, TX 79912	
Medicare 2:						PHONE:	(915) 584-5272 FAX: (915) 219-9035
Phone	(915) 584-5272	Fax	(915) 219-9035			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	OLGA RODRIGUEZ				
County	EL PASO	Region	02	Date Licensed	08/03/2017	Owner Information	
License #	018219					ASHLEY HOME HEALTH AGENCY LLC	
Lic Expire	8/31/2023					10921 PELICANO #128	
Medicare 1:						EL PASO, TX 79935	
Medicare 2:						PHONE:	FAX:
Phone	(915) 502-7613	Fax	(915) 440-3493			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ARACELY BENITEZ				
County	EL PASO	Region	02	Date Licensed	06/13/2013	Owner Information	
License #	015690					ASTI HOME CARE LLC	
Lic Expire	6/30/2021					PO BOX 26948	
Medicare 1:	459421 HHA-18					EL PASO, TX 79926-6984	
Medicare 2:						PHONE:	FAX:
Phone	(915) 592-2784	Fax	(915) 564-0865			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSEPH HUERTA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	03/07/2012	Owner Information
License #	014797					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(915) 629-9260	Fax	(915) 629-9785			FAX:
Type:	Parent Agency	Administrator	VANESSA GALINDO			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	06/27/2013	Owner Information
License #	014797					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(915) 838-7604	Fax	(915) 772-4633			FAX:
Type:	Branch Agency	Administrator	VANESSA GALINDO			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	05/04/2007	Owner Information
License #	011311					AVIDA HEALTH CARE INC
Lic Expire	5/31/2022					2211 E MISSOURI STE W-101
Medicare 1:	747056 HHA-18					EL PASO, TX 79903
Medicare 2:						PHONE:
Phone	(915) 532-8432	Fax	(915) 351-8432			FAX:
Type:	Parent Agency	Administrator	ELSA ELIZABETH VELAZQUEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	07/27/2011	Owner Information
License #	014487					AYUDA HOME HEALTH CARE SERVICES LLC
Lic Expire	7/31/2023					1515 CESSNA SUITE 201
Medicare 1:	747047 HHA-18;74					EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 231-9494	Fax	(915) 231-9489			FAX:
Type:	Parent Agency	Administrator	EDWING MARTINEZ			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	06/06/2017	Owner Information
License #	018094					BELLA PROVIDERS LLC
Lic Expire	6/30/2024					11809 CLARA BARTON
Medicare 1:						EL PASO, TEXAS 79936
Medicare 2:						PHONE:
Phone	(915) 598-8602	Fax	(915) 598-5493			FAX:
Type:	Parent Agency	Administrator	CLAUDIA DELFIN			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	08/17/2016	Owner Information
License #	017581					BEST OUTCOMES HOME HEALTH LLC
Lic Expire	8/31/2022					2150 TRAWOOD STE B160
Medicare 1:						EL PASO, TX 79935
Medicare 2:						PHONE:
Phone	(915) 599-9062	Fax	(915) 599-9066			FAX:
Type:	Parent Agency	Administrator	MARCO CARZOLI			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	07/28/2005	Owner Information
License #	010205					BIENESTAR HOME HEALTH SERVICES
Lic Expire	7/31/2022					3117 MCRAE AVENUE # A
Medicare 1:	457960 HHA-18					EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 599-0242	Fax	(915) 599-0243			FAX:
Type:	Parent Agency	Administrator	EVANGELINA GONZALEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 02/16/1996
License # 004250 BIENVIVIR ALLINCLUSIVE SENIOR HEALTH
Lic Expire 2/28/2023 656 RANCHO ALEGRE
Medicare 1: EL PASO, TX 79915
Medicare 2:
Phone (915) 599-6032 Fax (915) 875-8806
Type: Parent Agency Administrator JOE PABON

Owner Information

BIENVIVIR SENIOR HEALTH SERVICES
656 RANCHO ALEGRE
EL PASO, TX 79915
PHONE: (915) 562-3444 FAX: (915) 875-8841
Services: Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/04/2007
License # 011309 BUEN PASTOR HOME HEALTHCARE INC
Lic Expire 5/31/2022 9900 MONTANA SUITE C8
Medicare 1: 747260 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 599-0201 Fax (915) 599-0092
Type: Parent Agency Administrator ADRIANA TERRAZAS-GREEN

Owner Information

BUEN PASTOR HOME HEALTHCARE INC
1463 GREG POWERS DR
EL PASO, TX 79936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/12/2021
License # 020897 BUENA VIDA HOME HEALTH, LLC
Lic Expire 8/11/2024 1530 GOODYEAR, SUITE A-2
Medicare 1: EL PASO, TEXAS 79936
Medicare 2:
Phone (915) 300-1190 Fax (915) 300-1192
Type: Parent Agency Administrator LIRIA RUFFIER ACUNA

Owner Information

BUENA VIDA HOME HEALTH, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/13/2011
License # 014046 CAMINO DE SALUD HOME CARE
Lic Expire 1/31/2023 9440 VISCOUNT SUITE 210
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 217-8307 Fax (915) 219-8271
Type: Parent Agency Administrator ENGRACIA VAZQUEZ

Owner Information

SANTA TERESA PROVIDER ASSISTED SERVICES LLC
6713 VISCOUNT ST SUITE A
EL PASO, TX 79925
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 04/24/2015
License # 016764 CAMINO HOSPICE CORPORATION
Lic Expire 4/30/2024 7806 GATEWAY BLVD E SUITE 100
Medicare 1: 741603 HOSPICE EL PASO, TX 79915
Medicare 2:
Phone (915) 313-4720 Fax (915) 313-4277
Type: Parent Agency Administrator LAURA ORTIZ

Owner Information

CAMINO HOSPICE CORPORATION
7806 GATEWAY BLVD. E. STE #100
EL PASO, TX 79905
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 10/22/1991
License # 002251 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 10/31/2023 11180 LA QUINTA
Medicare 1: 457384 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 598-6522 Fax (915) 598-7069
Type: Parent Agency Administrator OLYMPIA SAN ROMAN

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/20/2019
License # 019708 CARE AT HEART HOME HEALTH SERVICES
Lic Expire 11/20/2023 12724 TIERRA MONJE
Medicare 1: 748003 EL PASO, TX 79938
Medicare 2:
Phone (915) 304-1030 Fax (915) 304-1030
Type: Parent Agency Administrator EUGENE ORU

Owner Information

EUGENE'S HEALTHCARE SYSTEMS, LLC
12724 TIERRA MONJE
EL PASO, TX 79938
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	10/04/2012	Owner Information
License #	006718	CARE HOME HEALTH AGENCY			IRENE TRUJILLO	
Lic Expire	11/30/2022	705 FABENS ROAD SPACE # 3			9215 MONTANA AVE.	
Medicare 1:		FABENS, TX 79838			EL PASO, TEXAS 79925	
Medicare 2:					PHONE:	FAX:
Phone	(915) 764-1367	Fax	(915) 764-0155	Services: Personal Assistance Services		
Type:	Branch Agency	Administrator	IRENE TRUJILLO			
County	EL PASO	Region	02	Date Licensed	11/17/1998	Owner Information
License #	006718	CARE HOME HEALTH AGENCY			IRENE TRUJILLO	
Lic Expire	11/30/2022	9215 MONTANA AVE.			9215 MONTANA AVE.	
Medicare 1:		EL PASO, TX 79925			EL PASO, TEXAS 79925	
Medicare 2:					PHONE:	FAX:
Phone	(915) 772-8401	Fax	(915) 772-8402	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	IRENE TRUJILLO			
County	EL PASO	Region	02	Date Licensed	08/13/2003	Owner Information
License #	008589	CARE QUALITY OF EL PASO LLC			CARE QUALITY OF EL PASO LLC	
Lic Expire	8/31/2022	11809 CLARA BARTON			11809 CLARA BARTON	
Medicare 1:	679378 HHA-18	EL PASO, TEXAS 79936			EL PASO, TEXAS 79936	
Medicare 2:					PHONE:	(915) 598-8602 FAX: (915) 598-5493
Phone	(915) 598-8602	Fax	(915) 598-5493	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	CLAUDIA DELFIN			
County	EL PASO	Region	02	Date Licensed	09/30/2016	Owner Information
License #	017659	CAREGIVERS OF EL PASO LLC			CAREGIVERS OF EL PASO LLC	
Lic Expire	9/30/2022	12194 CORAL GATE DR			12194 CORAL GATE DR.	
Medicare 1:		EL PASO, TX 79936			EL PASO, TEXAS 79936	
Medicare 2:					PHONE:	FAX:
Phone	(915) 999-6134	Fax	(915) 859-4532	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	CARLOS FRIAS			
County	EL PASO	Region	02	Date Licensed	04/09/2013	Owner Information
License #	015469	CARING COMPANIONS			AMIEL LLC	
Lic Expire	4/30/2023	4050 RIO BRAVO SUITE 121			4050 RIO BRAVO, SUITE 121	
Medicare 1:		EL PASO, TX 79902			EL PASO, TX 79902	
Medicare 2:					PHONE:	FAX:
Phone	(915) 307-6103	Fax	(915) 307-6105	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ANGELICA MINJAREZ			
County	EL PASO	Region	02	Date Licensed	02/03/2016	Owner Information
License #	017253	CARING HEARTS OF EL PASO HOME CARE LLC			CARING HEARTS OF EL PASO HOME CARE LLC	
Lic Expire	2/28/2022	6501 BOEING DR SUITE H-5			4997 BALLINGER DRIVE	
Medicare 1:		EL PASO, TEXAS 79925			EL PASO, TX 79924	
Medicare 2:					PHONE:	FAX:
Phone	(915) 307-5044	Fax	(915) 307-3927	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	VERONICA WILLIAMS			
County	EL PASO	Region	02	Date Licensed	04/06/2016	Owner Information
License #	017339	CARING PARTNERS HOME CARE			COMPASSION SUPPORT, LLC	
Lic Expire	4/30/2022	9611 ACER AVE, BLDG. B, SUITE 100			9611 ACER AVE., BLDG. B, SUITE 100	
Medicare 1:		EL PASO, TEXAS 79925			EL PASO, TX 79925	
Medicare 2:					PHONE:	FAX:
Phone	(915) 444-8621	Fax	(915) 242-4590	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	ERNESTO NAVARRO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	10/10/2005	Owner Information
License #	010033					DESERT MOUNTAIN LLC
Lic Expire	10/31/2023					13822 SHAVANO GLENN
Medicare 1:						SAN ANTONIO, TX 78230
Medicare 2:						PHONE:
Phone	(915) 843-1119	Fax	(866) 546-5291			FAX:
Type:	Parent Agency	Administrator	LISA KLAES			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	10/01/2017	Owner Information
License #	018495					GOOD SAMARITAN SOCIETY HCBSTX, LLC
Lic Expire	9/30/2024					700 NORTH TOWN EAST BLVD., SUITE 159
Medicare 1:	679092 HHA-18					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(915) 544-0044	Fax	(915) 544-1888			FAX:
Type:	Parent Agency	Administrator	LIONZO BARRAZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	09/30/2005	Owner Information
License #	010376					CLOUDVIEW HOME HEALTH AGENCY INC
Lic Expire	9/30/2022					5950 ALAMEDA AVENUE
Medicare 1:	453140 HHA-18					EL PASO, TX 79905
Medicare 2:						PHONE:
Phone	(915) 564-0323	Fax	(915) 564-0865			FAX:
Type:	Parent Agency	Administrator	DELIA HUERTA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	01/01/2015	Owner Information
License #	016653					HSTA, INC
Lic Expire	12/31/2022					5927 GATEWAY WEST SUITE A
Medicare 1:						EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 842-8195	Fax	(915) 534-7738			FAX:
Type:	Parent Agency	Administrator	DEBORAH DE SANTOS			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	04/06/1995	Owner Information
License #	003656					CORAM ALTERNATE SITE SERVICES INC
Lic Expire	4/30/2024					ONE CVS DRIVE, MC #1160
Medicare 1:						WOONSOCKET, RI 2895
Medicare 2:						PHONE:
Phone	(915) 833-0140	Fax	(915) 833-2116			FAX:
Type:	Parent Agency	Administrator	JAMES RANKIN			Services: Licensed Home Health Services
County	EL PASO	Region	03	Date Licensed	08/12/2013	Owner Information
License #	013952					CKC HOLDINGS LLC
Lic Expire	3/31/2023					1000 W CROSBY LANE SUITE 136
Medicare 1:						CARROLLTON, TX 75006
Medicare 2:						PHONE:
Phone	(915) 249-4004	Fax	(915) 249-4005			FAX:
Type:	Branch Agency	Administrator	CRAIG PORTER			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	07/28/1997	Owner Information
License #	005897					CUIDADO CASERO HOME HEALTH OF EL PASO INC
Lic Expire	7/31/2022					1110 N CARROLL AVENUE
Medicare 1:	459419 HHA-18;67					SOUTHLAKE, TX 76092
Medicare 2:						PHONE:
Phone	(915) 772-7177	Fax	(915) 772-6447			FAX:
Type:	Parent Agency	Administrator	MELISSA AVILA			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	06/11/2014	Owner Information
License #	016442					DN & A LLC
Lic Expire	6/30/2022					10940 MONTANA
Medicare 1:						EL PASO, TX 79936
Medicare 2:						PHONE:
Phone	(915) 595-2626	Fax	(915) 595-2031			FAX:
Type:	Parent Agency	Administrator	JENNA JIMENEZ			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	12/27/2011	Owner Information
License #	014551					CANINE FRIENDLY COALITION INC
Lic Expire	12/31/2021					7104 WESTOVER DRIVE
Medicare 1:	747761 HHA-18					EL PASO, TX 79912
Medicare 2:						PHONE:
Phone	(915) 566-0999	Fax	(915) 566-0984			FAX:
Type:	Parent Agency	Administrator	ISABELLA BROCKMAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	09/14/2021	Owner Information
License #	021043					DESERT STAR HOSPICE, LLC
Lic Expire	9/14/2024					304 TEXAS AVE. SUITE 101A
Medicare 1:						EL PASO, TX 79901
Medicare 2:						PHONE:
Phone	(915) 566-0999	Fax	(915) 566-0984			FAX:
Type:	Parent Agency	Administrator	ISABELLA BROCKMAN			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	06/30/2010	Owner Information
License #	013429					MALOU HOME HEALTH INC
Lic Expire	6/30/2022					1515 CESSNA STE 102
Medicare 1:	747912 HHA-18					EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 500-5159	Fax	(915) 594-2945			FAX:
Type:	Parent Agency	Administrator	CHRISTIAN MARTINEZ			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	07/09/2002	Owner Information
License #	008033					DISABILITY SERVICES OF THE SOUTHWEST, INC
Lic Expire	7/31/2022					6243 IH 10 WEST, STE. 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(915) 774-8787	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	WHITNEY HRADEK			Services: Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	10/19/2018	Owner Information
License #	019477					EARLY BIRD PEDIATRIC THERAPY
Lic Expire	7/10/2021					EARLY BIRD PEDIATRIC THERAPY CLINIC, INC
Medicare 1:						
Medicare 2:						PHONE:
Phone	(915) 271-8030	Fax	(915) 444-0968			FAX:
Type:	Parent Agency	Administrator	ARELI OROS			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	03/22/2019	Owner Information
License #	019303					EDER HOME CARE, LLC
Lic Expire	3/22/2021					1640 MYRTLER DRIVE
Medicare 1:						CLINT, TX 79836
Medicare 2:						PHONE:
Phone	(915) 301-4449	Fax	18663218182			FAX:
Type:	Parent Agency	Administrator	VASTHI VILLALOBOS			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	10/27/2005	Owner Information
License #	010080					EL PASO COMMUNITY HOME HEALTH INC
Lic Expire	10/31/2022					6070 GATEWAY BLVD EAST, STE. 312
Medicare 1:	679519 HHA-18					EL PASO, TX 79905
Medicare 2:						PHONE:
Phone	(915) 591-6700	Fax	(915) 591-6706			FAX:
Type:	Parent Agency	Administrator	LYNDA VAQUERA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	09/22/2020	Owner Information
License #	020190					EL PASO HOMECARE SOLUTIONS LLC
Lic Expire	9/22/2022					3712 IDALIA AVE.
Medicare 1:						EL PASO, TX 79930
Medicare 2:						PHONE:
Phone	(915) 433-2588	Fax				FAX:
Type:	Parent Agency	Administrator	ANDRES SALGADO			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	06/09/2006	Owner Information
License #	010500					CIMA HOSPICE OF EL PASO, LP
Lic Expire	6/30/2023					14295 MIDWAY RD STE 400
Medicare 1:	671556 HOSPICE					ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(915) 778-1222	Fax	(915) 778-1666			FAX:
Type:	Parent Agency	Administrator	YOLANDA DELGADO			Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	05/26/2015	Owner Information
License #	016819					ELITE ELDERLY CARE LLC
Lic Expire	5/31/2023					1200 GOLDEN KEY CIRCLE SUITE 228
Medicare 1:						EL PASO, TEXAS 79925
Medicare 2:						PHONE:
Phone	(915) 838-7200	Fax	(915) 838-7201			FAX:
Type:	Parent Agency	Administrator	JEANETTE PEREZ			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	06/01/2020	Owner Information
License #	020250					ELP COMMUNITY HEALTHCARE SERVICES LLC
Lic Expire	6/1/2022					513 PHIL HANSEN
Medicare 1:	457854					CANUTILLO, TEXAS 79835
Medicare 2:						PHONE:
Phone	915 5879994	Fax	915 8330922			FAX:
Type:	Parent Agency	Administrator	PATRICIA MAZIE-KALU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	04/27/2007	Owner Information
License #	011472					WELLMARK HEALTHCARE SERVICES OF EL PASO, INC
Lic Expire	4/30/2023					6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	458314 HHA-18					DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	915 8453300	Fax	915 8453661			FAX:
Type:	Parent Agency	Administrator	PATRICK CRAIG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	11/01/2018	Owner Information
License #	019202					WELLMARK HEALTHCARE SERVICES OF EL PASO, INC
Lic Expire	11/1/2022					6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	451566					DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	915 3002228	Fax	915 3011947			FAX:
Type:	Parent Agency	Administrator	MARGIE GLEASON			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 05/09/2007
License # 011321 ENVISION HOME CARE
Lic Expire 5/31/2022 8929 VISCOUNT UPPER LEVEL
Medicare 1: 743117 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 778-0028 Fax (915) 778-0013
Type: Parent Agency Administrator JUAN CARMONA

Owner Information

SUN CITY ENVISION HEALTHCARE SERVICES INC
8929 VISCOUNT UPPER LEVEL
EL PASO, TX 79925
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 01/01/2007
License # 011079 ENVISION HOSPICE
Lic Expire 12/31/2021 8929 VISCOUNT UPPER LEVEL
Medicare 1: 671500 HOSPICE EL PASO, TX 79925
Medicare 2:
Phone (915) 778-0028 Fax (915) 778-0013
Type: Parent Agency Administrator JUAN CARMONA

Owner Information

SUN CITY ENVISION HEALTHCARE SERVICES INC
8929 VISCOUNT UPPER LEVEL
EL PASO, TX 79925
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 08/31/2011
License # 014313 ENVISION PERSONAL CARE
Lic Expire 8/31/2023 8929 VISCOUNT
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (915) 779-2011 Fax (915) 779-2225
Type: Parent Agency Administrator JUAN CARMONA

Owner Information

ENVISION PERSONAL CARE INC
8929 VISCOUNT #B
EL PASO, TX 79925
PHONE:
FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/06/2021
License # 020735 ESPERANZA HOME HEALTHCARE SERVICES
Lic Expire 5/6/2024 1222 GILES RD APT 2001
Medicare 1: EL PASO, TEXAS 79915
Medicare 2:
Phone (915) 502-9067 Fax
Type: Parent Agency Administrator CEREZMI SILVA

Owner Information

ESPERANZA HOME HEALTHCARE SERVICES
PHONE:
FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/26/2005
License # 009985 EVANGEL HOME CARE SERVICES
Lic Expire 3/31/2022 2112 TRAWOOD DRIVE SUITE B 1
Medicare 1: 679524 HHA-18 EL PASO, TX 79935
Medicare 2:
Phone (915) 351-1790 Fax (915) 351-1924
Type: Parent Agency Administrator BRUNILDA LEWIS

Owner Information

EVANGEL HEALTHCARE CHARITIES INC
P.O.BOX 35447
HOSTON, TX 77235
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/25/2021
License # 020643 FAITH HOSPICE INC
Lic Expire 3/25/2024 1852 DALE DOUGLAS, STE B
Medicare 1: 971687 EL PASO, TX 79936
Medicare 2:
Phone 915 2031068 Fax (915) 772-1303
Type: Parent Agency Administrator VERONICA WALTERS

Owner Information

FAITH HOSPICE INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 03/14/2018
License # 018663 FAMILY FIRST HOME HEALTH AGENCY
Lic Expire 1/31/2025 13276 EMERALD RIVER
Medicare 1: EL PASO, TX 79928
Medicare 2:
Phone 915 3281012 Fax 888 8099488
Type: Parent Agency Administrator ROXANNE RAMIREZ

Owner Information

FAMILY FIRST HOME HEALTH AGENCY
801 N EL PASO ST., SUITE 150
EL PASO, TX 79902
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	06/01/2015	Owner Information
License #	016916					FIRSTSTEP HEALTHCARE SERVICES INC
Lic Expire	5/31/2024					1210 WATERMOON CT
Medicare 1:						RICHMOND, TX 77469
Medicare 2:						PHONE:
Phone	(832) 378-5998	Fax	(832) 595-2902			FAX:
Type:	Parent Agency	Administrator	ANELKY S OLIVA POMPA			Services: Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	08/07/2006	Owner Information
License #	010664					EL PASO HELPING HANDS LLC
Lic Expire	8/31/2021					611 N VIRGINIA
Medicare 1:	747261 HHA-18					EL PASO, TEXAS 79902
Medicare 2:						PHONE:
Phone	(915) 351-0114	Fax	(915) 351-6629			FAX:
Type:	Parent Agency	Administrator	NORMA CERVERA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	06	Date Licensed	04/14/2008	Owner Information
License #	010426					GABLINK INC
Lic Expire	1/31/2023					7457 HARWIN DRIVE, SUITE #102
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(915) 751-3500	Fax	(915) 751-3503			FAX:
Type:	Branch Agency	Administrator	ARLENE QUIJADA			Services: Personal Assistance Services
County	EL PASO	Region	07	Date Licensed	07/29/2009	Owner Information
License #	011757					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2023					12900 FOSTER
Medicare 1:						OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(915) 782-8900	Fax	(915) 774-0439			FAX:
Type:	Branch Agency	Administrator	IRIS MEDINA			Services: Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	06/05/2012	Owner Information
License #	009845					ADL CARE AT HOME INC
Lic Expire	6/30/2022					1817 WYOMING AVE
Medicare 1:						EL PASO, TX 79903
Medicare 2:						PHONE:
Phone	(915) 543-6060	Fax	(915) 543-9350			FAX:
Type:	Alternate Delivery Site	Administrator	ELIZABETH MARRERO			Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	06/29/2005	Owner Information
License #	009845					ADL CARE AT HOME INC
Lic Expire	6/30/2022					1817 WYOMING AVE
Medicare 1:	671519 HOSPICE					EL PASO, TX 79903
Medicare 2:						PHONE:
Phone	(915) 543-6060	Fax	(915) 543-9350			FAX:
Type:	Parent Agency	Administrator	ELIZABETH MARRERO			Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	10/11/2017	Owner Information
License #	018567					GOOD SAMARITAN SOCIETY HCBSTX, LLC
Lic Expire	10/31/2023					700 NORTH TOWN EAST BLVD., SUITE 159
Medicare 1:	671666 HOSPICE					MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(915) 533-0999	Fax	(915) 533-0997			FAX:
Type:	Parent Agency	Administrator	VERONICA WALTERS			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	08/10/2010	Owner Information	
License #	013522					GRACE PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	8/31/2022					1815 EAST YANDELL DRIVE	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	
Phone	(915) 842-0581	Fax	(915) 842-0580			FAX:	
Type:	Parent Agency	Administrator	HECTOR OMAR TORRES TORRES				Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	01/15/2013	Owner Information	
License #	015398					EL PASO NURSING SERVICES INC	
Lic Expire	1/31/2023					4141 PINNACLE ST, SUITE #209	
Medicare 1:	679034 HHA-18					EL PASO, TX 79902	
Medicare 2:						PHONE:	
Phone	(915) 546-2311	Fax	(915) 534-7874			FAX:	
Type:	Parent Agency	Administrator	ANTHONY HERI				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	01/20/2021	Owner Information	
License #	020475					GRANDVIEW HOSPICE INC	
Lic Expire	1/20/2023						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(915) 500-4209	Fax	(915) 534-7874			FAX:	
Type:	Parent Agency	Administrator	ANTHONY HERI				Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	11/07/2017	Owner Information	
License #	018430					GREEN MOUNTAIN HOSPICE LLC	
Lic Expire	11/30/2023					6524 ROYAL RIDGE DRIVE	
Medicare 1:	74-1749					EL PASO, TX 79912-7477	
Medicare 2:						PHONE:	
Phone	(915) 500-4883	Fax	(915) 275-5510			FAX:	
Type:	Parent Agency	Administrator	ROBERTO FLORES				Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	09/06/2007	Owner Information	
License #	011677					DEL NORTE HOMECARE LLC	
Lic Expire	9/30/2023					1537 N. ZARAGOZA RD SUITE 2A	
Medicare 1:	677523 HHA-18					EL PASO, TX 79936	
Medicare 2:						PHONE:	
Phone	(915) 594-1116	Fax	915_8497825			FAX: 19158497825	
Type:	Parent Agency	Administrator	DR. MARGARET IKE				Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	05/07/2019	Owner Information	
License #	019365					GA HOSPICE OF EL PASO, LLC	
Lic Expire	5/7/2024						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	915 5941116	Fax	915 8497825			FAX:	
Type:	Parent Agency	Administrator	JENNIFER RAYA SALAZAR				Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	05/27/2014	Owner Information	
License #	016230					HEAVENLY HEALING HOME HEALTH LLC	
Lic Expire	5/31/2022					8122 TIGUA CIRCLE	
Medicare 1:	747967 HHA-18					EL PASO, TEXAS 79936	
Medicare 2:						PHONE:	
Phone	(915) 500-5845	Fax	(915) 975-8225			FAX:	
Type:	Parent Agency	Administrator	MARGARITA ORTEGA				Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	12/11/2007	Owner Information	
License #	011759					HOLISTIC CARE HOME HEALTH AGENCY INC	
Lic Expire	12/31/2023					11351-B JAMES WATT DR. SUITE #B	
Medicare 1:						EL PASO, TX 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 855-2627	Fax	(915) 857-7383			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIZA FIERRO-CALDERON				
County	EL PASO	Region	02	Date Licensed	06/12/2020	Owner Information	
License #	019996					HOME CARE FROM HUMBLE HEARTZ	
Lic Expire	6/12/2022					10683 JANWAY DR	
Medicare 1:						EL PASO, TEXAS 79935	
Medicare 2:						PHONE:	FAX:
Phone	(844) 486-2532	Fax	(915) 255-3577			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ZAHN DANTZLER				
County	EL PASO	Region	02	Date Licensed	08/28/2015	Owner Information	
License #	017003					SENIOR STEWARDS INC	
Lic Expire	8/31/2023					230 THUNDERBIRD DRIVE SUITE G	
Medicare 1:						EL PASO, TX 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 584-5678	Fax	(915) 584-5757			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMUEL PATTON				
County	EL PASO	Region	02	Date Licensed	08/29/2013	Owner Information	
License #	016064					HOME SWEET HOME UNLIMITED INC	
Lic Expire	8/31/2024					2204 JOE BATTLE BLVD SUITE C106	
Medicare 1:	743172 HHA-18					EL PASO, TX 79938	
Medicare 2:						PHONE:	FAX:
Phone	(915) 857-4081	Fax	(915) 857-2893			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	ALLEN WADJA				
County	EL PASO	Region	07	Date Licensed	02/17/2017	Owner Information	
License #	017971					HEMOCARE DIMENSIONS, INC	
Lic Expire	2/28/2023					12500 NETWORK BLVD SUITE 210	
Medicare 1:						SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(915) 626-5159	Fax	(915) 626-5045			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	ASHLEIGH STRICKLAND				
County	EL PASO	Region	02	Date Licensed	04/02/2009	Owner Information	
License #	012684					DHARMA HOMECARE INC	
Lic Expire	4/30/2024					PO BOX 640726	
Medicare 1:						EL PASO, TX 79904	
Medicare 2:						PHONE:	FAX:
Phone	(915) 629-2079	Fax	(915) 755-7191			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY MARTINEZ				
County	EL PASO	Region	02	Date Licensed	04/06/2011	Owner Information	
License #	014012					HONOR PERSONAL HOME CARE INC	
Lic Expire	4/30/2023					1014 MONTANA AVENUE	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	FAX:
Phone	(915) 222-8318	Fax	(915) 222-8567			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JESUS GONZALEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	07/05/2011	Owner Information
License #	003133					HOSPICE OF EL PASO, INC
Lic Expire	6/30/2022					1440 MIRACLE WAY
Medicare 1:	451505					EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 532-5699	Fax	(915) 532-7822			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	JAMES PAUL, JR.			
County	EL PASO	Region	02	Date Licensed	06/08/1984	Owner Information
License #	003133					HOSPICE OF EL PASO, INC
Lic Expire	6/30/2022					1440 MIRACLE WAY
Medicare 1:	451505 HOSPICE					EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 532-5699	Fax	(915) 532-7822			FAX:
						Services: Hospice; Licensed Home Health Services
						In-Patient Hospice: YES
Type:	Parent Agency	Administrator	JANET BAHL			
County	EL PASO	Region	02	Date Licensed	03/04/2021	Owner Information
License #	020571					IMPERIAL HOME HEALTH LLC
Lic Expire	3/4/2023					6006 NORTH MESA ST.,SUITE 510
Medicare 1:						EL PASO, TX 799124630
Medicare 2:						PHONE:
Phone	(915) 929-4072	Fax				FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTIAN SOLIS			
County	EL PASO	Region	05	Date Licensed	07/14/1999	Owner Information
License #	007056					INHOME CARE INC
Lic Expire	7/31/2019					808 W INDIANA
Medicare 1:						MIDLAND, TX 79701
Medicare 2:						PHONE:
Phone	(915) 591-0056	Fax	(915) 591-1873			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MICHAEL EARL WATERS			
County	EL PASO	Region	02	Date Licensed	02/03/2015	Owner Information
License #	016631					JMJ HOME HEALTH CARE
Lic Expire	2/28/2023					408 EMERALD TRAIL WAY
Medicare 1:						HORIZON CITY, TX 79928
Medicare 2:						PHONE:
Phone	(915) 228-3515	Fax	(877) 392-8829			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MARIO VILLA			
County	EL PASO	Region	02	Date Licensed	08/10/2017	Owner Information
License #	018250					VIATUS INC
Lic Expire	8/31/2023					5 VIA PLACITA
Medicare 1:						EL PASO, TEXAS 79927
Medicare 2:						PHONE:
Phone	(915) 774-0347	Fax	(915) 774-0466			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ISMAEL LEOS			
County	EL PASO	Region	02	Date Licensed	04/16/2010	Owner Information
License #	013253					JUST CARE HOME HEALTH LLC
Lic Expire	4/30/2022					4242 HONDO PASS DR, SUITE 101
Medicare 1:	747596 HHA-18					EL PASO, TX 79904
Medicare 2:						PHONE:
Phone	(915) 591-2800	Fax	(915) 591-2801			FAX:
						Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ANA LILIA MORADO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 07/27/2011
License # 014427 KINDRED AT HOME
Lic Expire 7/31/2023 7500 VISCOUNT BLVD SUITE 156
Medicare 1: 457513 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 881-8129 Fax (915) 881-8645
Type: Parent Agency Administrator DENISE SANCHEZ

Owner Information

BWB SUNBELT HOME HEALTH SERVICES, LLC
12900 FOSTER STREET SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **EL PASO** Region 02 Date Licensed 07/01/2001
License # 007770 KINDRED HOSPICE
Lic Expire 6/30/2023 7826 BOIS D ARC DRIVE
Medicare 1: 451705 HOSPICE EL PASO, TX 799257735
Medicare 2:
Phone (915) 778-9058 Fax (915) 778-9053
Type: Parent Agency Administrator SAMANTHA SIMMONS

Owner Information

ODYSSEY HEALTHCARE OPERATING A, LP
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **EL PASO** Region 02 Date Licensed 12/11/2019
License # 019742 LA CASA DE LOS ABUELOS HOME CARE PROVIDERS
Lic Expire 12/11/2021 12240 SAINT MARK
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 259-8225 Fax (915) 549-3481
Type: Parent Agency Administrator CLAUDIA SAUCEDO

Owner Information

LA CASA DE LOS ABUELOS HOME CARE PROVIDERS
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/02/2012
License # 014727 LA ESPERANZA
Lic Expire 1/31/2025 946 HORIZON BLVD
Medicare 1: EL PASO, TX 79927
Medicare 2:
Phone (915) 872-9979 Fax (915) 790-2625
Type: Parent Agency Administrator MANUEL GONZALEZ

Owner Information

DOUBLE G ENTERPRISES INC
946 HORIZON BLVD
EL PASO, TX 79927
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 02/24/1998
License # 006339 LA FAMILIA HOME HEALTH
Lic Expire 2/28/2022 2720 E YANDELL DR STE 106
Medicare 1: 459438 HHA-18 EL PASO, TX 79903
Medicare 2:
Phone (915) 591-7100 Fax (915) 591-3656
Type: Parent Agency Administrator ELSA I LUEVANO VELAZQUEZ

Owner Information

LA FAMILIA HEALTH INC
2720 E YANDELL DR STE 106
EL PASO, TX 79903
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/16/2018
License # 018832 LA GUARDIA HOME HEALTHCARE
Lic Expire 7/31/2022 2611 MONTANA AVE. SUITE A
Medicare 1: EL PASO, TX 79903
Medicare 2:
Phone (915) 301-0001 Fax (915) 301-0006
Type: Parent Agency Administrator MARIA J GARCIA

Owner Information

BENMARJO INC
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/02/2019
License # 019509 LA VICTORIA PRIMARY HOME CARE
Lic Expire 8/2/2023 2700 GEORGE DIETER
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 500-4646 Fax (915) 500-4647
Type: Parent Agency Administrator MARTHA EGURE

Owner Information

M RAMCO INC
P. O BOX 789
MCALLEN, TEXAS 78505
PHONE: (956) 581-9557 FAX: (956) 581-9560
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 05/09/2013
License # 015737 LAMINA HOME CARE LLC
Lic Expire 5/31/2023 7100 WESTWIND DR. STE#200
Medicare 1: 679415 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone 915 8335100 Fax 915 8335101

Owner Information

LAMINA HOME CARE LLC
7100 WESTWIND DR STE 200
EL PASO, TX 79912

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator RICHARD SENNESIE

County **EL PASO** Region 02 Date Licensed 02/27/2013
License # 015392 LIFESPAN HOME HEALTH
Lic Expire 2/28/2023 1200 GOLDEN KEY # 369
Medicare 1: EL PASO, TX 79925
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310

Owner Information

ADVANCE HI TECH NURSING, INC
6243 IH 10 WEST, SUITE 375
SAN ANTONIO, TX 78201

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator WHITNEY HRADEK

County **EL PASO** Region 02 Date Licensed
License # 021337 LOVE OCCUPATIONAL THERAPY SERVICES
Lic Expire 1/18/2025 2150 TRAWOOD DR STE A100
Medicare 1: EL PASO, TEXAS 79935
Medicare 2:
Phone (915) 246-2402 Fax (915) 792-0576

Owner Information

ASHLEY LOVE

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator ASHLEY LOVE

County **EL PASO** Region 02 Date Licensed 02/22/2007
License # 011093 LUXUR HEALTH SERVICES INC
Lic Expire 2/28/2022 7380 AUTUMN SAGE DRIVE UNIT B
Medicare 1: EL PASO, TEXAS 79911
Medicare 2:
Phone 7138803801; 91520011 Fax 7138803808; 9152260505

Owner Information

LUXUR HEALTH SERVICES INC
4 PROFESSIONAL PARK DRIVE , SUITE B
WEBSTER, TX 77598

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator DOUGLAS ALORGBEY

County **EL PASO** Region 02 Date Licensed 06/03/2020
License # 019979 LUXURY HEALTH SERVICES PLLC
Lic Expire 6/3/2022 10721 CAMARO CT
Medicare 1: EL PASO, TEXAS 799353315
Medicare 2:
Phone (915) 626-6897 Fax

Owner Information

LUXURY HEALTH SERVICES, PLLC

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator XOCHITL LARA

County **EL PASO** Region 02 Date Licensed 12/23/2015
License # 017307 M B CARE LLC
Lic Expire 12/31/2021 409 EXECUTIVE CENTER BLVD SUITE 200
Medicare 1: 457989 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 351-1851 Fax (915) 581-2485

Owner Information

M B CARE LLC
409 EXECUTIVE CENTER BLVD 200
EL PASO, TEXAS 79902

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator SAGRARIO MIMBELA

County **EL PASO** Region 02 Date Licensed 10/18/2010
License # 013814 MATRIX HOME HEALTH SERVICES
Lic Expire 10/31/2022 11351 JAMES WATT BUILDING C 400
Medicare 1: 679217 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 633-8104 Fax (915) 633-8105

Owner Information

MATRIX HHA, INC
11351 JAMES WATT C400
EL PASO, TEXAS 79936

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator DEBRA GONZALEZ

County	EL PASO	Region	02	Date Licensed	06/01/2021	Owner Information	
License #	020804					MEDELLA HEALTHCARE, INC	
Lic Expire	6/1/2024						
Medicare 1:							
Medicare 2:						PHONE: (915) 228-3737	FAX: (915) 201-1318
Phone	(915) 228-3737	Fax	(915) 201-1318			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERIKA TAVAREZ				
County	EL PASO	Region	02	Date Licensed	09/20/2021	Owner Information	
License #	021062					MEDICA ESTA HOME HEALTH LLC	
Lic Expire	9/20/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(915) 243-9641	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DIANA FRANCO				
County	EL PASO	Region	02	Date Licensed	01/02/2012	Owner Information	
License #	014726					MI CASA PERSONAL ASSISTANCE SERVICES, INC	
Lic Expire	1/31/2024					PO BOX 1136	
Medicare 1:						CLINT, TEXAS 79836	
Medicare 2:						PHONE:	FAX:
Phone	(915) 851-4663	Fax	(915) 851-0899			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MANUEL GONZALEZ				
County	EL PASO	Region	02	Date Licensed		Owner Information	
License #	021351					DESERT PANTHEON	
Lic Expire	8/12/2024					6225 DEAN MARTIN DRIVE	
Medicare 1:						LAS VEGAS, NEVADA 89118	
Medicare 2:						PHONE:	FAX:
Phone	(919) 800-1111	Fax	(915) 288-2072			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LUIS CARRILLO				
County	EL PASO	Region	02	Date Licensed	01/23/2012	Owner Information	
License #	014605					MONTE CRISTO HEALTH CARE, INC	
Lic Expire	1/31/2022					5959 GATEWAY BLVD SUITE 520	
Medicare 1:	747924 HHA-18 74					EL PASO, TX 79925	
Medicare 2:						PHONE:	FAX:
Phone	(915) 771-8100	Fax	(915) 771-8103			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ROMMEL ALCANTARA				
County	EL PASO	Region	02	Date Licensed	11/03/2016	Owner Information	
License #	017720					NATAS247HOMECARE@AOLCOM	
Lic Expire	11/30/2022					4630 VULCAN AVE # 12	
Medicare 1:						EL PASO, TX 79904	
Medicare 2:						PHONE: (915) 694-4031	FAX:
Phone	(915) 526-5062	Fax	(915) 613-3559			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LUZ SANDATE				
County	EL PASO	Region	02	Date Licensed	10/19/2004	Owner Information	
License #	009359					NEW MISSION HOME CARE LLC	
Lic Expire	10/31/2023					P.O.BOX 1424	
Medicare 1:	457881 HHA-18					SAN ELIZARIO, TEXAS 79849	
Medicare 2:						PHONE:	FAX:
Phone	(915) 851-9200	Fax	(915) 851-9207			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LAURA MORALES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	09/23/2014	Owner Information	
License #	016443					NOBLE PERSONAL HOME CARE LLC	
Lic Expire	9/30/2022					2150 TRAWOOD DR. B-260	
Medicare 1:						EL PASO, TX 79935	
Medicare 2:						PHONE:	FAX:
Phone	(915) 929-8178	Fax	(915) 990-2229			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AMBER J CLARK CLARK				
County	EL PASO	Region	02	Date Licensed	01/29/2018	Owner Information	
License #	018581					NUEVO HOGAR EAST LLC	
Lic Expire	1/31/2022					1031 EAST RIO GRANDE	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	FAX:
Phone	(915) 591-0200	Fax	(915) 591-0101			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANA RIOS				
County	EL PASO	Region	02	Date Licensed	02/01/2017	Owner Information	
License #	017918					NUEVO HOGAR HOME CARE PROVIDERS LLC	
Lic Expire	1/31/2023					1031 EAST RIO GRANDE	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	FAX:
Phone	(915) 584-2429	Fax	(915) 584-1114			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANA RIOS				
County	EL PASO	Region	02	Date Licensed	10/18/2010	Owner Information	
License #	013815					NURSES CARE HHA INC	
Lic Expire	10/31/2022					11351 JAMES WATT BLDG C-300	
Medicare 1:	457894 HHA-18					EL PASO, TX 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 599-9998	Fax	(915) 599-9978			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	WENDY YANEZ				
County	EL PASO	Region	02	Date Licensed	11/17/2009	Owner Information	
License #	013006					JOMPG CORPORATION	
Lic Expire						7806 GATEWAY BLVD E SUITE 101	
Medicare 1:	747463 HHA-18					EL PASO, TX 79915	
Medicare 2:						PHONE:	FAX:
Phone	(915) 599-9927	Fax	(915) 599-9931			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	LAURA ORTIZ				
County	EL PASO	Region	02	Date Licensed	12/10/2003	Owner Information	
License #	008800					OUR ANGEL HOME HEALTH INC	
Lic Expire	12/31/2022					6080 SURETY DRIVE SUITE 215	
Medicare 1:	679470 HHA-18					EL PASO, TX 79905	
Medicare 2:						PHONE:	FAX:
Phone	(915) 629-9600	Fax	(915) 629-9602			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELENA AUZA				
County	EL PASO	Region	02	Date Licensed	07/14/2015	Owner Information	
License #	016908					VANESSA GANDARILLA	
Lic Expire	7/31/2023					PO BOX 2106	
Medicare 1:						FABENS, TEXAS 79838	
Medicare 2:						PHONE:	FAX:
Phone	(915) 765-5306	Fax	(915) 765-5306			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VANESSA GANDARILLA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	06/01/2000	Owner Information	
License #	007333					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP	
Lic Expire	5/31/2022					1919 S SHILOH RDSTE 102 LB 28	
Medicare 1:						GARLAND, TX 75042	
Medicare 2:						PHONE:	FAX: (972) 792-6739
Phone	915 5958729	Fax	915 5958990			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ERIKA PALACIOS				
County	EL PASO	Region	02	Date Licensed	02/02/2018	Owner Information	
License #	018588					OXYGEN HOSPICE INC	
Lic Expire	5/29/2022					11394 JAMES WATT DR STE 701B	
Medicare 1:	74-1769					EL PASO, TX 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 351-8662	Fax	(915) 779-9866			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	AMELIA VEGA				
County	EL PASO	Region	02	Date Licensed	12/22/2014	Owner Information	
License #	016575					MARDAV INC	
Lic Expire	12/31/2022					3100 EDGEROCK	
Medicare 1:						EL PASO, TX 79935	
Medicare 2:						PHONE:	FAX:
Phone	(915) 262-0457	Fax	(915) 262-0430			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	LORENA MALDONADO				
County	EL PASO	Region	02	Date Licensed	09/27/2021	Owner Information	
License #	021085					PIEDRAS HOME HEALTH, LLC	
Lic Expire	9/27/2024					550 SOUTH MESA HILLS, STE B1-A	
Medicare 1:						EL PASO, TX 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 585-2273	Fax	(888) 558-1718			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	LYNNETTE LOMARQUEZ				
County	EL PASO	Region	02	Date Licensed	11/01/2010	Owner Information	
License #	013743					PLENITUD INC	
Lic Expire	10/31/2022					2431 MONTANA AVE	
Medicare 1:						EL PASO, TX 79903	
Medicare 2:						PHONE:	FAX:
Phone	(915) 546-3900	Fax	(915) 546-3902			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MANUEL GONZALEZ				
County	EL PASO	Region	02	Date Licensed	06/01/2006	Owner Information	
License #	010611					PRIMAVERA HOME HEALTH PC	
Lic Expire	5/31/2022					5959 GATEWAY WEST SUITE 242	
Medicare 1:	679299 HHA-18					EL PASO, TX 79925	
Medicare 2:						PHONE:	FAX:
Phone	(915) 771-8282	Fax	(915) 771-8989			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SANDRA MORENO				
County	EL PASO	Region	07	Date Licensed		Owner Information	
License #	019024					PRINCIPLE HOSPICE SERVICE SERVICE LLC	
Lic Expire	10/9/2022					1612 N. LEE TREVINO DRIVE, SUITE D	
Medicare 1:						EL PASO, TEXAS 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 444-8110	Fax	(956) 783-7162			Services:	Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	JORGE ARANGO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	04/27/2020	Owner Information	
License #	019897					PRN PRIMARY HOME CARE, LLC	
Lic Expire	4/27/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	915 3011302	Fax	915 3011304			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA DEL CARMEN WIRZ				
County	EL PASO	Region	02	Date Licensed	01/01/2018	Owner Information	
License #	018633					LAMINA INVESTMENTS LLC	
Lic Expire	12/31/2023					8401 BOEING DR UNIT #971010	
Medicare 1:	67-8341					EL PASO, TX 79997	
Medicare 2:						PHONE:	FAX:
Phone	(915) 317-7000	Fax	(915) 703-3737			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RICHARD SENNESIE				
County	EL PASO	Region	02	Date Licensed	07/24/2015	Owner Information	
License #	016936					PULSO HOME HEALTH LLC	
Lic Expire	7/31/2024					550 S MESA HILLS DRIVE SUITE B1	
Medicare 1:						EL PASO, TX 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 585-2273	Fax	(915) 231-6345			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LYNNETTE LOMARQUEZ				
County	EL PASO	Region	02	Date Licensed	10/16/2018	Owner Information	
License #	019142					RIJ LEOS LLC	
Lic Expire	10/16/2022						
Medicare 1:	678162						
Medicare 2:						PHONE:	FAX:
Phone	(915) 771-6160	Fax	(915) 771-8161			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RODOLFO LEOS				
County	EL PASO	Region	03	Date Licensed		Owner Information	
License #	018474					BLUE HAVEN HOSPICE LLC	
Lic Expire	8/31/2024					1101 RAINTREE CIRCLE, SUITE #130	
Medicare 1:						ALLEN, TX 75013	
Medicare 2:						PHONE:	FAX:
Phone	(214) 667-8040	Fax	22146678045			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	ANGELA HAMMONS			In-Patient Hospice: NO	
County	EL PASO	Region	02	Date Licensed	03/26/2021	Owner Information	
License #	020651					REMARKABLE LTC PARTNERS OF EL PASO LP	
Lic Expire	3/26/2024					101 RENNER RD	
Medicare 1:						RICHARDSON, TEXAS 75082	
Medicare 2:						PHONE:	FAX:
Phone	(915) 615-7040	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	GRACE MILLS			In-Patient Hospice: NO	
County	EL PASO	Region	02	Date Licensed	09/27/2005	Owner Information	
License #	009990					REVIVE HOME CARE INC	
Lic Expire	9/30/2022					1393 GEORGE DIETER SUITE B	
Medicare 1:	677916 HHA-18					EL PASO, TX 79936	
Medicare 2:						PHONE:	FAX:
Phone	(915) 772-1300	Fax	(915) 772-1303			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MARTHA HAPGOOD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **EL PASO** Region 02 Date Licensed 12/01/2016
License # 017888 SAFFA HOME CARE INC
Lic Expire 11/30/2022 9434 VISCOUNT BLVD SUITE 236
Medicare 1: 457948 HHA-18 EL PASO, TX 79925
Medicare 2:
Phone (915) 440-4100 Fax (915) 228-9311
Type: Parent Agency Administrator RICHARD SENNESSIE

Owner Information

SAFFA HOME CARE INC
8401 BOEING DR UNIT 971010
EL PASO, TEXAS 79997
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/01/2020
License # 020298 SAN ANTONIO IN HOME HEALTH CARE
Lic Expire 6/1/2022 9001 CASHEW DR STE 600
Medicare 1: EL PASO, TX 79907
Medicare 2:
Phone (915) 500-4148 Fax (915) 859-5962
Type: Parent Agency Administrator JOSE NUNEZ

Owner Information

SAN ANTONIO IN HOME HEALTH CARE, LLC
9171 NOTTINGHAM DR
EL PASO, TX 79907
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 08/13/2014
License # 016371 SAN LORENZO ADULT PROVIDER AND PEDIATRICS
Lic Expire 8/31/2022 5625 HEMMINGWAY DR.
Medicare 1: EL PASO, TX 79924
Medicare 2:
Phone (915) 307-3608 Fax (915) 307-3663
Type: Parent Agency Administrator MELISSA PORTILLO

Owner Information

SAN LORENZO ADULT PROVIDER SERVICES AND PEDIATRICS LLC
5625 HEMMINGWAY
EL PASO, TX 79924
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/01/2009
License # 012832 SAN MATEO PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 8/31/2023 2150 TRAWOOD DR. B-260
Medicare 1: EL PASO, TX 79935
Medicare 2:
Phone (915) 500-5020 Fax (915) 975-8048
Type: Parent Agency Administrator CELINA BUTTNER

Owner Information

SAN MATEO PERSONAL ASSISTANCE SERVICES LLC
2150 TRAWOOD DR B-211
EL PASO, TX 79935
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/16/2004
License # 009195 SANTA FE HOME CARE LLC
Lic Expire 7/31/2022 611 NEWMAN
Medicare 1: 673119 HHA-18 EL PASO, TX 79902
Medicare 2:
Phone (915) 845-3900 Fax (915) 845-3901
Type: Parent Agency Administrator JULISSA G. SEANEZ

Owner Information

SANTA FE HOME CARE LLC
611 NEWMAN
EL PASO, TX 79902-1355
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 02/20/2020
License # 019837 SERENIDAD HOME CARE INC
Lic Expire 2/20/2022 183 EDITH DR
Medicare 1: EL PASO, TEXAS 79915
Medicare 2:
Phone 915 2197077 Fax 915 2197077
Type: Parent Agency Administrator EDGAR REYES

Owner Information

SERENIDAD HOME CARE INC
741 VILLA ROMERO DR.
HORIZON, TEXAS 79928
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 09/18/2014
License # 016432 SHIELD OF GRACE HOME HEALTHCARE LLC
Lic Expire 9/30/2022 11395 JAMES WATT SUITE A-11
Medicare 1: EL PASO, TX 79936
Medicare 2:
Phone (915) 592-4000 Fax (915) 633-8002
Type: Parent Agency Administrator RUTH ARROYOS

Owner Information

SHIELD OF GRACE
11395 JAMES WATT SUITE A-11
EL PASO, TX 79936
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 07/01/2019
License # 019457 SISTER SISTERS IN HOME CARE SERVICES LLC
Lic Expire 7/1/2023 9627 SIMS DR SUITE F
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 251-0214 Fax (915) 262-0888
Type: Parent Agency Administrator ROSAURA ESCOBEDO

Owner Information

SISTER SISTERS IN HOME CARE SERVICES LLC
9627 SIMS DR SUITE F
EL PASO, TEXAS 79925
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 01/25/2012
License # 014909 SOUTHERN HOMECARE INC
Lic Expire 1/31/2025 11500 PELLICANO DR UNIT B10
Medicare 1: 679725 HHA-18 EL PASO, TX 79936
Medicare 2:
Phone (915) 857-8573 Fax (915) 591-3932
Type: Parent Agency Administrator MARTHA SALCIDO

Owner Information

SOUTHERN HOMECARE INC
11500 PELLICANO DR UNIT B10
EL PASO, TX 79936
PHONE: () - 0 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/28/2018
License # 018675 ST LUKE HOME HEALTH LLC
Lic Expire 3/31/2022 3029 MONTANA, STE C
Medicare 1: EL PASO, TEXAS 79903
Medicare 2:
Phone (915) 316-1216 Fax (915) 317-1517
Type: Parent Agency Administrator JUAN GARCIA

Owner Information

ST LUKE HOME HEALTH LLC
PO BOX 12948
EL PASO, TX 79913
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 11/30/1988
License # 002026 SUN CITY HOME CARE INC
Lic Expire 11/30/2022 1040 BELVIDERE ST
Medicare 1: 677207 HHA-18 EL PASO, TX 79912
Medicare 2:
Phone (915) 542-0014 Fax (915) 542-0072
Type: Parent Agency Administrator ABDUL KAMEL

Owner Information

SUN CITY HOME CARE INC
1040 BELVIDERE ST.,
EL PASO, TX 79912
PHONE: (915) 542-0014 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 06/08/2017
License # 018097 SUNSHINE PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 6/30/2023 221 N KANSAS ST STE 750
Medicare 1: EL PASO, TX 79901
Medicare 2:
Phone 915 3833201 Fax 915 7732929
Type: Parent Agency Administrator ELSA MARTINEZ

Owner Information

SUNSHINE PAS, LLC
221 N. KANSAS ST, STE #750
EL PASO, TX 79901
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 10/04/2019
License # 019633 SWEET CARE HOME CARE PROVIDERS, LLC
Lic Expire 10/4/2021 7917 SUNMOUNT
Medicare 1: EL PASO, TEXAS 79925
Medicare 2:
Phone (915) 304-9504 Fax (915) 599-9760
Type: Parent Agency Administrator ERIC ARATA

Owner Information

SWEET CARE HOME CARE PROVIDERS, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **EL PASO** Region 02 Date Licensed 03/24/2006
License # 010357 TENDER CARE HOME HEALTH
Lic Expire 3/31/2022 6400 ESCONDIDO
Medicare 1: 679522 HHA-18 & EL PASO, TX 79912
Medicare 2:
Phone (915) 581-3345 Fax (915) 833-4581
Type: Parent Agency Administrator ANN RODRIGUEZ MCCONNELL

Owner Information

ARM HEALTHCARE LLC
6529 CALLE PLACIDO
EL PASO, TX 79912
PHONE: (915) 581-3345 FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County	EL PASO	Region	02	Date Licensed	05/15/2020	Owner Information
License #	019945					TEXAS HOME HEALTH OF AMERICA, LP
Lic Expire	5/15/2022					17855 N. DALLAS PKWY, SUITE 200
Medicare 1:						DALLAS, TEXAS 75287
Medicare 2:						PHONE:
Phone	915 7748890	Fax	915 7748848			FAX:
Type:	Parent Agency	Administrator	ANA LORENA DOMINGUEZ			Services: Licensed Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	12/08/2016	Owner Information
License #	017775					HOSPICE DEL NORTE, LLC
Lic Expire	12/31/2022					717 N. HARWOOD STREET, SUITE 550
Medicare 1:	741729 HOSPICE					DALLAS, TX 75201
Medicare 2:						PHONE:
Phone	(915) 808-4000	Fax	(915) 808-4001			FAX:
Type:	Parent Agency	Administrator	MICHELE ABOUD			Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	08/11/2016	Owner Information
License #	017566					TLC HOME HEALTHCARE SERVICES INC
Lic Expire	8/31/2022					SAA
Medicare 1:	747614 HHA-18					EL PASO, TX 79936
Medicare 2:						PHONE:
Phone	(915) 772-4852	Fax	(915) 200-2098			FAX:
Type:	Parent Agency	Administrator	TODD FLAHERTY			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	11/27/2017	Owner Information
License #	018466					SOUTHWEST HOSPICE INC
Lic Expire	3/1/2022					1635 N LEE TREVINO SUITE A
Medicare 1:	74-1759					EL PASO, TX 79936
Medicare 2:						PHONE:
Phone	915 595 4852	Fax	915 2002098			FAX:
Type:	Parent Agency	Administrator	VENNESSA CIRIZA			Services: Hospice In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	12/06/2021	Owner Information
License #	021252					TRINITY HEALTH GROUP LLC
Lic Expire	12/6/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	915 4914193	Fax				FAX:
Type:	Parent Agency	Administrator	CESAR MATA			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	EL PASO	Region	02	Date Licensed	02/02/2018	Owner Information
License #	018620					UNITY HOMECARE LLC
Lic Expire	2/28/2022					4150 RIO BRAVO STREET, SUITE#105
Medicare 1:	453174 HHA-18					EL PASO, TX 79902-1028
Medicare 2:						PHONE:
Phone	(915) 781-1882	Fax	(915) 781-1883			FAX:
Type:	Parent Agency	Administrator	STEPHANIE SANCHEZ			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	11/18/2008	Owner Information
License #	012385					URGENT CARE HOME HEALTH INC
Lic Expire	11/30/2022					8401 BOEING DRIVE UNIT 971010
Medicare 1:	747099 HHA-18					EL PASO, TEXAS 79997
Medicare 2:						PHONE:
Phone	(915) 594-8070	Fax	(915) 594-4028			FAX:
Type:	Parent Agency	Administrator	RICHARD SENNESSIE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	12/08/2014	Owner Information	
License #	016552					URGENT CARE HOSPICE INC	
Lic Expire	12/31/2022					8401 BOEING DRIVE UNIT 971010	
Medicare 1:	741613 HOSPICE					EL PASO, TEXAS 79997	
Medicare 2:						PHONE:	FAX:
Phone	(915) 213-5453	Fax	(915) 213-5456			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	RICHARD SENNESIE				
County	EL PASO	Region	02	Date Licensed	08/01/2014	Owner Information	
License #	016357					V & V GROUP INC	
Lic Expire	7/31/2020					834 PUEBLO	
Medicare 1:						EL PASO, TX 79903	
Medicare 2:						PHONE:	FAX:
Phone	(915) 532-3032	Fax	(915) 219-8736			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR VARGAS				
County	EL PASO	Region	02	Date Licensed	11/19/2010	Owner Information	
License #	013723					SERENE LLC	
Lic Expire	11/30/2022					SAME AS ABOVE	
Medicare 1:						EL PASO, TX 79925	
Medicare 2:						PHONE: (915) 595-5472	FAX: (915) 595-5482
Phone	(915) 595-5472	Fax	(915) 595-5482			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MONICA DOMINGUEZ				
County	EL PASO	Region	02	Date Licensed	04/02/2008	Owner Information	
License #	012086					VALOR PERSONAL ASSISTANCE SERVICES INC	
Lic Expire	4/30/2024					1014 MONTANA AVENUE	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	FAX:
Phone	(915) 541-0033	Fax	(915) 541-0034			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VIRGINIA GONZALEZ				
County	EL PASO	Region	02	Date Licensed	04/22/2009	Owner Information	
License #	012557					GOD IS KING HOME HEALTH INC	
Lic Expire	4/30/2023					1005 DESIERTO SECO DR	
Medicare 1:	747427 HHA-18					EL PASO, TX 79912	
Medicare 2:						PHONE:	FAX:
Phone	(915) 587-5284	Fax	(915) 345-1038			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLINE CHIBUEZE				
County	EL PASO	Region	02	Date Licensed	06/21/2007	Owner Information	
License #	011414					I BELLA INC	
Lic Expire	6/30/2024					12421 PASEO DE ARCO	
Medicare 1:						EL PASO, TX 79928	
Medicare 2:						PHONE:	FAX:
Phone	(915) 595-8707	Fax	(915) 288-3180			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SERGIO GONZALEZ				
County	EL PASO	Region	02	Date Licensed	10/25/2017	Owner Information	
License #	018400					VIDANTA PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	10/31/2023					1801 E YANDELL	
Medicare 1:						EL PASO, TX 79902	
Medicare 2:						PHONE:	FAX:
Phone	(915) 307-6260	Fax	(915) 307-6479			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HECTOR TORRES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	EL PASO	Region	02	Date Licensed	11/05/2017	Owner Information
License #	018511					CHILDREN'S HOME THERAPY SPECIALISTS, LLC
Lic Expire	11/30/2023					10224 SINGAPORE
Medicare 1:						EL PASO, TX 79925
Medicare 2:						PHONE:
Phone	(915) 307-9289	Fax	(915) 975-8168			FAX:
Type:	Parent Agency	Administrator	GEORGINA BARRERA			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	07/08/2015	Owner Information
License #	016897					EP SENIOR HOMECARE, LLC
Lic Expire	7/31/2021					815 LAKE AIR DRIVE
Medicare 1:						WACO, TX 76710
Medicare 2:						PHONE:
Phone	(915) 799-0141	Fax	(915) 799-0149			FAX:
Type:	Parent Agency	Administrator	JOE PARRA			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	01/03/2005	Owner Information
License #	009504					GALENO INC
Lic Expire	1/31/2023					11204 MONTWOOD
Medicare 1:	457842 HHA-18					EL PASO, TX 79936
Medicare 2:						PHONE:
Phone	(915) 595-4804	Fax	(915) 595-5905			FAX:
Type:	Parent Agency	Administrator	ANA LUISA SOTO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	01/17/2018	Owner Information
License #	018564					VITAL PERSONAL ASSISTANT SERVICES LLC
Lic Expire	1/31/2024					220 THUNDERBIRD #33
Medicare 1:						EL PASO, TX 79912
Medicare 2:						PHONE:
Phone	(915) 234-2007	Fax	(833) 597-4492			FAX:
Type:	Parent Agency	Administrator	LIZBETH LOPEZ MORALES			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	01/08/2019	Owner Information
License #	019186					WISDOM TREE PERSONAL ASSISTANCE SERVICES
Lic Expire	1/8/2023					858 LOS SURCOS RD
Medicare 1:						EL PASO, TX 79907
Medicare 2:						PHONE:
Phone	915 6299456	Fax	915 3002658			FAX:
Type:	Parent Agency	Administrator	MARIA ESCAPITE			Services: Personal Assistance Services
County	EL PASO	Region	02	Date Licensed	10/30/2017	Owner Information
License #	018409					YAGEL THERAPY SERVICES PLLC
Lic Expire	10/31/2023					5337 COUNTRY OAKS DRIVE
Medicare 1:						EL PASO, TEXAS 79932
Medicare 2:						PHONE:
Phone	(915) 703-6380	Fax	(915) 703-6382			FAX:
Type:	Parent Agency	Administrator	CLAUDIA YAGEL			Services: Licensed Home Health Services
County	EL PASO	Region	02	Date Licensed	01/03/2014	Owner Information
License #	015949					ZINNIA PERSONAL HOME CARE INC
Lic Expire	1/31/2025					1323 MONTANA AVENUE
Medicare 1:						EL PASO, TX 79902
Medicare 2:						PHONE:
Phone	(915) 307-5335	Fax	(915) 307-5339			FAX:
Type:	Parent Agency	Administrator	VIRGINIA GONZALEZ			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ELLIS	Region	05	Date Licensed	01/13/2021	Owner Information	
License #	020459					ANCHORED HEARTS LLC	
Lic Expire	1/13/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	214 9244490	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TANIKA MIDDLETON				
County	ELLIS	Region	05	Date Licensed	11/30/2001	Owner Information	
License #	007939					FAMILY REHAB INC	
Lic Expire	11/30/2023					2301 HWY 1187 #203	
Medicare 1:	679069 HHA-18					MANSFIELD, TX 76063	
Medicare 2:						PHONE:	FAX:
Phone	(972) 923-1853	Fax	972 9231809			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	ANGELA TORREZ				
County	ELLIS	Region	01	Date Licensed		Owner Information	
License #	020351					E MEDICAL GROUP OF TEXAS NO 1 LLC	
Lic Expire	6/11/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 626-2657	Fax	(972) 626-2073			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	TAYLOR SMILEY				
County	ELLIS	Region	05	Date Licensed	05/28/2020	Owner Information	
License #	019966					ANGELS HELPING HANDS LLC	
Lic Expire	5/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 347-5359	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	SOPHIA DAWSON-JACKSON				
County	ELLIS	Region	05	Date Licensed	10/15/2020	Owner Information	
License #	020237					ANV CONCEPTS HOME HEALTH SERVICES LLC	
Lic Expire	10/15/2022					P. O. BOX 2033	
Medicare 1:						DESOTO, TEXAS 75123	
Medicare 2:						PHONE:	FAX:
Phone	(972) 515-8000	Fax				Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	XAVIER CRITTENDON				
County	ELLIS	Region	05	Date Licensed	03/09/2006	Owner Information	
License #	010338					APPROVED HEALTH SERVICES LLC	
Lic Expire	3/31/2023					3480 MOUNT ZION RD	
Medicare 1:	679623 HHA-18					MIDLOTHIAN, TEXAS 76065	
Medicare 2:						PHONE:	FAX:
Phone	(972) 723-2933	Fax	(888) 791-7023			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KATHLEEN PONDER				
County	ELLIS	Region	05	Date Licensed	12/02/2013	Owner Information	
License #	015998					BRISTOL HOSPICE & HOME CARE SOUTH CENTRAL, LLC	
Lic Expire	12/31/2023						
Medicare 1:	451743 HOSPICE						
Medicare 2:						PHONE:	FAX:
Phone	(972) 923-2436	Fax	(972) 923-0043			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SAUNDRA TOWNLEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ELLIS	Region	05	Date Licensed	07/08/2021	Owner Information	
License #	020888					CHATTY CATHY CARING FOR YOUR SENIOR	CHATTY CATHY CARING FOR YOUR SENIOR
Lic Expire	7/8/2024					220 CALIFORNIA DR	
Medicare 1:						GLENN HEIGHTS, TEXAS 75154	
Medicare 2:							PHONE: FAX:
Phone	(469) 553-8450	Fax					Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ANGELA ALLEN				
County	ELLIS	Region	05	Date Licensed	01/10/2022	Owner Information	
License #	021317					ENABLING GRACE LLC	
Lic Expire	1/10/2025					233 IRIS DRIVE	
Medicare 1:						MIDLOTHIAN, TEXAS 76065	
Medicare 2:							PHONE: FAX:
Phone	(469) 333-1966	Fax					Services: Personal Assistance Services
Type:	Parent Agency	Administrator	THEODORA THOMPSON				
County	ELLIS	Region	05	Date Licensed	01/13/2011	Owner Information	
License #	013827					FIDELIS HOME CARE, LLC	
Lic Expire	1/31/2023					221 MASTERS LN	
Medicare 1:						MIDLOTHIAN, TX 76065	
Medicare 2:							PHONE: FAX:
Phone	(972) 775-1000	Fax	(469) 375-1142				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JEFFREY HATTEN				
County	ELLIS	Region	03	Date Licensed	09/21/2006	Owner Information	
License #	011216					GUARDIAN HEALTH CARE INC	
Lic Expire	9/30/2022					13737 NOEL ROAD SUITE 1400	
Medicare 1:						DALLAS, TX 75240	
Medicare 2:							PHONE: FAX:
Phone	(972) 937-1560	Fax	(972) 937-1600				Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	AMANDA PRUETT				
County	ELLIS	Region	05	Date Licensed	10/01/2010	Owner Information	
License #	013597					GEN 2 GEN INC	
Lic Expire	9/30/2022					PO BOX 822402	
Medicare 1:						NORTH RICHLAND HILLS, TX 76182	
Medicare 2:							PHONE: FAX:
Phone	972 5761100	Fax	972 5761102				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ANGELA FREEMAN				
County	ELLIS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:							PHONE: FAX:
Phone	(972) 937-2800	Fax	(972) 937-2405				Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				
County	ELLIS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:							PHONE: FAX:
Phone	(972) 937-2800	Fax	(972) 937-2405				Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ELLIS	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 937-2800	Fax	(972) 937-2405			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				
County	ELLIS	Region	05	Date Licensed	05/31/2017	Owner Information	
License #	018254					INFINITE CARE HOME HEALTH INC	
Lic Expire	5/31/2024					206 YMCA DRIVE, #105	
Medicare 1:	679431 HHA-18					WAXAHACHIE, TX 75165	
Medicare 2:						PHONE:	FAX:
Phone	(972) 938-8500	Fax	(972) 408-0891			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	LISSET DARNALL				
County	ELLIS	Region	05	Date Licensed	03/23/2021	Owner Information	
License #	020628					PINK SCRUBS HOME HEALTH AGENCY LLC	
Lic Expire	3/23/2023					10815 BAUCUM RD.	
Medicare 1:						WAXAHACHIE, TX 75167	
Medicare 2:						PHONE:	FAX:
Phone	(734) 968-8602	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KARLETHIA TYSON				
County	ELLIS	Region	05	Date Licensed	07/17/2015	Owner Information	
License #	016925					PREMIER CARE SERVICES LLC	
Lic Expire	7/31/2024					273 N KAUFMAN ST STE D	
Medicare 1:						ENNIS, TX 75119	
Medicare 2:						PHONE:	FAX:
Phone	(972) 875-6277	Fax	(972) 875-6276			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VIVIAN DURHAM				
County	ELLIS	Region	05	Date Licensed	03/06/2019	Owner Information	
License #	019291					RADIANT HOME HEALTH CARE	
Lic Expire	3/6/2021					907 MOCKINGBIRD LN.	
Medicare 1:						GLENN HEIGHTS, TX 75154	
Medicare 2:						PHONE:	FAX:
Phone	(469) 719-1517	Fax	(214) 602-8367			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBIN HALL				
County	ELLIS	Region	05	Date Licensed	10/01/2015	Owner Information	
License #	017060					CWK BEST CARE LLC	
Lic Expire	9/30/2023					PO BOX 1880	
Medicare 1:						MIDLOTHIAN, TX 76065	
Medicare 2:						PHONE:	FAX:
Phone	(469) 672-4880	Fax	(469) 212-1208			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DARLENE WILLIAMS				
County	ELLIS	Region	05	Date Licensed	02/01/2021	Owner Information	
License #	020500					J & L INNOVATIONS, LLC	
Lic Expire	2/1/2023					PO BOX 2573	
Medicare 1:						DESOTO, TX 75123	
Medicare 2:						PHONE:	FAX:
Phone	(817) 913-9908	Fax	(817) 754-2600			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JASCHICA SHELLEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ELLIS	Region	03	Date Licensed		Owner Information	
License #	019559					THREE OAKS HOSPICE DALLAS, INC	
Lic Expire	5/24/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 628-9090	Fax	(214) 628-9091			Services: Hospice Alternative Delivery Site (ADS)	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	MELISSA MANSELL				
County	ELLIS	Region	05	Date Licensed	06/20/2018	Owner Information	
License #	018878					TRADITIONS HEALTH CARE OF ENNIS, LLC	
Lic Expire	6/30/2022					P.O. BOX 9980	
Medicare 1:	747768 HHA-18					COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(972) 878-6877	Fax	(866) 908-8704			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	JACQUELINE WILLIAMS				
County	ELLIS	Region	05	Date Licensed	06/20/2018	Owner Information	
License #	018824					TRADITIONS HOSPICE OF ENNIS, LLC	
Lic Expire	6/30/2022					PO BOX 9980	
Medicare 1:	451730 HOSPICE					COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(972) 878-2273	Fax	(866) 908-8704			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TINA FORTNER				
County	ELLIS	Region	05	Date Licensed	05/13/2020	Owner Information	
License #	019934					VINEYARD HOME HEALTH LLC	
Lic Expire	5/13/2022						
Medicare 1:	747998 HHA						
Medicare 2:						PHONE:	FAX:
Phone	409 2562909	Fax				Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	JAKE HIBBARD				
County	ERATH	Region	01	Date Licensed	11/23/1993	Owner Information	
License #	002671					COMMUNITY CARE SERVICES INC	
Lic Expire	11/30/2021					118 EAST LIVEOAK SUITE 104	
Medicare 1:	451594 HOSPICE					DUBLIN, TX 76446	
Medicare 2:						PHONE:	FAX:
Phone	(254) 445-4675	Fax	(254) 445-2972			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JESSICA COWAN				
County	ERATH	Region	01	Date Licensed	03/17/2015	Owner Information	
License #	016684					COUNTRYSIDE THERAPY GROUP HOME HEALTH LLC	
Lic Expire	3/31/2024					515 W LINGLEVILLE RD	
Medicare 1:						STEPHENVILLE, TX 76401-2211	
Medicare 2:						PHONE:	FAX:
Phone	(254) 965-2104	Fax	(254) 965-3618			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LAURA MONTGOMERY				
County	ERATH	Region	03	Date Licensed	01/02/2008	Owner Information	
License #	007938					SOLARIS HOSPICE, INC	
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400	
Medicare 1:	45-1688					DECATUR, TX 76234	
Medicare 2:						PHONE:	FAX:
Phone	(940) 627-1011	Fax	(940) 627-3160			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ERATH	Region	01	Date Licensed	08/04/1999	Owner Information
License #	004548					STEPHEN'S HEALTH CARE, INC
Lic Expire	4/30/2023					PO BOX 852
Medicare 1:						STEPHENVILLE, TX 76401
Medicare 2:						PHONE:
Phone	(254) 445-4620	Fax	(254) 445-2514			FAX:
Type:	Branch Agency	Administrator	ANN STEPHEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ERATH	Region	01	Date Licensed	05/01/1996	Owner Information
License #	004548					STEPHEN'S HEALTH CARE, INC
Lic Expire	4/30/2023					PO BOX 852
Medicare 1:	677624 HHA-18					STEPHENVILLE, TX 76401
Medicare 2:						PHONE:
Phone	(254) 965-6629	Fax	(254) 965-7040			FAX:
Type:	Parent Agency	Administrator	ANN STEPHEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FALLS	Region	05	Date Licensed	06/25/2021	Owner Information
License #	020865					HH HEALTHCARE, LLC
Lic Expire	6/25/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(254) 697-9826	Fax				FAX:
Type:	Parent Agency	Administrator	O?CEMARIA HUITT			Services: Personal Assistance Services
County	FALLS	Region	05	Date Licensed	12/23/2014	Owner Information
License #	016582					SHEPHERDS SERVICES INC
Lic Expire	12/31/2022					125 HERITAGE ROW
Medicare 1:	677796 HHA-18					MARLIN, TX 76661
Medicare 2:						PHONE:
Phone	(254) 803-3000	Fax	(254) 883-3530			FAX:
Type:	Parent Agency	Administrator	THOMAS TATE			Services: Licensed and Certified Home Health Services
County	FANNIN	Region	03	Date Licensed	05/22/2006	Owner Information
License #	009193					MAXIMACARE, LLC
Lic Expire	7/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 640-9000	Fax	(903) 640-9001			FAX:
Type:	Branch Agency	Administrator	KRYSTAL ALVARADO			Services: Licensed and Certified Home Health Services
County	FANNIN	Region	03	Date Licensed		Owner Information
License #	011367					UHS OF TEXOMA INC
Lic Expire	1/31/2022					367 S GULPH ROAD
Medicare 1:	45Q7655001					KING OF PRUSSIA, PA 19406
Medicare 2:						PHONE:
Phone	(903) 416-5500	Fax				FAX:
Type:	Branch Agency	Administrator	CONNIE CLARK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	FAYETTE	Region	06	Date Licensed	10/25/2015	Owner Information
License #	017190					INTEGRATED MANAGEMENT SOLUTIONS, INC
Lic Expire	10/31/2023					PO BOX 529
Medicare 1:						WHITESBORO, TX 76273
Medicare 2:						PHONE:
Phone	(979) 702-0401	Fax	(979) 725-6977			FAX:
Type:	Branch Agency	Administrator	SUZANNE BOZEMAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FAYETTE** Region 05 Date Licensed 06/04/2013
License # 015578 COMPASSIONATE PROVIDER SERVICES OF TEXAS
Lic Expire 6/30/2023 252 NORTH WASHINGTON STREET
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-1500 Fax (979) 968-1558
Type: Parent Agency Administrator SAMANTHA STACKHOUSE

Owner Information
SAMANTHA SMITH STACKHOUSE
PO BOX 1216
LA GRANGE, TEXAS 78945
PHONE: FAX:
Services: Personal Assistance Services

County **FAYETTE** Region 05 Date Licensed 04/26/2017
License # 018188 ELARA CARING
Lic Expire 4/30/2023 2015 WEST HWY 71 BUSINESS STE. 1
Medicare 1: HHA 45Q7661010 LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-5400 Fax (979) 968-5403
Type: Branch Agency Administrator HEIDI TINCH

Owner Information
TEXAS HOME HEALTHCARE PARTNERS, LP
700 HIGHLANDER SUITE 160
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FAYETTE** Region 05 Date Licensed 07/05/2007
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 1048 NORTH JEFFERSON
Medicare 1: LA GRANGE, TX 78945
Medicare 2:
Phone (979) 968-6913 Fax (979) 968-6943
Type: Alternate Delivery Site Administrator CRAIG BORCHARDT

Owner Information
HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: () - 512 FAX:
Services: Hospice
In-Patient Hospice: NO

County **FAYETTE** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 1201 KESSLER AVENUE, SUITE 206
Medicare 1: SCHULENBURG, TEXAS 789562129
Medicare 2:
Phone (979) 743-2633 Fax (979) 743-2733
Type: Branch Agency Administrator LAURA URIAS

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FAYETTE** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 1201 KESSLER AVENUE, SUITE 206
Medicare 1: SCHULENBURG, TEXAS 789562129
Medicare 2:
Phone (979) 743-2633 Fax (979) 743-2733
Type: Branch Agency Administrator LAURA URIAS

Owner Information
GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FAYETTE** Region 05 Date Licensed 06/07/2011
License # 014144 REGENCY HOME HEALTH OF SCHULENBURG
Lic Expire 6/30/2024 309 KESSLER
Medicare 1: 747668 HHA-18 SCHULENBURG, TX 78956
Medicare 2:
Phone (979) 743-4663 Fax (979) 743-4770
Type: Parent Agency Administrator JENNIFER SCHULZE

Owner Information
GILLAR HOME HEALTH CARE, LP
P.O. BOX 488
SCHULENBURG, TEXAS 78956
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FLOYD** Region 01 Date Licensed 12/16/1998
License # 006764 MANGOLD MEMORIAL HOSPITAL HOME HEALTH CARE
Lic Expire 12/31/2022 104 N MAIN
Medicare 1: 459462 HHA-18 LOCKNEY, TX 79241
Medicare 2:
Phone (806) 652-2895 Fax (806) 652-2607
Type: Parent Agency Administrator ALYSSA MCCARTER

Owner Information
LOCKNEY GENERAL HOSPITAL DISTRICT
P.O. BOX 37
LOCKNEY, TEXAS 79241
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 10/05/2017
License # 018359 1 SMITHER INFINITE PERSONAL ASSISTANCE CARE
Lic Expire 10/31/2023 3022 BLUE LAGOON CT
Medicare 1: MISSOURI CITY, TX 77459
Medicare 2:
Phone (800) 701-7974 Fax (800) 701-7974
Type: Parent Agency Administrator JANET JOHNSON

Owner Information

SMITHER INFINITE HEALTHCARE SERVICES, INC
12222 NOBLE GLEN DRIVE
FRESNO, TX 77545
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/08/2006
License # 010435 1ST CHOICE HEALTHCARE SERVICES INC
Lic Expire 5/31/2022 8018 PACIFIC SPRING LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 819-1803 Fax (832) 847-4077
Type: Parent Agency Administrator BEZALEEL TALIB

Owner Information

1ST CHOICE HEALTHCARE SERVICES INC
SAME
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/19/2010
License # 013179 1ST QUALITY CAREGIVERS
Lic Expire 3/31/2022 7818 TALLADEGA SPRINGS LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 565-0261 Fax (281) 277-0236
Type: Parent Agency Administrator LISSETT HARRIS

Owner Information

LISSETT HARRIS
7818 TALLADEGA SPRINGS LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/06/2010
License # 013754 3 ALPINE HOME HEALTH
Lic Expire 12/31/2022 2122 LUCY LANE
Medicare 1: 747711 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 885-9271 Fax (281) 208-7283
Type: Parent Agency Administrator DEANNA PHAM

Owner Information

CASPER WENDIES INCORPORATED
2122 LUCY LANE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/27/2021
License # 020493 A & A HEALTHCARE INC
Lic Expire 1/27/2023 6415 CANYON ESTATES LN
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 922-0447 Fax
Type: Parent Agency Administrator CHIDINMA WEZE

Owner Information

ZIC INC
6415 CANYON ESTATES LN
RICHMOND, TX 77469
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/02/2020
License # 020133 A & B DESTINY CARE LLC
Lic Expire 8/31/2022 28431 BOBCAT BAYOU DR.
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 713-4941 Fax (832) 437-2173
Type: Parent Agency Administrator OLASIMBO BODE

Owner Information

A & B DESTINY CARE LLC
20219 WEEPING PINE WAY
RICHMOND,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/05/2005
License # 010027 A&L HEALTH CARE SERVICES LLC
Lic Expire 10/31/2021 2440 TEXAS PARKWAY, SUITE 213E
Medicare 1: 677960 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 208-7451 Fax (281) 969-8197
Type: Parent Agency Administrator AMAKA OKOROHA

Owner Information

A & L HEALTH CARE SERVICES, LLC
2440 TEXAS PKWY, STE 213C
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	FORT BEND	Region	06	Date Licensed	05/14/2013	Owner Information	
License #	015538		AABA PEDIATRIC CARE			AABA HEALTHCARE SERVICES, INC	
Lic Expire	5/31/2023		8310 INDIGO VILLA LANE				
Medicare 1:			HOUSTON, TX 77083				
Medicare 2:						PHONE:	FAX:
Phone	(832) 633-2271	Fax	(281) 491-6239			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JANE AMADI				
County	FORT BEND	Region	06	Date Licensed	01/04/2012	Owner Information	
License #	014561		ABET LIFE INC			ABET LIFE INC	
Lic Expire	1/31/2022		4502 RIVERSTONE BLVD SUITE #502			4502 RIVERSTONE BLVD STE 502	
Medicare 1:	747811 HHA-18		MISSOURI CITY, TX 77459			MISSOURI CITY, TX 77459-5205	
Medicare 2:						PHONE:	FAX:
Phone	(281) 431-1900	Fax	(281) 715-4900			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BINNY OONNOONNY				
County	FORT BEND	Region	06	Date Licensed	01/28/2019	Owner Information	
License #	019225		ABRA HOSPICE			ABRA HOSPICE LLC	
Lic Expire	1/28/2024		410 W GRAND PARKWAY S SUITE 396				
Medicare 1:	97-1533 (HOSPICE)		KATY, TX 77494				
Medicare 2:						PHONE:	FAX:
Phone	(281) 940-8912	Fax				Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	RENUKA KAUL				
County	FORT BEND	Region	06	Date Licensed	06/30/2021	Owner Information	
License #	020873		ABSOLUTE RELIEF PROVIDER SERVICES LLC			ABSOLUTE RELIEF PROVIDER SERVICES LLC	
Lic Expire	6/30/2024		7363 EDEN CROSSING LANE				
Medicare 1:			RICHMOND, TX 77407				
Medicare 2:						PHONE:	FAX:
Phone	(832) 462-3538	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADELORE JOSEPH				
County	FORT BEND	Region	06	Date Licensed	02/11/2021	Owner Information	
License #	020535		ACADIA CARE INC			ACADIA CARE INC	
Lic Expire	2/11/2023		12808 W AIRPORT BLVD STE 293				
Medicare 1:			SUGAR LAND, TX 77478				
Medicare 2:						PHONE:	FAX:
Phone	(214) 929-6722	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BLESSING GABRIEL				
County	FORT BEND	Region	06	Date Licensed	10/10/2001	Owner Information	
License #	007751		ACCENTCARE HOME HEALTH OF TEXAS			TEXAS HOME HEALTH SKILLED SERVICES, LP	
Lic Expire	10/31/2023		12808 W. AIRPORT BLVD, SUITE 350				
Medicare 1:	679102 HHA-18		SUGAR LAND, TX 774786187				
Medicare 2:						PHONE:	FAX:
Phone	713 8800683	Fax	713 8692164			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHAUNA ROTH				
County	FORT BEND	Region	06	Date Licensed	10/09/2020	Owner Information	
License #	020221		ACCENTCARE PERSONAL CARE SERVICES OF TEXAS			TEXAS HOME HEALTH OF AMERICA, LP	
Lic Expire	10/9/2022		12808 W. AIRPORT BLVD. SUITE 335			17855 N. DALLAS PKWY, SUITE 200	
Medicare 1:			SUGAR LAND, TX 774786197			DALLAS, TEXAS 75287	
Medicare 2:						PHONE:	FAX:
Phone	713 8800683	Fax	713 8692164			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REGANALD MACKEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 11/08/2008
License # 012300 ACEELLEN HEALTHCARE SERVICES INC
Lic Expire 11/30/2022 10701 CORPORATE DRIVE SUITE #145
Medicare 1: 679747 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 903-7059 Fax (832) 886-4148
Type: Parent Agency Administrator ADAKU EJIMADU

Owner Information

ACEELLEN HEALTHCARE SERVICES INC
5806 SAWMILL BEND LANE
SUGAR LAND, TX 77479

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/12/2021
License # 020599 ACHIFA CARE SERVICES LLC
Lic Expire 3/12/2024 21226 BARTON HOLLOW LN
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (832) 951-0892 Fax
Type: Parent Agency Administrator SAMUEL CHIONUMA

Owner Information

ACHIFA CARE SERVICES LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/24/2003
License # 008302 ACP HEALTH CARE RESOURCES INC
Lic Expire 1/31/2023 5750 HOMEWARD WAY
Medicare 1: 679269 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 265-1511 Fax (281) 265-5349
Type: Parent Agency Administrator ARLITA PANG

Owner Information

ACP HEALTH CARE RESOURCES INC
5750 HOMEWARD WAY
SUGAR LAND, TX

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/22/2020
License # 020188 ACROHEALTH LLC
Lic Expire 9/22/2022 5739 WHITE CLOVER DR
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (832) 969-3315 Fax
Type: Parent Agency Administrator CHRIS ODUOK

Owner Information

ACROHEALTH LLC
5739 WHITE CLOVER DR
RICHMOND, TX 77469

PHONE: (832) 969-3315 FAX:

Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/07/2019
License # 019368 ACTIKARE RESPONSIVE INHOME CARE
Lic Expire 5/7/2021 27822 BURCHFIELD GROVE LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (609) 231-8026 Fax
Type: Parent Agency Administrator SUCCESS AIGBOGUN

Owner Information

ACTIKARE RESPONSIVE INHOME CARE
27822 BURCHFIELD GROVE LANE
KATY, TX 77494

PHONE: FAX:

Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/03/2021
License # 020565 ACTIKARE RESPONSIVE INHOME CARE
Lic Expire 3/3/2023 5834 CHASTE CT
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (713) 903-6612 Fax (832) 295-0667
Type: Parent Agency Administrator ANDERSON OGUNBOR

Owner Information

TETRI HOLDINGS INC

PHONE: FAX:

Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/19/2020
License # 020113 ACTIKARE RESPONSIVE INHOME CARE
Lic Expire 8/19/2022 5010 ROLLINGSTONE RD
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 801-3529 Fax
Type: Parent Agency Administrator CARLOS RAMIREZ

Owner Information

SOPHOS CARE GROUP INC

PHONE: FAX:

Services: Personal Assistance Services

County	FORT BEND	Region	06	Date Licensed	05/29/2001	Owner Information
License #	007630					ACTIVE CARE HOME HEALTH INC
Lic Expire	5/31/2023					23501 CINCO RANCH BLVD SUITE B 220
Medicare 1:	679083 HHA-18					KATY, TX 77494
Medicare 2:						HOUSTON, TX 77063
Phone	(832) 242-0900	Fax	(832) 242-0909			PHONE:
Type:	Parent Agency	Administrator	ZAHRA TAAT			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	08/31/2006	Owner Information
License #	011103					AMBIENCE HEALTHCARE LLC
Lic Expire	8/31/2022					PO BOX 2938
Medicare 1:	679226 HHA-18					SUGAR LAND, TX
Medicare 2:						
Phone	(281) 566-1122	Fax	(281) 566-1125			PHONE:
Type:	Parent Agency	Administrator	ASHA BHANDARI			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	12/14/2012	Owner Information
License #	015267					ACURA HOSPICE CARE LLC
Lic Expire	12/31/2022					PO BOX 2938
Medicare 1:	741541 HOSPICE					SUGAR LAND, TX
Medicare 2:						
Phone	(281) 566-1122	Fax	(281) 566-1125			PHONE:
Type:	Parent Agency	Administrator	ASHA BHANDARI			FAX:
						Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	07/23/2015	Owner Information
License #	017143					AUNC HEALTHCARE SERVICES INC
Lic Expire	7/31/2023					SAME AS ABOVE
Medicare 1:	747098 HHA-18					ROSENBERG, TX 77471
Medicare 2:						
Phone	(281) 201-6088	Fax	2812016228, eFAX:2819161371			PHONE:
Type:	Parent Agency	Administrator	ADA BROWN			FAX:
						Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	10/15/2021	Owner Information
License #	021134					ADDOK HEALTH CARE INC
Lic Expire	10/15/2024					13434 ORCHARD SHADOWS DRIVE
Medicare 1:						RICHMOND, TX 77407
Medicare 2:						
Phone	(713) 292-6332	Fax				PHONE:
Type:	Parent Agency	Administrator	PEACE IKE-BELONWU			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	05/20/2020	Owner Information
License #	019955					ADEL HEALTH CARE SERVICES LLC
Lic Expire	5/20/2022					9119 HIGHWAY 6 STE 230-410
Medicare 1:						MISSOURI CITY, TX 77459
Medicare 2:						
Phone	(718) 916-4496	Fax	281 8093513			PHONE:
Type:	Parent Agency	Administrator	RACHAEL ADEGBOLA			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/21/2016	Owner Information
License #	018019					ADVANCED HEALTHCARE SERVICES INC
Lic Expire	11/30/2022					9800 CENTRE PARKWAY STE 100
Medicare 1:	677827 HHA-18					HOUSTON, TX 77036
Medicare 2:						
Phone	(713) 271-6999	Fax	(713) 271-7002			PHONE:
Type:	Parent Agency	Administrator	JANINA CAHILOG			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	06/28/2010	Owner Information	
License #	013419					AEGIS SENIOR CARE GROUP LLC	
Lic Expire	6/30/2022					120 ELDRIDGE ROAD, SUITE B	
Medicare 1:						SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 881-2781	Fax	(281) 242-0892			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	THERESA JASMIN ALANO WILWAYCO				
County	FORT BEND	Region	06	Date Licensed	05/24/2017	Owner Information	
License #	018076					AEON HOME HEALTH CARE LLC	
Lic Expire	5/31/2024					9235 HODGES BEND DRIVE	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(713) 240-2518	Fax	(346) 874-7798			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LOAN PHAM				
County	FORT BEND	Region	06	Date Licensed	07/18/2011	Owner Information	
License #	014220					AFFECTIONATE HEART INC	
Lic Expire	7/31/2023					11104 WEST WEST AIRPORT BLVD, STE 141	
Medicare 1:						STAFFORD, TEXAS 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 762-2339	Fax	(888) 370-5396			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RAZAK OKUNEYE				
County	FORT BEND	Region	06	Date Licensed	11/03/2020	Owner Information	
License #	019921					MUBARAK LLC	
Lic Expire	5/8/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 925-7621	Fax	(713) 730-3632			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FARIDA ABJANI				
County	FORT BEND	Region	06	Date Licensed	10/18/2021	Owner Information	
License #	021139					AKLAD HEALTHCARE LIMITED LIABILITY COMPANY	
Lic Expire	10/18/2024					20746 BARRINGTON MEADOW TRACE	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(713) 885-1712	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KINGSLEY NJI				
County	FORT BEND	Region	06	Date Licensed	01/14/2021	Owner Information	
License #	020464					AKOBEYANG LIFECARE, LLC	
Lic Expire	1/14/2023					2331 SANDY SEA RD	
Medicare 1:						ROSENBERG, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(240) 423-0568	Fax	(346) 857-0467			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOAN NDUMBE				
County	FORT BEND	Region	06	Date Licensed	08/06/2019	Owner Information	
License #	019513					ALAFIA COMPLETE HEALTHCARE SERVICES, LLC	
Lic Expire	8/6/2021					12930 DAIRY ASHFORD RD, SUITE 403	
Medicare 1:						SUGARLAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(832) 500-5083	Fax	(832) 500-5087			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GABRIEL FATUROI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	05/21/2013	Owner Information	
License #	015553					ALBRIGHT HOME HEALTH, INC	
Lic Expire	5/31/2023					6514 CANYON CHASE DRIVE	
Medicare 1:						RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 342-1974	Fax	(281) 342-9912			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BOLA ODUSOLA-STEPHEN				
County	FORT BEND	Region	06	Date Licensed	05/29/2019	Owner Information	
License #	019397					ALERIS HOME HEALTH INC	
Lic Expire	5/29/2023					140 ELDRIDGE RD,SUITE H	
Medicare 1:	748005					SUGAR LAND, TEXAS 77478	
Medicare 2:						PHONE:	FAX:
Phone	(832) 310-3317	Fax	(281) 715-5011			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JINCY JACOB				
County	FORT BEND	Region	06	Date Licensed	12/10/2003	Owner Information	
License #	008799					ALIEF HEALTH CARE INC	
Lic Expire	12/31/2023					25723 CANYON CROSSING DR	
Medicare 1:						RICHMOND, TX 77406	
Medicare 2:						PHONE:	FAX:
Phone	(832) 595-0189	Fax	(832) 595-0193			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	EMEKA NWOSU				
County	FORT BEND	Region	06	Date Licensed	09/30/2005	Owner Information	
License #	010005					ALL GIVING PROVIDER SERVICES INC	
Lic Expire	3/31/2022					3727 GREENBRIAR DR #302 SUITE B	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 565-3619	Fax	(281) 325-0387			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	PAUL MENDOZA				
County	FORT BEND	Region	06	Date Licensed	03/20/2016	Owner Information	
License #	017625					ALLSTAR HOSPICE, INC	
Lic Expire	3/31/2022					2307 TEXANA WAY	
Medicare 1:	671757 HOSPICE					RICHMOND, TEXAS 77406	
Medicare 2:						PHONE:	FAX:
Phone	(713) 280-7972	Fax	(800) 559-8401			Services:	Hospice; Licensed Home Health Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	STEPHANIE MORRIS				
County	FORT BEND	Region	06	Date Licensed	03/02/2021	Owner Information	
License #	020560					ALLWELL GROUP, INC	
Lic Expire	3/2/2024					9111 ACORN HARVEST TRL	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	832 6134485	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OGBONNA OKEZIE				
County	FORT BEND	Region	06	Date Licensed	07/13/2018	Owner Information	
License #	018830					ALPHA INDEPENDENT LIVING INC	
Lic Expire	7/31/2022					17915 TIMERWALK LANE	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 667-3636	Fax	(281) 624-4902			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MFON ODIONG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	07/08/2020	Owner Information	
License #	020043					ALPHA ONE CARE LLC	
Lic Expire	7/8/2022					20219 WEEPING PINE WAY	
Medicare 1:						RICHMOND, TX 774072033	
Medicare 2:							PHONE:
Phone	(773) 225-2519	Fax	(713) 715-1471				FAX:
Type:	Parent Agency	Administrator	ESTHER KUTON			Services:	Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	04/13/2021	Owner Information	
License #	020695					ALPHA RESOURCEFUL CARE LLC	
Lic Expire	4/13/2024					14402 WEST BELFORT ST APT 1036	
Medicare 1:						SUGAR LAND, TX 77498	
Medicare 2:							PHONE:
Phone	346 779 2201	Fax					FAX:
Type:	Parent Agency	Administrator	BASHIR OYENIRAN			Services:	Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	10/25/2019	Owner Information	
License #	019778					ALTUS HOME HEALTH, LLC	
Lic Expire	10/25/2023					16701 CREEK BEND DRIVE	
Medicare 1:	67-9527 (HHA)					SUGAR LAND, TEXAS 77478	
Medicare 2:							PHONE:
Phone	(713) 474-5998	Fax	(713) 583-8616				FAX:
Type:	Parent Agency	Administrator	MIRACLAIRES FRANCO			Services:	Licensed and Certified Home Health Services
County	FORT BEND	Region	06	Date Licensed	03/09/2020	Owner Information	
License #	019770					ENVOY HOSPICE, LLC	
Lic Expire	10/25/2021					500 FAULCONER DRIVE, STE. 200	
Medicare 1:	671562					CHARLOTTESVILLE, VA 22903	
Medicare 2:							PHONE:
Phone	(281) 493-9744	Fax	(281) 493-9792				FAX:
Type:	Parent Agency	Administrator	JOANNA COUNTRYMAN			Services:	Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	05/03/2019	Owner Information	
License #	019360					ALWAYS HERE HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	5/3/2021					9898 BISSONNET ST STE 670	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(832) 350-2573	Fax					FAX:
Type:	Parent Agency	Administrator	JESTINA BANGURA			Services:	Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	11/17/2015	Owner Information	
License #	017130					AMAZING ANGELS HOME CARE LLC	
Lic Expire	11/30/2021					2002 MARTIN LAKE CT	
Medicare 1:						RICHMOND, TEXAS 77406	
Medicare 2:							PHONE:
Phone	(832) 833-5180	Fax	(832) 363-3296				FAX:
Type:	Parent Agency	Administrator	VERONICA VINTON DUARTE			Services:	Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	04/08/2011	Owner Information	
License #	014026					AMAZING CAREGIVERS HOME HEALTH INC	
Lic Expire	4/30/2024					19830 FM 1093 SUITE 201	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:							PHONE:
Phone	(832) 703-5770	Fax	(832) 437-1299				FAX:
Type:	Parent Agency	Administrator	CLARA IRIELE			Services:	Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	04/10/2019	Owner Information	
License #	019138					AMERICAN BEST ASSISTED LIVING LLC	
Lic Expire	12/7/2022					13250 WESTHEIMER RD 117	
Medicare 1:						HOUSTON, TEXAS 77077	
Medicare 2:						PHONE:	FAX:
Phone	8324069971 281666406	Fax	(281) 666-4064			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANTARA LALEYE				
County	FORT BEND	Region	06	Date Licensed	11/05/2019	Owner Information	
License #	019680					AMERICAN HOLISTIC HEALTHCARE INC	
Lic Expire	11/5/2021					17402 HEATH GROVE LANE	
Medicare 1:						RICHMOND, TEXAS 774078025	
Medicare 2:						PHONE:	FAX:
Phone	(832) 455-2203	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIZABETH OGUNBAYO				
County	FORT BEND	Region	06	Date Licensed	04/20/2018	Owner Information	
License #	018719					AMERICAN PRIMARY HOME CARE LLC	
Lic Expire	4/30/2022					2507 HODGES BEND CIR	
Medicare 1:						SUGAR LAND, TX 77479	
Medicare 2:						PHONE:	FAX:
Phone	(713) 816-6000	Fax	(409) 908-3692			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JASIM HASHMANY				
County	FORT BEND	Region	06	Date Licensed	07/29/2004	Owner Information	
License #	009221					AMEURO HOME HEALTH INC	
Lic Expire	7/31/2022					SAME AS ABOVE	
Medicare 1:	673191 HHA-18					RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 238-6045	Fax	(281) 238-6046			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERNEST ONWUHARONYE				
County	FORT BEND	Region	06	Date Licensed	12/16/2016	Owner Information	
License #	017792					AMGREF HEALTH SYSTEMS CORPORATION	
Lic Expire	12/31/2022					307 WEST MILAM ST SUITE 201	
Medicare 1:						WHARTON, TX 77488	
Medicare 2:						PHONE:	FAX:
Phone	(346) 754-2142	Fax	(281) 944-5682			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NOMSO EGWIM				
County	FORT BEND	Region	06	Date Licensed	08/05/2021	Owner Information	
License #	020966					AMIABLE HOME HEALTH SERVICES LLC	
Lic Expire	8/5/2024					3406 WILLOW FIN WAY	
Medicare 1:						RICHMOND, TEXAS 77406	
Medicare 2:						PHONE:	FAX:
Phone	(346) 714-7595	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JUSTINA EBERE				
County	FORT BEND	Region	06	Date Licensed	10/27/2021	Owner Information	
License #	021167					AMV PROVIDER SERVICES INC	
Lic Expire	10/27/2024					16342 BETTONG CT	
Medicare 1:						SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 287-6110	Fax	(832) 356-4945			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VIVIAN AKAMIMO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 03/28/2012
License # 014830 ANGEL HOME HEALTH CARE LLC
Lic Expire 3/31/2022 4227 SHADY VILLAGE CT
Medicare 1: 747067 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 969-7043 Fax (281) 969-7045
Type: Parent Agency Administrator BEATREES PATHIYIL

Owner Information

ANGEL HOME HEALTH CARE LLC
4227 SHADY VILLAGE CT
MISSOURI CITY, TX 77459-3534
PHONE: (281) 969-7043 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/10/2019
License # 019587 ANGELIC HEALTHCARE SERVICES INC
Lic Expire 9/10/2021 2818 DOVE COUNTRY DR
Medicare 1: STAFFORD, TEXAS 774776002
Medicare 2:
Phone (281) 223-2774 Fax (281) 499-6395
Type: Parent Agency Administrator VICTORIA EZEANI

Owner Information

ANGELIC HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/04/2020
License # 020375 ANGELS CARE
Lic Expire 12/4/2022 2440 TEXAS PKWY, SUITE 218
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 975-2543 Fax (281) 975-2544
Type: Parent Agency Administrator ODINAKACHUKWU CYNTHIA AGU

Owner Information

ACHS HEALTHCARE SERVICES INCORPORATED
20731 BARRINGTON MEADOW TRACE
RICHMOND, TEXAS 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/18/2007
License # 010997 ANIS HEALTHCARE SERVICES INC
Lic Expire 1/31/2022 13307 SUN CANYON CT
Medicare 1: 743123 HHA-18 SUGARLAND, TX 77498
Medicare 2:
Phone (713) 242-1960 Fax (281) 313-3126
Type: Parent Agency Administrator STELLA ANUSI

Owner Information

ANIS HEALTHCARE SERVICES INC
4434 BLUEBONNET DR, #145
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/12/2021
License # 020690 APTIVA CARE INC
Lic Expire 4/12/2023 12808 W AIRPORT BLVD STE 293
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (913) 999-6982 Fax (713) 715-1471
Type: Parent Agency Administrator BLESSING GABRIEL

Owner Information

APTIVA CARE INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/03/2020
License # 019860 ARIA HEALTHCARE CORPORATION
Lic Expire 4/3/2022 3216 HUTCHINS ST
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (281) 902-2259 Fax
Type: Parent Agency Administrator PRINCESS EGWIM

Owner Information

ARIA HEALTHCARE CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed
License # 021372 ARUN CARE LLC
Lic Expire 2/7/2025 8114 COLONY CHASE CT
Medicare 1: RICHMOND, TX 774073056
Medicare 2:
Phone (281) 909-0053 Fax (281) 346-9947
Type: Parent Agency Administrator AJIJOLA ERIMONA BAH

Owner Information

ARUN CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/13/2014
License # 016522 ASERENE HEALTHCARE SERVICES LLC
Lic Expire 11/30/2022 10701 CORPORATE DR SUITE 391
Medicare 1: 741633 HOSPICE STAFFORD, TX 77477
Medicare 2:
Phone (832) 532-7953 Fax (281) 494-5143
Type: Parent Agency Administrator SHENICE FERGUSON

Owner Information

ASERENE HEALTHCARE SERVICES, LLC
2215 S SHADOW GROVE LANE
RICHMOND, TEXAS 77406
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/27/2001
License # 007654 ASSURED CARE HEALTH SERVICES LLC
Lic Expire 6/30/2024 101 SOUTHWESTERN BOULEVARD SUITE #209
Medicare 1: 679073 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 277-5700 Fax (281) 277-5707
Type: Parent Agency Administrator YAISETH TRAPP

Owner Information

ASSURED CARE HEALTH SERVICES, LLC
8300 BISSONNET #470
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 10/29/2019
License # 019671 AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC
Lic Expire 10/29/2023 1031 N. MAGNOLIA DALE DR.
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (832) 699-0363 Fax
Type: Parent Agency Administrator TYRONE EAGLIN

Owner Information

AT EASE PERSONAL HOME CARE AND ERRAND SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/14/2020
License # 020051 AT HOME HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 7/14/2022 10701 CORPORATE DR STE 293
Medicare 1: 971653 STAFFORD, TEXAS 77477
Medicare 2:
Phone (832) 939-8048 Fax (832) 939-8048
Type: Parent Agency Administrator KIRBY SANDERS

Owner Information

AT HOME HOSPICE AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 03/29/2017
License # 017974 AUTUMNCARE HOSPICE
Lic Expire 3/31/2024 10701 CORPORATE DR, SUITE 340-105
Medicare 1: 741698 HOSPICE STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 494-0228 Fax (281) 709-6221
Type: Parent Agency Administrator OFFIONG GLOVER

Owner Information

AUTUMNCARE HEALTH SERVICES, LLC
10701 CORPORATE DR, SUITE 340-105
STAFFORD, TEXAS 77477
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/28/2020
License # 020274 AUXILIUM HOME CARE LLC
Lic Expire 10/28/2022 12808 W. AIRPORT BLVD SUITE 325M
Medicare 1: SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 353-3835 Fax (832) 353-3845
Type: Parent Agency Administrator ADENIKE BANTALE

Owner Information

AUXILIUM HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/31/2020
License # 020131 AVALON PEDIATRIC HOME HEALTH INC
Lic Expire 8/31/2022 14910 MILL BRANCH LANE
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (713) 367-7275 Fax
Type: Parent Agency Administrator TINA IWEGBU

Owner Information

AVALON PEDIATRIC HOME HEALTH INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	08/26/2020	Owner Information	
License #	020123	AVEEANA HEALTHCARE CORPORATION				AVEEANA HEALTHCARE CORPORATION	
Lic Expire	8/26/2022	13827 ABBEY LN					
Medicare 1:		SUGAR LAND, TX 774986301					
Medicare 2:						PHONE:	FAX:
Phone	(281) 902-2259	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	PRINCESS EGWIM				
County	FORT BEND	Region	06	Date Licensed	01/29/2019	Owner Information	
License #	019232	AVENIR HOSPICE CARE LLC				AVENIR HOSPICE CARE LLC	
Lic Expire	6/30/2023	140 ELDRIDGE RD,SUITE A					
Medicare 1:	971558	SUGAR LAND, TEXAS 77478					
Medicare 2:						PHONE:	FAX:
Phone	(832) 766-0929	Fax	(281) 715-5255			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JINCY JACOB				
County	FORT BEND	Region	06	Date Licensed	03/22/2021	Owner Information	
License #	020619	AVIDCARE HOSPICE 3 LLC				AVIDCARE HOSPICE 3 LLC	
Lic Expire	3/22/2024	12808 WEST AIRPORT BLVD STE 292					
Medicare 1:		SUGAR LAND, TEXAS 77498					
Medicare 2:						PHONE:	FAX:
Phone	(844) 424-2843	Fax	(844) 434-2843			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHANNON SCURLOCK				
County	FORT BEND	Region	06	Date Licensed	06/16/2017	Owner Information	
License #	018111	AVIDCARE HOSPICE LLC				AVIDCARE HOSPICE LLC	
Lic Expire	10/29/2021	15222 SNOW HILL CT				15222 SNOW HILL CT	
Medicare 1:	74-1776	SUGAR LAND, TX 77498				SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(844) 424-2843	Fax	(281) 564-7326			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOEL ADA				
County	FORT BEND	Region	06	Date Licensed	01/15/2020	Owner Information	
License #	019785	AWESOME HEALTH INC				AWESOME HEALTH INC	
Lic Expire	1/15/2022	618 WHEELHOUSE DR					
Medicare 1:		STAFFORD, TEXAS 774775828					
Medicare 2:						PHONE:	FAX:
Phone	(832) 249-0424	Fax	(806) 329-2188			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PRECIOUS ULUOCHA				
County	FORT BEND	Region	06	Date Licensed	05/30/2003	Owner Information	
License #	008482	AXIS CARE GROUP HOME HEALTH SERVICES INC				AXIS CARE GROUP HOME HEALTH SERVICES INC	
Lic Expire	5/21/2024	800 BONAVENTURE WAY, SUITE 153				11104 W AIRPORT BLVDSTE 134	
Medicare 1:	679447 HHA-18	SUGAR LAND, TX 77479				STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 495-4845	Fax	(281) 495-4846			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESITA CAPAO				
County	FORT BEND	Region	06	Date Licensed	01/28/2004	Owner Information	
License #	008886	BANNER HEALTHCARE SERVICES INC				BANNER HEALTHCARE SERVICES INCORPORATED	
Lic Expire	1/31/2023	12808 W AIRPORT BLVD, SUITE 304				10590 WESTOFFICE DRIVE SUITE 100	
Medicare 1:	453133 HHA-18	SUGAR LAND, TX 77478				HOUSTON, TX 77042	
Medicare 2:						PHONE:	FAX:
Phone	(713) 272-9355	Fax	(713) 272-9356			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANTHONY OBEAHON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	09/01/2016	Owner Information
License #	017611					BAYSHINE HEALTHCARE SERVICES INC
Lic Expire	8/31/2022					9015 PEACH STONE CT
Medicare 1:						RICHMOND, TX 77407
Medicare 2:						PHONE:
Phone	(832) 462-0250	Fax	(832) 538-0971			FAX:
Type:	Parent Agency	Administrator	YEMISI ABOLARINDE			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/31/2004	Owner Information
License #	009564					BEACON HOME HEALTH AGENCY LLC
Lic Expire	12/31/2022					13004 MURPHY RD #200
Medicare 1:	457950 HHA-18					STAFFORD, TX 77477
Medicare 2:						PHONE:
Phone	(713) 592-6428	Fax	(713) 592-6467			FAX:
Type:	Parent Agency	Administrator	LORA MAYES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	07/17/2012	Owner Information
License #	015069					BEATIFIC HEALTHCARE INC
Lic Expire	7/31/2022					3110 DOGWOOD KNOLL TRAIL
Medicare 1:						ROSENBERG, TX 77471
Medicare 2:						PHONE:
Phone	(281) 201-8757	Fax	(281) 201-8731			FAX:
Type:	Parent Agency	Administrator	DOROTHY ADUMANU			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/03/2021	Owner Information
License #	021181					BEC HEALTHCARE SERVICES, INC
Lic Expire	11/3/2024					17118 SUMMER HOLLOW DRIVE
Medicare 1:						SUGARLAND, TEXAS 77498
Medicare 2:						PHONE:
Phone	(832) 532-7531	Fax	(346) 368-2965			FAX:
Type:	Parent Agency	Administrator	CHUNNY DEMESI-LEWIS			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed		Owner Information
License #	021352					BELOVED PALLIATIVE HOSPICE CARE LLC
Lic Expire	1/24/2025					11336 MEMSIE COURT
Medicare 1:						RICHMOND, TEXAS 77407
Medicare 2:						PHONE:
Phone	(832) 790-1126	Fax				FAX:
Type:	Parent Agency	Administrator	STANLEY MBAH			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	03/13/2009	Owner Information
License #	012555					BENEFICIENT INC
Lic Expire	3/31/2024					202 INDUSTRIAL BLVD SUITE 204
Medicare 1:						SUGARLAND, TX 77478
Medicare 2:						PHONE:
Phone	(713) 988-2942	Fax	(713) 988-2943			FAX:
Type:	Parent Agency	Administrator	SHERRY TADESE			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/13/2003	Owner Information
License #	008593					BESTIN MEDICAL GROUP INC
Lic Expire	8/31/2022					5884 POINT WEST DRIVE SUITE 241
Medicare 1:	453101 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(281) 530-4333	Fax	281 946 8760			FAX:
Type:	Parent Agency	Administrator	CLEMENTINA BESTMANN JACKSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 10/23/2017
License # 018422 BETHEL AMERICA HEALTH CARE LLC
Lic Expire 10/31/2023 11104 W AIRPORT BLVD #107
Medicare 1: 747530 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (832) 770-9125 Fax (832) 770-9253
Type: Parent Agency Administrator YAMILET FERNANDEZ

Owner Information

BETHEL AMERICA HEALTH CARE LLC
11104 WEST AIRPORT BLVD., SUITE 107
STAFFORD, TEXAS 77477

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/13/2011
License # 014094 BETHINA HOME HEALTHCARE
Lic Expire 5/31/2024 2440 TEXAS PKWY, SUITE 213B
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (832) 884-6186 Fax (281) 499-8343
Type: Parent Agency Administrator AINA ELIZABETH OBILANA

Owner Information

BETHINA HEALTHCARE LLC
2305 N STREET SUITE 103
BEAUMONT, TX 77702

PHONE: (281) 499-5949 FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/14/2021
License # 020700 BEYOND HOSPICE & PALLIATIVE CARE, LLC
Lic Expire 4/14/2024 4002 HIGHLAND VALE COURT
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (281) 972-9171 Fax (281) 972-9171
Type: Parent Agency Administrator CARMEN KEYS

Owner Information

BEYOND HOSPICE & PALLIATIVE CARE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 08/14/2021
License # 020981 BEYOND PALLIATIVE & HOSPICE CARE, LLC
Lic Expire 8/14/2023 4002 HIGHLAND VALE COURT
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (281) 972-9171 Fax (281) 972-9171
Type: Parent Agency Administrator WILMA POOLE

Owner Information

BEYOND PALLIATIVE & HOSPICE CARE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/01/2006
License # 011085 BIO HOME HEALTH SERVICES INC
Lic Expire 9/30/2024 830 JULIE RIVERS DR STE 601
Medicare 1: 677866 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 980-2262 Fax (281) 980-2276
Type: Parent Agency Administrator CARLITO BUHAY

Owner Information

BIO HOME HEALTH SERVICES INC
11104 W AIRPORT STE 225
STAFFORD, TX 77477

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **FORT BEND** Region 06 Date Licensed 12/05/2019
License # 019734 BLESSED HANDS HOME HEALTH PROFESSIONALS
Lic Expire 12/5/2021 6119 MAPLETON MEADOW LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (641) 781-9498 Fax
Type: Parent Agency Administrator UKERIA NDANDO

Owner Information

BLESSED HANDS HOME HEALTH PROFESSIONALS

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/04/2020
License # 020091 BLESSED HANDS HOSPICE & PALLIATIVE CARE, INC
Lic Expire 8/4/2022 7906 GRACE CT
Medicare 1: 971697 ROSENBURG, TX 77469
Medicare 2:
Phone (832) 848-2310 Fax (832) 862-5035
Type: Parent Agency Administrator EMILIA NDOA

Owner Information

BLESSED HANDS HOSPICE & PALLIATIVE CARE SERVICES, INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	12/08/2021	Owner Information	
License #	021264					BLESSED HEARTS SENIOR CARE, LLC	BLESSED HEARTS SENIOR CARE, LLC
Lic Expire	12/8/2024					6722 SHELBY OAKS DR	
Medicare 1:						RICHMOND, TEXAS 774078579	
Medicare 2:							PHONE: FAX:
Phone	(713) 517-7276	Fax					Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JESSICA GARCIA				
County	FORT BEND	Region	06	Date Licensed	06/04/2015	Owner Information	
License #	016838					BLISSFUL HEALTHCARE SERVICES INC	BLISSFUL HEALTHCARE SERVICES INC
Lic Expire	9/30/2021					2839 NORTH MAIN STREET SUITE #214	2839 NORTH MAIN STREET, SUITE #214
Medicare 1:						STAFFORD, TX 77477	STAFFORD, TX 77477
Medicare 2:							PHONE: FAX:
Phone	(281) 969-8216	Fax	(844) 230-6212				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHINYERE NWAOBIA				
County	FORT BEND	Region	06	Date Licensed	01/21/2021	Owner Information	
License #	020481					BOD HEALTH CARE SERVICE, LLC	BOD HEALTH CARE SERVICE LLC
Lic Expire	1/21/2023					7126 ROUNDROCK PARK LANE	7126 ROUNDROCK PARK LANE
Medicare 1:						RICHMOND, TEXAS 77407	RICHMOND, TEXAS 77407
Medicare 2:							PHONE: FAX:
Phone	(832) 253-1105	Fax	(832) 253-1106				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SEGUN ILORI				
County	FORT BEND	Region	06	Date Licensed	03/10/2015	Owner Information	
License #	016676					BONJOUR HEALTH CARE LLC	BONJOUR HEALTH CARE LLC
Lic Expire	7/30/2021					14311 TEMPLAR LANE	14311 TEMPLAR LN
Medicare 1:						SUGAR LAND, TX 77498	SUGAR LAND, TEXAS 77498
Medicare 2:							PHONE: FAX:
Phone	(832) 999-4899	Fax	(281) 201-8368				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MINH NGUYEN				
County	FORT BEND	Region	06	Date Licensed	10/27/2021	Owner Information	
License #	021165					BRIGHTSTAR CARE OF MISSOURI CITY	NEIGHBORS COMPLETE CARE LLC
Lic Expire	10/27/2024					7070 KNIGHTS CT UNIT 101	
Medicare 1:						MISSOURI CITY, TX 77459	
Medicare 2:							PHONE: FAX:
Phone	(412) 552-8236	Fax					Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	DWAN DENK				
County	FORT BEND	Region	06	Date Licensed	09/03/2012	Owner Information	
License #	015087					BRIGHTSTAR OF SUGAR LAND	SSBL, LLC
Lic Expire	9/30/2022					101 SOUTHWESTERN BLVD SUITE 250	1603 WOOD SONG DRIVE
Medicare 1:						SUGAR LAND, TX 77478	SUGAR LAND, TX 77479
Medicare 2:							PHONE: FAX:
Phone	(281) 201-3700	Fax	(281) 201-3701				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SCOTT YOKLEY				
County	FORT BEND	Region	06	Date Licensed	04/04/2012	Owner Information	
License #	012876					BROOKDALE AT HOME HOUSTON	BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	9/30/2024					16900 LEXINGTON BOULEVARD	111 WESTWOOD PLACE, SUITE 400
Medicare 1:						SUGAR LAND, TX 77479	BRENTWOOD, TN 37027
Medicare 2:							PHONE: FAX:
Phone	(281) 903-2000	Fax	(281) 903-2002				Services: Personal Assistance Services
Type:	Branch Agency	Administrator	TRISHA ALEXANDER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed		Owner Information
License #	015163					BROOKDALE HOSPICE, LLC
Lic Expire	9/30/2022					111 WESTWOOD PLACE, SUITE #400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 386-6336	Fax	(281) 501-9193			FAX:
Type:	Alternate Delivery Site	Administrator	LARISSA BALDWIN			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	05/03/2021	Owner Information
License #	020729					BURLEY'S HOME HEALTHCARE LLC
Lic Expire	5/3/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(281) 762-0970	Fax				FAX:
Type:	Parent Agency	Administrator	TERRIE BURLEY			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/23/2004	Owner Information
License #	009423					C & L HEALTHCARE MANAGEMENT AND SERVICE INC
Lic Expire	11/30/2021					8914 PECAN PLACE DR
Medicare 1:	457953					HOUSTON, TX 77071
Medicare 2:						PHONE:
Phone	832 6617694	Fax	(844) 275-1844			FAX:
Type:	Parent Agency	Administrator	MARIA ELECHI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	04/14/2004	Owner Information
License #	009030					C N G HOME HEALTH INC
Lic Expire	4/30/2023					18211 PALISADE ROCK COURT
Medicare 1:	673198 HHA-18					RICHMOND, TEXAS 77407
Medicare 2:						PHONE:
Phone	(832) 944-6790	Fax	(713) 866-4880			FAX:
Type:	Parent Agency	Administrator	OBIAGELI OLOFINMOYIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/18/2020	Owner Information
License #	020112					CAL STAFFING LLC
Lic Expire	8/18/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(281) 832-6142	Fax	(832) 222-2700			FAX:
Type:	Parent Agency	Administrator	SEDRICK BUNTON			Services: Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	01/11/2008	Owner Information
License #	012069					SWIFT HEALTH CARE INC
Lic Expire	1/31/2022					10333 HARWIN DRIVE SUITE 618
Medicare 1:	679499 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 272-0900	Fax	(713) 272-0909			FAX:
Type:	Parent Agency	Administrator	JOSHUA GEORGE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/31/2012	Owner Information
License #	015285					CARE AND COMFORT HOME HEALTH CARE SERVICES INC
Lic Expire	12/31/2022					12808 WEST AIRPORT BLVD., SUITE #346
Medicare 1:						SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(281) 201-8399	Fax	(281) 302-5249			FAX:
Type:	Parent Agency	Administrator	AMIN ALWANI			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	07/03/2018	Owner Information	
License #	018816					CARE AND LAUGHTER ASSISTED LIVING AND PROVIDER SERVICES, INC	
Lic Expire	7/31/2022					9706 QUEENSBRIDGE DRIVE	
Medicare 1:						SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 539-1237	Fax	(281) 696-7841			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CONSUELA HARRISON-RILEY				
County	FORT BEND	Region	06	Date Licensed	12/31/2008	Owner Information	
License #	012373					COLLETTE T EMENOGU	
Lic Expire	12/31/2020					2918 SUMMIT ROCK WAY	
Medicare 1:						MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(713) 858-1562	Fax	(832) 440-7281			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	COLLETTE EMENOGU				
County	FORT BEND	Region	06	Date Licensed	06/17/2011	Owner Information	
License #	014174					CARE HEALTH SERVICES INC	
Lic Expire	6/30/2024					16710 CHESHIRE PLACE DR	
Medicare 1:	747962 HHA-18					HOUSTON, TX 77083-5210	
Medicare 2:						PHONE:	FAX:
Phone	(713) 420-9539	Fax	(832) 363-3038			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHINYERE UGORJI				
County	FORT BEND	Region	06	Date Licensed	01/07/2021	Owner Information	
License #	020439					BRAZOS MANAGEMENT GROUP LLC	
Lic Expire	1/7/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 219-1238	Fax	(832) 345-1444			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ALANA SABOOR				
County	FORT BEND	Region	06	Date Licensed	08/05/2020	Owner Information	
License #	020095					CARE ALLEGIANCE LLC	
Lic Expire	8/5/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 783-8836	Fax	(713) 730-3632			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	FARIDA ABJANI				
County	FORT BEND	Region	06	Date Licensed	11/02/2020	Owner Information	
License #	020282					CARING HANDS HOME HEALTHCARE	
Lic Expire	11/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 600-8749	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MERICA AIKENS-TOMLINSON				
County	FORT BEND	Region	06	Date Licensed	01/18/2019	Owner Information	
License #	019635					CARING HEARTS HEALTHCARE LIMITED LIABILITY COMPANY	
Lic Expire	10/7/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 287-4097	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TOYIN OJO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 05/01/2018
License # 018731 CARING HOSPICE II LLC
Lic Expire 4/30/2022 2440 TEXAS PARKWAY STE 370 I
Medicare 1: 97-1514 (HOSPICE) MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (713) 529-1402 Fax (713) 529-1404
Type: Parent Agency Administrator KENYATTA HOLMES

Owner Information
CARING HOSPICE II, LLC
315 W ALABAMA ST
HOUSTON, TEXAS 77006
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/28/2003
License # 008719 CARING PROFESSIONAL HOME HEALTH SERVICES INC
Lic Expire 10/31/2023 12783 CAPRICORN DRIVE SUITE #600
Medicare 1: 453164 HHA-18 STAFFORD, TX 774773978
Medicare 2:
Phone 281 2651633 Fax 281 2651634
Type: Parent Agency Administrator CHRISTINA ARCA

Owner Information
CARING PROFESSIONAL HOME HEALTH SERVICES INC
12783 CAPRICORN DR STE 600
STAFFORD, TEXAS
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/08/2017
License # 018172 CARISSA HEALTH CARE SERVICES INC
Lic Expire 5/31/2021 10701 CORPORATE DRIVE, SUITE 340-113
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (979) 531-3165 Fax (979) 531-3166
Type: Parent Agency Administrator PATRICIA DEGORL

Owner Information
CARISSA HEALTH CARE SERVICES, INC
307 W MILAM ST STE 310
WHARTON, TX 77488
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/24/2017
License # 017870 CARTWRIGHT HOME HEALTH LLC
Lic Expire 1/31/2023 7218 COLONY BEND LN
Medicare 1: 747986 MISSOURI CITY, TX 77459
Medicare 2:
Phone (281) 969-8491 Fax (832) 539-1541
Type: Parent Agency Administrator ABEY ABRAHAM

Owner Information
CARTWRIGHT HOME HEALTH, LLC
445 FM 1092, SUITE #101-G
STAFFORD, TX 77477
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/08/2006
License # 011142 CCC HEALTH CARE INC
Lic Expire 11/30/2022 12808 W AIRPORT BLVD #306
Medicare 1: 747147 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 650-7014 Fax (832) 532-7759
Type: Parent Agency Administrator AUGUSTINA NWAOGU

Owner Information
CCC HEALTH CARE INC
4115 AMBER TRACE CT
SUGAR LAND, TX 77479
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/09/2020
License # 020392 CEDAR CARE LLC
Lic Expire 12/9/2022 10906 GIFFNOCK DR
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 762-5833 Fax
Type: Parent Agency Administrator IMA OGOLO

Owner Information
CEDAR CARE LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/13/2020
License # 019833 CEDAR HOSPICE, INC
Lic Expire 2/13/2022 12808 W AIRPORT BLVD, SUITE 312
Medicare 1: 971600 Hospice SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (346) 874-7964 Fax (713) 955-9671
Type: Parent Agency Administrator LEO AKO-MBO

Owner Information
CEDAR HOSPICE, INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County	FORT BEND	Region	06	Date Licensed	08/03/2021	Owner Information
License #	020953					HEALTHGENIX INC
Lic Expire	8/3/2023					P O BOX 113
Medicare 1:						SUGAR LAND, TX
Medicare 2:						PHONE:
Phone	(281) 310-7169	Fax				FAX:
Type:	Parent Agency	Administrator	PATRICIA NDUBISI			Services: Licensed Home Health Services with Dialysis; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/03/2020	Owner Information
License #	020366					ODIN STREET PARKS GROUP LLC
Lic Expire	12/3/2022					PO BOX 870147
Medicare 1:						NEW ORLEANS, LA 70187
Medicare 2:						PHONE:
Phone	(281) 241-9691	Fax	(281) 710-0907			FAX:
Type:	Parent Agency	Administrator	KRISTEN WILLIAMS			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	03/17/2019	Owner Information
License #	019872					CHARSONY MEDICAL SERVICES, INC
Lic Expire	3/17/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	281 760 8414	Fax	832 847 4220			FAX:
Type:	Parent Agency	Administrator	UGONMA EGECE			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	06/09/2017	Owner Information
License #	018257					THE PROVIDENCE HOSPICE INC
Lic Expire	6/30/2021					11420 DAIRY ASHFORD RD, SUITE 108
Medicare 1:	671763 HOSPICE					SUGAR LAND, TEXAS 77478
Medicare 2:						PHONE:
Phone	(832) 532-7538	Fax	(832) 532-7540			FAX:
Type:	Parent Agency	Administrator	TERRI DAVIS			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	04/06/2007	Owner Information
License #	011239					CHASE HEALTHCARE SERVICE INC
Lic Expire	8/1/2022					12834 FRANCES LANE
Medicare 1:	747180					STAFFORD, TX 77477
Medicare 2:						PHONE:
Phone	(832) 539-1684	Fax	(832) 539-4199			FAX:
Type:	Parent Agency	Administrator	CHRISTOPHER NWOSU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/30/2019	Owner Information
License #	019567					CHAYAH THERAPY INC
Lic Expire	8/30/2021					17117 WESTHEIMER ROAD
Medicare 1:						HOUSTON, TX 77082
Medicare 2:						PHONE:
Phone	(832) 490-8488	Fax	(713) 456-2041			FAX:
Type:	Parent Agency	Administrator	EVBAZIENGBERE OSAZUWA			Services: Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	10/21/2016	Owner Information
License #	017743					CHELIV COMPASSIONATE CARE PLUS INC
Lic Expire	10/31/2022					15923 WILLIOW DRIVE SUITE A
Medicare 1:	679669					HOUSTON, TX 77083
Medicare 2:						PHONE:
Phone	346 309 4058, 2815653	Fax	346 309 4053, 2812770668			FAX:
Type:	Parent Agency	Administrator	CHARLES OBIOMA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	05/24/2021	Owner Information
License #	020785					CHELSEA GARDENS AT HOME LLC
Lic Expire	5/24/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(346) 268-3260	Fax	(281) 499-5107			FAX:
Type:	Parent Agency	Administrator	SAMUEL AJAYI			Services: Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	05/26/2006	Owner Information
License #	010486					CHEMIK HEALTH CARE SERVICES INC
Lic Expire	5/31/2024					9555 WEST SAM HOUSTON PARKWAY SOUTH SUITE 340
Medicare 1:	747019					HOUSTON, TX 77099
Medicare 2:						PHONE:
Phone	(281) 933-2902	Fax	(281) 933-9608			FAX:
Type:	Parent Agency	Administrator	PAULINE ODUTOLA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	07/28/2006	Owner Information
License #	010642					CHEZIN HEALTHCARE SERVICES INC
Lic Expire	7/31/2021					THE SAME
Medicare 1:	747177 HHA-18					
Medicare 2:						PHONE:
Phone	(713) 252-6780	Fax	(281) 232-8311			FAX:
Type:	Parent Agency	Administrator	CHINYERE CHUKWUKA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	02/03/2021	Owner Information
License #	020502					CHIVALRY HEALTHCARE LLC
Lic Expire	2/3/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 233-3758	Fax				FAX:
Type:	Parent Agency	Administrator	VALENTINE NWANKWO			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	04/15/2021	Owner Information
License #	020701					CHRISDALE HEALTHCARE SERVICES PLLC
Lic Expire	4/15/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 999-4003	Fax				FAX:
Type:	Parent Agency	Administrator	LILY OBIKA			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	06/03/2011	Owner Information
License #	014137					CHRISDAVNET CARE SERVICES, LLC
Lic Expire	6/30/2023					3603 TRAIL BEND
Medicare 1:	747684					MISSOURI CITY, TX 77459
Medicare 2:						PHONE:
Phone	(713) 589-2953	Fax	(713) 429-5123			FAX:
Type:	Parent Agency	Administrator	DAVNET OKEKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	05/28/2018	Owner Information
License #	019501					CITY 2 CITY LLC
Lic Expire	7/30/2021					3926 ELM STREAM CT
Medicare 1:						FRESNO, TX 77545
Medicare 2:						PHONE:
Phone	(713) 474-6485	Fax	(832) 553-7536			FAX:
Type:	Parent Agency	Administrator	TRACY PRINCE			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	03/16/2021	Owner Information	
License #	020610					CITY HOSPICE & PALLIATIVE CARE, LLC	
Lic Expire	3/16/2024						
Medicare 1:	971670 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(346) 375-4682	Fax	(281) 209-2066			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	AKUCHI EMELOGU				
County	FORT BEND	Region	06	Date Licensed	03/24/2021	Owner Information	
License #	020638					CLEARWATER HOSPICE INC	
Lic Expire	3/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 878-7654	Fax	(281) 860-2030			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOSEPH ADEBAYO				
County	FORT BEND	Region	06	Date Licensed	08/27/2013	Owner Information	
License #	015733					CMB HEALTHCARE INC	
Lic Expire	8/31/2023					1400 8TH ST, SUITE 6B	
Medicare 1:						BAY CITY, TX 77414	
Medicare 2:						PHONE:	FAX:
Phone	(281) 818-7965	Fax	(281) 936-0299			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSELINE ANETOR-OGBEIFO				
County	FORT BEND	Region	06	Date Licensed	11/05/2004	Owner Information	
License #	009394					CN HEALTHCARE INC	
Lic Expire	11/30/2022					13250 S. GESSNER RD.	
Medicare 1:						MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	FAX:
Phone	(713) 995-9995	Fax	(713) 995-9992			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHICHI UGWU				
County	FORT BEND	Region	06	Date Licensed	06/18/2021	Owner Information	
License #	020842					COASTAL HEALTH CARE SYSTEMS, INC	
Lic Expire	6/18/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 603-3773	Fax	(832) 363-3707			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMUEL INEGBEDION				
County	FORT BEND	Region	06	Date Licensed	09/09/1996	Owner Information	
License #	005445					COASTAL MEDICAL SERVICES, INC	
Lic Expire	9/30/2024					8303 SW FREEWAY SUITE 820	
Medicare 1:	678086 HHA-18					HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 771-8470	Fax	(713) 771-8474			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DANIEL JACK				
County	FORT BEND	Region	06	Date Licensed	12/15/2009	Owner Information	
License #	013083					COMMUNITY HEALTH ASSOCIATES INC	
Lic Expire	3/31/2022					11104 WEST AIRPORT BLVD, SUITE 115	
Medicare 1:	743138					STAFFORD, TEXAS 77477	
Medicare 2:						PHONE:	FAX:
Phone	(832) 617-8523	Fax	(832) 617-8529			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	IFEOMA CHUKWU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	11/09/2011	Owner Information	
License #	014461					COMPASS HEALTH SERVICES INC	
Lic Expire	11/30/2023					7447 HARWIN DR #220 I	
Medicare 1:						HOUSTON, TX 77036-2016	
Medicare 2:						PHONE:	FAX:
Phone	(713) 366-1225	Fax	(713) 583-3585			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TAIWO SANGODEYI				
County	FORT BEND	Region	06	Date Licensed	04/07/2020	Owner Information	
License #	019868					COMPASSIONATE CARE TEXAS LLC	
Lic Expire	4/7/2022					9124 ROPER RD.	
Medicare 1:						ORCHARD, TX 77464	
Medicare 2:						PHONE:	FAX:
Phone	(979) 398-0775	Fax	na			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CAITLYN GURECKY				
County	FORT BEND	Region	06	Date Licensed	02/13/1995	Owner Information	
License #	003628					CONSOLIDATED HOME HEALTH	
Lic Expire	2/28/2023					11929 UNIVERSITY BLVD. SUITE 2M	
Medicare 1:	458358 HHA-18					SUGAR LAND, TX 77479	
Medicare 2:						PHONE:	FAX:
Phone	(281) 238-8775	Fax	(281) 491-7812			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LEE PALMER				
County	FORT BEND	Region	06	Date Licensed	08/05/2018	Owner Information	
License #	019761					CONTINUUM HOME HEALTH LLC	
Lic Expire	1/7/2025					2200 FM 1092 SUITE H	
Medicare 1:						MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	713 4265688	Fax	(713) 426-5689			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GREGORY WILLIS				
County	FORT BEND	Region	06	Date Licensed	01/02/2015	Owner Information	
License #	016803					COTEL HEALTHCARE SERVICES LLC	
Lic Expire	1/31/2023					2842 W PEBBLE BEACH DR #B	
Medicare 1:	747068 HHA-18					MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(281) 277-0610	Fax	(281) 437-9706			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSSY ESEK				
County	FORT BEND	Region	06	Date Licensed	03/08/2010	Owner Information	
License #	013157					COTTAGE HEALTH CARE SERVICES, INC	
Lic Expire	3/31/2022					13313 SOUTHWEST FREEWAY SUITE 210	
Medicare 1:	747559					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 313-0651	Fax	(281) 277-4253			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERNEST SYLVER				
County	FORT BEND	Region	06	Date Licensed	09/10/2020	Owner Information	
License #	020161					CYTE, LLC	
Lic Expire	9/10/2022					2231 FALCON BROOK DR	
Medicare 1:						KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(818) 398-8406	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TOLU OWADOKUN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 11/01/2005
License # 010104 DAVIS HOME HEALTH LLC
Lic Expire 10/31/2022 19901 SOUTHWEST FREEWAY
Medicare 1: 679664 HHA-18 SUGAR LAND, TX 77479
Medicare 2:
Phone (281) 207-1346 Fax (281) 207-1347
Type: Parent Agency Administrator JUDI DAVIS

Owner Information

DAVIS HOME HEALTH LLC
19901 SOUTHWEST FREEWAY
SUGAR LAND, TX 77479-9538
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 03/31/2021
License # 020661 DAYSPRING HOME CARE
Lic Expire 3/31/2024 10101 HARWIN DR SUITE 280
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 810-0136 Fax (832) 678-3043
Type: Parent Agency Administrator OLUBUNMI ADEBAYO

Owner Information

DAYSPRING HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/13/2014
License # 016204 DELMAR HEALTH SERVICES INCORPORATED
Lic Expire 5/31/2022 20802 MANSFIELD BAY LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (281) 813-4718 Fax (832) 451-6906
Type: Parent Agency Administrator MIRRIAM ASHU

Owner Information

DELMAR HEALTH SERVICES INCORPORATED
20802 MANSFIELD BAY LANE
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/12/2016
License # 017273 DIALYZE DIRECT TX LLC
Lic Expire 5/17/2022 16545 SW FREEWAY STE 275
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 944-5040 Fax (832) 944-5043
Type: Parent Agency Administrator CHANTAL SCOTT

Owner Information

DIALYZE HOLDINGS, LLC
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **FORT BEND** Region 06 Date Licensed 04/03/2020
License # 019861 DISTRICT CARE SERVICES LLC
Lic Expire 4/3/2022 1723 LANSING COVE DRIVE
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone (281) 836-0087 Fax
Type: Parent Agency Administrator DESIREE MCGEE

Owner Information

DISTRICT CARE SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/24/2010
License # 013579 DIVERSITY CARE PROVIDERS INC
Lic Expire 9/30/2022 202 INDUSTRIAL BLVD, SUITE 102
Medicare 1: 747709 HHA-18 SUGARLAND, TX 77478
Medicare 2:
Phone (832) 475-0075 Fax (832) 645-0301
Type: Parent Agency Administrator SAMUEL DURU

Owner Information

DIVERSITY CARE PROVIDERS INC
12315 FERN MEADOW DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/01/2019
License # 019627 DIVINE PROVIDERS, INC
Lic Expire 10/1/2021 18947 PINE HARVEST LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone 281 3026662 Fax 281 3026662
Type: Parent Agency Administrator MARY EFFIONG

Owner Information

DIVINE PROVIDERS, INC
18947 PINE HARVEST LN
RICHMOND, TX 77407
PHONE: FAX:
Services: Personal Assistance Services

County	FORT BEND	Region	06	Date Licensed	06/09/2020	Owner Information	
License #	019990		DR HOME HEALTH			ONE NEW ERA INVESTMENTS LLC	
Lic Expire	6/9/2022		11104 W AIRPORT #137				
Medicare 1:			STAFFORD, TEXAS 77477				
Medicare 2:						PHONE:	FAX:
Phone	(281) 960-3600	Fax				Services: Hospice; Licensed Home Health Services; Personal Assistance Services	In-Patient Hospice: NO
Type:	Parent Agency	Administrator	DAVID ROSS				
County	FORT BEND	Region	06	Date Licensed	10/22/2012	Owner Information	
License #	015150		DUNAMIS HOME CARE LLC			DUNAMIS HOME CARE LLC	
Lic Expire	10/31/2023		9615 SLUMBERING WILLOW LANE			7402 BERING LANDING DRIVE	
Medicare 1:			FORT BEND, TX 77406			CYPRESS, TEXAS 77433	
Medicare 2:						PHONE:	FAX:
Phone	281 7774994	Fax	832 4516667			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EDITH WILLIAMS				
County	FORT BEND	Region	06	Date Licensed	03/17/2014	Owner Information	
License #	016088		DYNAMIC HEALTHCARE INC			DYNAMIC HEALTHCARE INC	
Lic Expire	3/31/2022		4418 BLUEBONNET DRIVE SUITE 209			14807 WAYSON DRIVE	
Medicare 1:			STAFFORD, TX 77477			SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	832 8864179	Fax	(281) 754-4012			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	UHUNAMURE OSAGIE				
County	FORT BEND	Region	06	Date Licensed	05/15/2014	Owner Information	
License #	016213		EAGLE SPRING HEALTHCARE INC			EAGLE SPRING HEALTHCARE, INC	
Lic Expire	5/31/2022		1122 GREATWOOD GLEN DRIVE			1122 GREATWOOD GLEN DRIVE	
Medicare 1:			SUGAR LAND, TX 77479			SUGAR LAND, TX 77479-6256	
Medicare 2:						PHONE:	FAX:
Phone	(713) 448-9382	Fax	(832) 930-3510			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LE ANN TOGAREPI				
County	FORT BEND	Region	06	Date Licensed	08/08/2018	Owner Information	
License #	018872		EASTEX INFUSION SERVICES LLC			EASTEX INFUSION SERVICES LLC	
Lic Expire	8/31/2022		27415 GRAYSON GAP COURT			5100 WESTHEIMER RD SUITE 200	
Medicare 1:			FULSHEAR, TEXAS 77441			HOUSTON, TX 77056	
Medicare 2:						PHONE:	FAX:
Phone	(281) 229-1531	Fax	(281) 946-8710			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JEROME AMADO				
County	FORT BEND	Region	06	Date Licensed	09/14/2015	Owner Information	
License #	017025		EDEN HOSPICE			EDEN HOSPICE CARE SERVICES, INC	
Lic Expire	9/30/2021		2440 TEXAS PARKWAY STE 260			9950 WESTPARK DRIVE SUITE #644	
Medicare 1:	741683 HOSPICE		MISSOURI CITY, TEXAS 77489			HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(281) 778-0040	Fax	(281) 778-0041			Services: Hospice	In-Patient Hospice: NO
Type:	Parent Agency	Administrator	QUEEN BRIGGS				
County	FORT BEND	Region	06	Date Licensed	06/10/2019	Owner Information	
License #	019417		EDEN'S ELITE HOME HEALTH AGENCY LLC			EDEN'S ELITE HOME HEALTH AGENCY LLC	
Lic Expire	6/10/2021		29119 BLUE FINCH CT.				
Medicare 1:			KATY, TEXAS 77494			PHONE:	FAX:
Medicare 2:						Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(832) 373-8353	Fax					
Type:	Parent Agency	Administrator	EKELECHI AHAMBA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	11/13/2021	Owner Information
License #	021201					ELIM TOTAL HEALTH CARE SERVICES LLC
Lic Expire	11/22/2024					3202 DOGWOOD KNOLL TRAIL
Medicare 1:						ROSENBERG, TX 77471
Medicare 2:						PHONE: (347) 294-9875 FAX:
Phone	(347) 294-9875	Fax	(832) 945-5585			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTIAN OKERULU			
County	FORT BEND	Region	06	Date Licensed	08/16/2017	Owner Information
License #	018248					ELITE GOLDEN YEARS INC
Lic Expire	8/31/2023					13914 BLUE VISTA DR
Medicare 1:						SUGAR LAND, TX 77498
Medicare 2:						PHONE: FAX:
Phone	(346) 368-2882	Fax	(713) 234-7380			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ROSEBETH OSAGIE			
County	FORT BEND	Region	06	Date Licensed	03/14/2016	Owner Information
License #	017398					ELYSIAN HOSPICE
Lic Expire	3/31/2022					11104 WEST AIRPORT BOULEVARD SUITE 255B
Medicare 1:	671786 HOSPICE					STAFFORD, TX 77477
Medicare 2:						PHONE: FAX:
Phone	281 3332458	Fax	281 3355539			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SHAY WILKINSON			
County	FORT BEND	Region	06	Date Licensed	06/08/2009	Owner Information
License #	012747					EMBASSY HEALTHCARE SYSTEM INC
Lic Expire	6/30/2023					10701 CORPORATE DRIVE STE 395
Medicare 1:	677803 HHA-18					STAFFORD, TX 77477
Medicare 2:						PHONE: FAX:
Phone	(713) 589-8050	Fax	(281) 240-3005			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MADUAKOLAM UBI			
County	FORT BEND	Region	06	Date Licensed	08/02/2017	Owner Information
License #	018218					EMPERIAL UNIVERSAL HEALTHCARE LLC
Lic Expire	8/31/2021					5027 GOLD HAVEN DR
Medicare 1:						RICHMOND, TX 77407
Medicare 2:						PHONE: FAX:
Phone	(281) 241-4107	Fax	(832) 295-0833			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHIMERE NWODU			
County	FORT BEND	Region	06	Date Licensed	10/07/2019	Owner Information
License #	019636					EMPEROR HEALTH CARE SYSTEM
Lic Expire	10/7/2021					11115 NOBILITY DR
Medicare 1:						STAFFORD, TEXAS 77477
Medicare 2:						PHONE: FAX:
Phone	(504) 450-7439	Fax				Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AFFIONG UDOFIA			
County	FORT BEND	Region	06	Date Licensed	10/12/2008	Owner Information
License #	012363					DRC HEALTH SYSTEMS, LP
Lic Expire	10/31/2022					6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:	458285 HHA-18					DALLAS, TX 75206
Medicare 2:						PHONE: FAX:
Phone	281 3422326	Fax	281 3415886			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	JOANNA CARPENTER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	07/05/2012	Owner Information	
License #	014914					ES HEALTH SERVICES, INC	
Lic Expire	7/31/2022					14314 RIVER GLEN DRIVE	
Medicare 1:						SUGARLAND, TEXAS 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 887-6760	Fax	(281) 491-1140			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STANLEY OGBONDA				
County	FORT BEND	Region	06	Date Licensed	02/22/2007	Owner Information	
License #	011090					ESTAN HEALTHCARE SERVICES INC	
Lic Expire	2/28/2023					10707 CORPORATE DRIVE SUITE 152	
Medicare 1:	747012					STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 498-8280	Fax	(281) 498-8993			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA UBI				
County	FORT BEND	Region	06	Date Licensed	01/25/2005	Owner Information	
License #	009549					EVENING STAR HEALTHCARE INC	
Lic Expire	1/31/2025					SAME	
Medicare 1:	677984 HHA-18					RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 344-1411	Fax	(281) 344-1611			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EMMANUEL MBIDOAKA				
County	FORT BEND	Region	06	Date Licensed	01/15/2020	Owner Information	
License #	019784					EXCELLENT HOME HEALTHCARE LLC	
Lic Expire	1/15/2022					10514 TOWNEVIEW DR.	
Medicare 1:						SUGAR LAND, TEXAS 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 329-6287	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GLORIA OKONO				
County	FORT BEND	Region	06	Date Licensed	10/01/2006	Owner Information	
License #	011016					BETHSIDA HEALTHCARE INC	
Lic Expire	9/30/2020					16618 COBBLER CROSSING DRIVE	
Medicare 1:	677872 HHA-18					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 933-6012	Fax	(281) 933-0682			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA NZEADIBE				
County	FORT BEND	Region	06	Date Licensed	06/03/2021	Owner Information	
License #	020808					EXPERT COMPANION CARE, INC	
Lic Expire	6/3/2024					4131 CANE VALLEY COURT	
Medicare 1:						FULSHEAR, TX 77441	
Medicare 2:						PHONE:	FAX:
Phone	(832) 437-5004	Fax	(832) 437-5004			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SONIA KAISTHA				
County	FORT BEND	Region	06	Date Licensed	05/28/2021	Owner Information	
License #	020797					EXTRAORDINARY HOME HEALTH CARE LLC	
Lic Expire	5/28/2024					1322 VILLAGE GARDEN DR,	
Medicare 1:						MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(903) 690-5263	Fax	(903) 765-7741			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TIFARAH DIAL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/06/2017	Owner Information	
License #	018701		FAIRMONT HOSPICE			FAIRMONT HOSPICE, LLC	
Lic Expire	10/31/2021		300 JACKSON ST			300 JACKSON ST	
Medicare 1:	741576 HOSPICE		RICHMOND, TX 77469			RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(832) 774-2000	Fax	(888) 251-8801			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ONIEL KURUP				
County	FORT BEND	Region	06	Date Licensed	12/13/2016	Owner Information	
License #	017783		FAITH HOME CARE AGENCY LLC			FAITH HOME CARE AGENCY LLC	
Lic Expire	12/31/2020		4003 LAKE BRAZOS LANE			4003 LAKE BRAZOS LANE	
Medicare 1:			RICHMOND, TX 77406			RICHMOND, TX 77406	
Medicare 2:						PHONE:	FAX:
Phone	(281) 750-0900	Fax	(281) 750-0901			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEBO JOKODOLA				
County	FORT BEND	Region	06	Date Licensed	03/06/2006	Owner Information	
License #	010596		FAITH MEDICAL SERVICES			GOFAITH MEDICAL SERVICES INC	
Lic Expire	3/31/2024		12315 WEST BELLFORT ST			8449 WEST BELLFORT STREET, SUITE #335	
Medicare 1:	673163 HHA-18		STAFFORD, TX 77477			HOUSTON, TX 77071	
Medicare 2:						PHONE:	FAX:
Phone	(713) 774-9003	Fax	(713) 774-9000			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	PATRICK IVBIEVBIOKUN				
County	FORT BEND	Region	06	Date Licensed	06/25/2020	Owner Information	
License #	020017		FILED INC			FILED INC	
Lic Expire	6/25/2022		3922 DAWN RISE COURT			3922 DAWN RISE CT	
Medicare 1:			FRESNO, TEXAS 775457012			FRESNO, TEXAS 77545	
Medicare 2:						PHONE:	FAX:
Phone	713 8987011	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FAYE FRANKLIN				
County	FORT BEND	Region	06	Date Licensed	10/30/2019	Owner Information	
License #	019673		FIRST CHOICE PEDIATRIC HOME HEALTH, LLC			FIRST CHOICE PEDIATRIC HOME HEALTH LLC	
Lic Expire	10/30/2021		5307 LOTUS CANYON CT.				
Medicare 1:			RICHMOND, TEXAS 77407			PHONE:	FAX:
Medicare 2:						Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(281) 407-0729	Fax	(281) 407-0729				
Type:	Parent Agency	Administrator	EDMUND MUNDE				
County	FORT BEND	Region	06	Date Licensed	09/15/2016	Owner Information	
License #	017630		FIRSTLIGHT HOME CARE OF SUGAR LAND AND RICHMOND TEXAS			FIRST HOME CARE SERVICES INC	
Lic Expire	9/30/2022		8620 GRAND MISSION BLVD SUITE I			8620 GRAND MISSION BLVD., SUITE I	
Medicare 1:			RICHMOND, TX 77407			RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(832) 847-4592	Fax	(832) 847-4756			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHINYERE IHEK				
County	FORT BEND	Region	06	Date Licensed	04/20/2018	Owner Information	
License #	018718		FLOBERT HEALTHCARE SERVICES INC			FOLASHADE OKUSANYA	
Lic Expire	4/30/2022		8727 CARVED STONE LANE			20603 RAINBOW GRANITE DR.,	
Medicare 1:			RICHMOND, TX 77407			RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	832 9453946	Fax	832 9453947			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FOLASHADE OKUSANYA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 03/02/2007
License # 011114 FOREVER HOMEHEALTH INC
Lic Expire 3/31/2024 16710 COLD HARBOR LN
Medicare 1: 679771 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (281) 313-0896 Fax (281) 313-0898
Type: Parent Agency Administrator ALABA JACOB-SODE

Owner Information

FOREVER HOMEHEALTH INC
16710 COLD HARBOR LANE
HOUSTON, TX 77083
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/22/2019
License # 019213 FORT BEND HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 6/30/2021 25118 LAKEVIEW ROAD
Medicare 1: 971568 (HOSPICE) KATY, TEXAS 77494
Medicare 2:
Phone (832) 376-7771 Fax (832) 802-6639
Type: Parent Agency Administrator KIRBY SANDERS

Owner Information

FORT BEND HOSPICE AND PALLIATIVE CARE, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 02/04/2015
License # 016634 FORTBEND HEALTHCARE INC
Lic Expire 2/28/2023 16230 APRIL RIDGE DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (979) 488-9630 Fax (281) 494-1665
Type: Parent Agency Administrator NNAEMEKA OGBONNAH

Owner Information

FORTBEND HEALTHCARE INC
16230 APRIL RIDGE DR
HOUSTON, TX 77083
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/26/2021
License # 021160 FORTIUS HOME HEALTH
Lic Expire 10/26/2024 1235 LAKE POINTE PKWY, STE 204
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (346) 843-2965 Fax
Type: Parent Agency Administrator PRERAK JOSHI

Owner Information

FORTIUS HOME HEALTH CARE, LLC
PHONE:
FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 05/01/2013
License # 015574 FORTUNE HOME HEALTH INC
Lic Expire 4/30/2024 12808 W AIRPORT BLVD SUITE #222
Medicare 1: 679792 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 265-2643 Fax (281) 265-3941
Type: Parent Agency Administrator PAUL OKPUZOR

Owner Information

FORTUNE HOME HEALTH CARE INC
12808 WEST AIRPORT, SUITE #222
SUGAR LAND, TX 77478
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/14/2016
License # 017736 FORWARD HEALTH CARE LLC
Lic Expire 11/30/2022 5031 QUILL RUSH WAY
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 550-4921 Fax (713) 762-2806
Type: Parent Agency Administrator FAITH ROSS

Owner Information

FORWARD HEALTH CARE LLC
5031 QUILL RUSH WAY
RICHMOND, TEXAS 77407
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/27/2020
License # 019844 FOUNDER CARE SOLUTIONS,LLC
Lic Expire 2/27/2022 3051 DRIPPING SPRINGS CT.
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (281) 757-1400 Fax (281) 533-8262
Type: Parent Agency Administrator SARAH KATAMBA

Owner Information

FOUNDER CARE SOLUTIONS, LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	FORT BEND	Region	06	Date Licensed	03/11/2021	Owner Information	
License #	020590					FOUNTAIN OF HOPE HOSPICE, LLC	
Lic Expire	3/11/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 414-7186	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	AYESHA SYEDA				
County	FORT BEND	Region	06	Date Licensed	08/03/2017	Owner Information	
License #	018222					FRANCAS HOME HEALTH CARE LLC	
Lic Expire	8/31/2021					5023 BEECH FERN DRIVE	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(409) 466-0877	Fax	(832) 535-3003			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FRANCISCA OKADIGBO				
County	FORT BEND	Region	06	Date Licensed	01/29/2018	Owner Information	
License #	018579					FREEDOM DIALYSIS INC	
Lic Expire	1/31/2022					7746 HIGHWAY 6 SUITE C	
Medicare 1:						MISSOURI CITY, TX 77459-4778	
Medicare 2:						PHONE:	FAX:
Phone	(281) 969-5387	Fax	(346) 304-2173			Services: Licensed Home Health Services with Dialysis	
Type:	Parent Agency	Administrator	VULINDA JONES				
County	FORT BEND	Region	06	Date Licensed	10/27/2021	Owner Information	
License #	021161					FREEDOM DIALYSIS ONE	
Lic Expire	10/27/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	281 9695387	Fax	346 3042173			Services: Licensed Home Health Services with Dialysis	
Type:	Parent Agency	Administrator	RACHID ALRAYES				
County	FORT BEND	Region	06	Date Licensed	01/05/2021	Owner Information	
License #	020431					GALAXY HOME HEALTH INC	
Lic Expire	1/5/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 304-9550	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AMINATA MAGONA				
County	FORT BEND	Region	06	Date Licensed	02/05/2020	Owner Information	
License #	019530					GHARE HEALTHCARE SERVICES INC	
Lic Expire	8/15/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 923-1029	Fax	(346) 347-7785			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BERNADETTE LEDBETTER				
County	FORT BEND	Region	06	Date Licensed	08/31/2017	Owner Information	
License #	018288					GLADKIDS LLC	
Lic Expire	8/31/2023					14458 ANDREA WAY LANE	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(832) 762-7348	Fax	(832) 672-5872			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GADYS EZEM				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	01/28/2008	Owner Information		
License #	011843					GLOBAL DIALYSIS PLUS INC		
Lic Expire	1/31/2022					12823 CAPRICORN DRIVE		
Medicare 1:						STAFFORD, TX 77477		
Medicare 2:						PHONE:	FAX:	
Phone	(281) 980-0446	Fax	(281) 980-0468			Services:	Licensed Home Health Services with Dialysis	
Type:	Parent Agency	Administrator	COLETTE NELSON					
County	FORT BEND	Region	06	Date Licensed	05/02/2012	Owner Information		
License #	014773					GODROCK HEALTHCARE SERVICES INC		
Lic Expire	5/31/2022					2131 SUMMIT MEADOW DR		
Medicare 1:						MISSOURI CITY, TX 77489		
Medicare 2:						PHONE:	FAX:	
Phone	(832) 762-8414	Fax	(281) 374-4383			Services:	Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHARITY OKAFOR					
County	FORT BEND	Region	06	Date Licensed	11/25/2013	Owner Information		
License #	015887					GOD'S TIME HEALTHCARE SERVICES, INC		
Lic Expire	11/30/2021					11569 HWY 6 #164		
Medicare 1:						SUGAR LAND, TX 77498		
Medicare 2:						PHONE:	FAX:	
Phone	(281) 935-6492	Fax	(281) 988-7162			Services:	Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLINE CHIKERE					
County	FORT BEND	Region	06	Date Licensed	09/08/2020	Owner Information		
License #	020150					GOLDEN ACRES HOMEHEALTH LLC		
Lic Expire	9/8/2022					8511 SHADOWBROOK GLEN TRAIL		
Medicare 1:						RICHMOND, TX 77407		
Medicare 2:						PHONE:	(832) 352-0845	FAX:
Phone	(832) 352-0845	Fax	(713) 234-7382			Services:	Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BLESSING SMITH					
County	FORT BEND	Region	06	Date Licensed	11/19/2020	Owner Information		
License #	020329					GOLDEN HOSPICE & HEALTHCARE SERVICES, LLC		
Lic Expire	11/19/2022					8606 SHADOWBROOK GLEN TRL		
Medicare 1:						RICHMOND, TEXAS 77407		
Medicare 2:						PHONE:	FAX:	
Phone	(832) 490-4292	Fax				Services:	Hospice	
Type:	Parent Agency	Administrator	ANTHONY DURU			In-Patient Hospice:	NO	
County	FORT BEND	Region	06	Date Licensed	04/13/2021	Owner Information		
License #	020694					GOLDEN HOSPICE AND PALLIATIVE CARE, INC		
Lic Expire	4/13/2024					9898 BISSONNET ST SUITE 160		
Medicare 1:						HOUSTON, TX 77036		
Medicare 2:						PHONE:	FAX:	
Phone	(713) 234-7735	Fax				Services:	Hospice	
Type:	Parent Agency	Administrator	SHERRIA BELL			In-Patient Hospice:	NO	
County	FORT BEND	Region	06	Date Licensed	12/17/2019	Owner Information		
License #	019744					GOOD FAITH SENIORS HOMECARE, INCORPORATED		
Lic Expire	12/17/2021					12118 ACCORSO ST		
Medicare 1:						RICHMOND, TX 77406		
Medicare 2:						PHONE:	FAX:	
Phone	(713) 425-5522	Fax	346 843 1128			Services:	Personal Assistance Services	
Type:	Parent Agency	Administrator	JEFFREY WOLLER					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/14/2020	Owner Information	
License #	020236					GOODWILL CARE LLC	
Lic Expire	10/14/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 449-2569	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	JACINTA ANUNA			Services:	Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	01/14/2013	Owner Information	
License #	015306					GOODWILL HEALTHCARE SERVICES, INC	
Lic Expire	1/31/2024					21906 RUSTIC CANYON LANE	
Medicare 1:	747932					RICHMOND, TX 77469	
Medicare 2:							
Phone	(346) 368-2168	Fax	(832) 553-7615			PHONE:	FAX:
Type:	Parent Agency	Administrator	ISIOMA OZONOH			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/31/2021	Owner Information	
License #	021304					GOODWILL HOSPICE CARE LLC	
Lic Expire	12/31/2024						
Medicare 1:							
Medicare 2:							
Phone	(713) 485-6940	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	TOM KURIAN			Services:	Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	04/05/2021	Owner Information	
License #	020666					GOSHEN TOUCH HEALTHCARE SERVICES LLC	
Lic Expire	4/5/2023						
Medicare 1:							
Medicare 2:							
Phone	(281) 724-8306	Fax	(281) 306-6793			PHONE:	FAX:
Type:	Parent Agency	Administrator	OLUBUKOLA AWONIYI			Services:	Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	12/04/2017	Owner Information	
License #	018483					GOUCS HEALTHCARE SERVICES LLC	
Lic Expire	12/31/2023					1403 ORCHID DRIVE	
Medicare 1:						MISSOURI CITY, TX 77489	
Medicare 2:							
Phone	(832) 614-3029	Fax	(281) 208-4512			PHONE:	FAX:
Type:	Parent Agency	Administrator	UGOCHI AKWARANDU			Services:	Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	03/16/2007	Owner Information	
License #	011157					GRACEFAITH HEALTHCARE SERVICES INC	
Lic Expire	3/31/2022					11211 KATY FREEWAY SUITE 240	
Medicare 1:	747100					HOUSTON, TX 77079	
Medicare 2:							
Phone	(713) 461-8898	Fax	(713) 461-8859			PHONE:	FAX:
Type:	Parent Agency	Administrator	FELIX AZUONYE			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/25/2004	Owner Information	
License #	009268					GRACES TLC HOME, INC	
Lic Expire	8/31/2023					8700 COMMERCE #204	
Medicare 1:	457862					HOUSTON, TX 77036	
Medicare 2:							
Phone	(281) 499-0705	Fax	(281) 499-0757			PHONE:	FAX:
Type:	Parent Agency	Administrator	GRACE JOSEPH			Services:	Licensed and Certified Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	11/06/2018	Owner Information	
License #	019002					GREENLIFE HEALTHCARE INC	
Lic Expire	11/6/2022					20319 BRISTOL BLUFF LN.	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 690-7655	Fax	(832) 565-1269			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	EBERE OKEKE				
County	FORT BEND	Region	06	Date Licensed	04/03/2020	Owner Information	
License #	019864					GUARDIAN ANGELS HOSPICE & PALLIATIVE CARE	
Lic Expire	4/3/2022					4606 FM 1960 RD W STE 675	
Medicare 1:						HOUSTON, TEXAS 77069	
Medicare 2:						PHONE:	FAX:
Phone	(281) 973-3898	Fax	(832) 500-4411			Services: Hospice	
Type:	Parent Agency	Administrator	PRISCA WARA			In-Patient Hospice: NO	
County	FORT BEND	Region	06	Date Licensed	07/06/2020	Owner Information	
License #	020036					GUARDIAN ANGELS PROVIDER SERVICES INC	
Lic Expire	7/6/2022					10333 HARWIN DRIVE #685	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 993-6888	Fax	(713) 993-6862			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JACQUELINE MOUTON				
County	FORT BEND	Region	06	Date Licensed	12/29/2011	Owner Information	
License #	014552					HANDSON LIVING HEALTH CARE SERVICES INC	
Lic Expire	12/31/2021					21219 GRANITE TRAIL LANE	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 232-9899	Fax	(281) 232-9833			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IFEOMA ROSEMARY AGWUNOBI				
County	FORT BEND	Region	06	Date Licensed	02/07/2017	Owner Information	
License #	017906					HAPPY CIRCLE HOME HEALTHCARE LLC	
Lic Expire	2/28/2024					440 COBIA DR STE 1502	
Medicare 1:						KATY, TX 77496	
Medicare 2:						PHONE:	FAX:
Phone	(832) 913-6467	Fax	(832) 532-9818			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MINAZ PIRANI				
County	FORT BEND	Region	06	Date Licensed	10/16/2020	Owner Information	
License #	020241					HAVEN'S PEDIATRIC SERVICES LLC	
Lic Expire	10/16/2022					2111 CASTLE GARDENS LANE	
Medicare 1:						KATY, TEXAS 77449	
Medicare 2:						PHONE:	FAX:
Phone	(832) 406-5720	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RFANYU DAISY TALLA AYUK MANYANG				
County	FORT BEND	Region	06	Date Licensed	12/21/2020	Owner Information	
License #	020415					HEALING LEAF HOME HEALTH	
Lic Expire	12/21/2022					9219 CALABRIAN PINE CT SUITE A	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	(410) 948-4225	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLALEKAN KILO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 05/27/2010
License # 013360 HEALING SOURCE HOME CARE INC
Lic Expire 5/31/2022 12783 CAPRICORN DRIVE SUITE 500
Medicare 1: 747739 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 242-4325 Fax (281) 242-4323
Type: Parent Agency Administrator ROGELIO DELA ROSA

Owner Information

HEALING SOURCE HOME CARE, INC
12783 CAPRICORN DR, SUITE 500
STAFFORD, TEXAS 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/02/2016
License # 017431 HEALTHCARE RESOURCES OF TEXAS LLC
Lic Expire 6/30/2022 4034 WHEAT HARVEST LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 437-7882 Fax (832) 913-6470
Type: Parent Agency Administrator UJU OBILO

Owner Information

HEALTHCARE RESOURCES OF TEXAS LLC
4034 WHEAT HARVEST LANE
KATY, TX 77494
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/30/2004
License # 009497 HEALTHPOINT HOME HEALTH AND INFUSION SERVICES
Lic Expire 12/31/2023 120 ELDRIDGE ROAD SUITE E
Medicare 1: 677932 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 814-3700 Fax (832) 886-4125
Type: Parent Agency Administrator IMMANUEL NVALUPUE

Owner Information

HEALTHPOINT HOME HEALTH AND INFUSION SERVICES, INC
120 ELDRIDGE RD SUITE E
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/15/2021
License # 020908 HEALTHWORK GLOBAL LLC
Lic Expire 7/15/2023 9522 MATILDA CREEK COURT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 474-3497 Fax
Type: Parent Agency Administrator HILLARY AYOKUNLE

Owner Information

HEALTHWORK GLOBAL LLC
9522 MATILDA CREEK COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/22/2020
License # 020258 HEART BEAT HOME CARE SERVICES
Lic Expire 10/22/2022 8827 CROWN JEWEL DR
Medicare 1: RICHMOND, TEXAS 77469
Medicare 2:
Phone (281) 343-9664 Fax (281) 343-9664
Type: Parent Agency Administrator CAROL SMITH

Owner Information

HEART BEAT HOME CARE SERVICES
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/05/2017
License # 017834 HEART TO HEART HOSPICE OF SUGAR LAND
Lic Expire 1/31/2023 13017 JESS PIRTLE BLVD., SUITE 175
Medicare 1: 74-1785 (HOSPICE) SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 881-6763 Fax (281) 626-1011
Type: Parent Agency Administrator CAROLINE ROSE

Owner Information

CARING HOSPICE, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 09/28/2021
License # 021086 HELPING HANDS AT HOME CARE LLC
Lic Expire 9/28/2024 25218 SPRING IRIS LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone 832 3483406 Fax
Type: Parent Agency Administrator LISSETH BAUTISTA

Owner Information

HELPING HANDS AT HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	08/16/2012	Owner Information
License #	015016					HENFEMAT INC
Lic Expire	8/31/2022					2518 WINSFORD HORIZON LANE
Medicare 1:						KATY, TEXAS 77494
Medicare 2:						PHONE:
Phone	(281) 491-8842	Fax	(281) 980-0485			FAX:
Type:	Parent Agency	Administrator	HENRIETTA JOLAOSO			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	07/02/2020	Owner Information
License #	020033					ALWAYS LOVING HOME HEALTH CARE LLC
Lic Expire	7/2/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 704-3609	Fax	(888) 343-9339			FAX:
Type:	Parent Agency	Administrator	HUMPHREY MOSENGE			Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	01/11/2014	Owner Information
License #	016179					HOLINESS HOME HEALTHCARE CORP
Lic Expire	1/31/2022					24131 SEVENTH HEAVEN DR
Medicare 1:	747137 HHA-18					KATY, TX 77494
Medicare 2:						PHONE:
Phone	(713) 589-6416	Fax	(713) 429-0463			FAX:
Type:	Parent Agency	Administrator	PETER NGUYEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	01/26/2021	Owner Information
License #	020488					AT HOME HEALTHCARE GROUP LLC
Lic Expire	1/26/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	281 8880380	Fax				FAX:
Type:	Parent Agency	Administrator	RICHARD TATE			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/17/2018	Owner Information
License #	019038					DEZHOU HOME CARE LLC
Lic Expire	8/17/2022					5010 PLANTATION COLONY DRIVE
Medicare 1:						SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(832) 510-3231	Fax	(832) 510-3231			FAX:
Type:	Parent Agency	Administrator	MEI PACE			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/30/2021	Owner Information
License #	021240					B & M COMPASSIONATE CARE GIVERS, INC
Lic Expire	11/30/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 235-9511	Fax				FAX:
Type:	Parent Agency	Administrator	WILLIAM ENO			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/20/2018	Owner Information
License #	019007					FALCON CORP LLC
Lic Expire	11/20/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 678-4924	Fax	(832) 678-4924			FAX:
Type:	Parent Agency	Administrator	ANTHONY SERRANO			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/02/2019	Owner Information	
License #	019631					EPHESIANS 210 HOLDINGS, LLC	
Lic Expire	10/2/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 961-1795	Fax	(281) 310-5006			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REBECCA FORTMAN				
County	FORT BEND	Region	06	Date Licensed	03/01/2019	Owner Information	
License #	019135					ALLICARE LLC	
Lic Expire	12/6/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 721-5536	Fax	(281) 721-5803			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VAISHALI NILESHWAR				
County	FORT BEND	Region	06	Date Licensed	04/20/2020	Owner Information	
License #	019883					HEALTHGENIX INC	
Lic Expire	4/20/2022					P O BOX 113	
Medicare 1:						SUGAR LAND, TX	
Medicare 2:						PHONE:	FAX:
Phone	(281) 406-4209	Fax	(832) 284-7845			Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSE ODUARAN			In-Patient Hospice: NO	
County	FORT BEND	Region	06	Date Licensed	09/17/2021	Owner Information	
License #	021054					HAULGISTICS LLC	
Lic Expire	9/17/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 377-4316	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	MARCUS POLLARD			In-Patient Hospice: NO	
County	FORT BEND	Region	04	Date Licensed	04/11/2017	Owner Information	
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:						MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(281) 277-1151	Fax	(281) 277-1170			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			In-Patient Hospice: NO	
County	FORT BEND	Region	04	Date Licensed	04/11/2017	Owner Information	
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:						MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(281) 277-1151	Fax	(281) 277-1170			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			In-Patient Hospice: NO	
County	FORT BEND	Region	04	Date Licensed	04/11/2017	Owner Information	
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:						MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(281) 277-1151	Fax	(281) 277-1170			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 04 Date Licensed 04/11/2017
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 10707 CORPORATE DRIVE, SUITE 200
Medicare 1: STAFFORD, TX 774774001
Medicare 2:
Phone (281) 277-1151 Fax (281) 277-1170
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 01/07/2011
License # 014073 HTH HOLY TRINITY HEALTHCARE INC
Lic Expire 1/31/2023 11104 W AIRPORT BLVD SUITE 131
Medicare 1: 677990 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (713) 333-3660 Fax (713) 333-4660
Type: Parent Agency Administrator PATRICK FINN

Owner Information
HTH HOLY TRINITY HEALTHCARE INC
11104 W IARPORT BLVD STE 131
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/21/2011
License # 013971 HUCKEYE HEALTH SERVICES LLC
Lic Expire 3/31/2023 24044 CINCO VILLAGE CENTER BLVD SUITE 100
Medicare 1: 747744 HHA-18 KATY, TEXAS 77494
Medicare 2:
Phone (281) 712-2051 Fax (713) 900-7752
Type: Parent Agency Administrator PACIENCIA OJIAIKO

Owner Information
HUCKEYE HEALTH SERVICES, LLC
5910 DILLON CREEK LANE
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/02/2007
License # 011054 IDEAL CARE PROVIDERS INC
Lic Expire 6/30/2024 1906 HICKORY GLEN DR
Medicare 1: 679794 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 499-9512 Fax (281) 499-9583
Type: Parent Agency Administrator JUSTINA ONUH

Owner Information
IDEAL CARE PROVIDERS, INC
2203 WHIRLAWAY DR
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/09/2018
License # 018877 IDEAL HEALTHCARE SERVICES
Lic Expire 8/31/2022 10615 DAVLEE LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (346) 291-3343 Fax (832) 939-9194
Type: Parent Agency Administrator JOHNMARY ODINIGWE

Owner Information
IDEAL HEALTHCARE SERVICES INC
17611 MURRAYFIELD CT
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/14/2006
License # 010680 INCARNATION HOME HEALTH SERVICES INC
Lic Expire 8/31/2023 12440 EMILY COURT, SUITE 1001
Medicare 1: 747299 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 447-5152 Fax (281) 447-7152
Type: Parent Agency Administrator OPEOLUWA FATUROTU

Owner Information
INCARNATION HOME HEALTH SERVICES, INC
12440 EMILY COURT, SUITE 1001
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/10/2014
License # 016144 INFUCARE HOME HEALTH LLC
Lic Expire 4/30/2022 13910 LEXINGTON BLVD
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone (713) 541-5800 Fax (281) 916-6481
Type: Parent Agency Administrator GLORIA EGBUCHUNAM

Owner Information
INFUCARE HOME HEALTH LLC
PO BOX 571854
HOUSTON, TX 77257
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 06/28/2011
License # 014190 INHOMECARE AMERICA
Lic Expire 6/30/2023 830 JULIE RIVERS DR. SUITE 803
Medicare 1: 747687 HHA-18 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (713) 334-2300 Fax (713) 334-3011
Type: Parent Agency Administrator KENNETH TETANG

Owner Information

MOMENTUM ADVANCED HEALTHCARE, INC
6250 WESTPARK DRIVE, SUITE #113
HOUSTON, TX 77057

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/08/1995
License # 003376 INTER ACTIVE HEALTH CARE INC
Lic Expire 5/31/2024 4677 TECHNIPLX DRIVE
Medicare 1: 458447 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 892-2000 Fax (281) 892-2015
Type: Parent Agency Administrator LEIGH NARVACAN

Owner Information

INTERACTIVE HEALTH CARE, INC
4677 TECHNIPLX DRIVE
STAFFORD, TX 77477

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/27/2021
License # 021164 INTERACTIVE HOSPICE AND PALLIATIVE CARE, INC
Lic Expire 10/27/2024 4677 TECHNIPLX DRIVE
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 892-2002 Fax (281) 892-2015
Type: Parent Agency Administrator NORBERTO NARVACAN

Owner Information

INTERACTIVE HOSPICE AND PALLIATIVE CARE, INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/01/2018
License # 019117 IVANA HOME HEALTH SERVICES
Lic Expire 10/1/2022 12808 WEST AIRPORT BLVD., SUITE# 343
Medicare 1: 67-7935 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 212-3442 Fax (866) 670-2763
Type: Parent Agency Administrator AMIN ALWANI

Owner Information

AN&SS CARE GROUP, LLC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed
License # 021368 IVY CARE CONCIERGE LLC
Lic Expire 2/7/2025 4718 MAPLE CREEK DRIVE
Medicare 1: FRESNO, TX 77545
Medicare 2:
Phone (281) 236-0416 Fax
Type: Parent Agency Administrator LATREACE HARRISON

Owner Information

IVY CARE CONCIERGE LLC

PHONE: FAX:

Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/16/2010
License # 013173 JESTCO HEALTH CARE INC
Lic Expire 6/30/2022 2118 SILVER LEAF DRIVE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 414-8799 Fax (281) 403-4996
Type: Parent Agency Administrator AUGUSTINE OKUKPE

Owner Information

JESTCO HEALTH CARE, INC
2118 SILVERLEAF DRIVE
MISSOURI CITY, TX 77489

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/04/2007
License # 011366 JIWEALTH HEALTH SERVICES
Lic Expire 6/30/2024 7906 SUJUMMERDALE DR
Medicare 1: 747335 HHA-18 ROSENBERG, TEXAS 77471
Medicare 2:
Phone (281) 236-2446 Fax 8325008910 Date : 01022020
Type: Parent Agency Administrator CALLISTA JIWUAKU

Owner Information

JIWEALTH HEALTH SERVICES, INC
1303 PARKER BLUFF LANE
ROSENBERG, TX 77471

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 06/14/2021
License # 020829 JOMEL PALLIATIVE AND HOSPICE CARE, INC
Lic Expire 6/14/2024 814 LA HACIENDA DRIVE
Medicare 1: RICHMOND, TX 77406
Medicare 2:
Phone (281) 818-6362 Fax
Type: Parent Agency Administrator CHARITY EFFIONG

Owner Information
JOMEL PALLIATIVE AND HOSPICE CARE, INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 11/16/2011
License # 014633 JOSEPH HOME HEALTHCARE SERVICES INC
Lic Expire 11/30/2023 4434 BLUEBONNET DRIVE SUITE 137
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone 832 886 4942 Fax 281 817 7493
Type: Parent Agency Administrator AKHERE OKHAIFOH

Owner Information
JOSEPH HOME HEALTHCARE SERVICES INC
7715 SILENT TIMBER LANE
RICHMOND, TX 77407
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/14/2019
License # 019377 JUBILEE CARE @ HOME HEALTH CARE SERVICES
Lic Expire 5/14/2023 914 SPRINGHAVEN CT
Medicare 1: 747984 (HHA) KATY, TX 77494
Medicare 2:
Phone (877) 242-1045 Fax (877) 242-1045
Type: Parent Agency Administrator CHRISTINA BASTON

Owner Information
JUBILEE CARE @ HOME HEALTH CARE SERVICES LLC
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/16/2005
License # 009967 K & G QUALITY HOME HEALTHCARE
Lic Expire 9/30/2023 12603 SOUTHWEST FREEWAY SUITE #520
Medicare 1: STAFFORD, TEXAS 77477
Medicare 2:
Phone (281) 313-1844 Fax (281) 313-1848
Type: Parent Agency Administrator C KRIS IJEH

Owner Information
K & G QUALITY HEALTHCARE SERVICES INC
5519 PARKSTONE COURT
SUGAR LAND, TEXAS 77479
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/21/2015
License # 016815 K2 HOME HEALTH
Lic Expire 5/31/2024 17130 KILDONAN COURT
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 608-6001 Fax (832) 608-6001
Type: Parent Agency Administrator KELECHI NWOSU

Owner Information
K2 HOLISTIC HEALTHCARE SERVICES, INC
6418 BINALONG DRIVE
KATY, TX 77449
PHONE:
FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 02/14/2018
License # 018617 KAMVIC HOME HEALTH CARE LLC
Lic Expire 2/28/2022 21111 BARTON HOLLOW LANE
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 730-5040 Fax (713) 588-2727
Type: Parent Agency Administrator CHINYERE OZIGBU

Owner Information
KAMVIC HOME HEALTH CARE, LLC
21111 BARTON HOLLOW LANE
RICHMOND, TX 77407
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/15/2013
License # 015938 KAPPA HOME HEALTH SERVICES INC
Lic Expire 7/31/2023 2440 TEXAS PKWY, SUITE 218
Medicare 1: 747018 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 313-4650 Fax (281) 313-0994
Type: Parent Agency Administrator ODINAKACHUKWU CYNTHIA AGU

Owner Information
KAPPA HOME HEALTH SERVICES INC
2440 TEXAS PKWY, SUITE 218
MISSOURI CITY, TEXAS 77489
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	FORT BEND	Region	06	Date Licensed	04/29/2011	Owner Information
License #	014069					KC HEALTHCARE SERVICES, INC
Lic Expire	4/30/2023					P O BOX 703
Medicare 1:						RICHMOND, TEXAS 77469
Medicare 2:						PHONE:
Phone	(281) 736-6336	Fax	(281) 238-5575			FAX:
Type:	Parent Agency	Administrator	CATHERINE ORAKPO			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	01/10/2017	Owner Information
License #	017847					KEMA CARE SERVICES INC
Lic Expire	5/31/2023					5827 CRESTVIEW COVE
Medicare 1:						RICHMOND, TX 77469
Medicare 2:						PHONE:
Phone	(832) 859-8777	Fax	(281) 596-4441			FAX:
Type:	Parent Agency	Administrator	IKE ALARIBE			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	09/12/2017	Owner Information
License #	018314					KEY DIALYSIS LLC
Lic Expire	12/30/2024					1400 CREEK WAY, STE. 211
Medicare 1:						SUGAR LAND, TEXAS 77478
Medicare 2:						PHONE:
Phone	(832) 939-9772	Fax	(832) 939-9774			FAX:
Type:	Parent Agency	Administrator	DARIN SULLIVAN			Services: Licensed Home Health Services with Dialysis
County	FORT BEND	Region	06	Date Licensed	08/26/2019	Owner Information
License #	019551					SKYLYN, LLC
Lic Expire	8/26/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 278-7685	Fax	(832) 449-3863			FAX:
Type:	Parent Agency	Administrator	BANDE NANJI			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	01/12/2022	Owner Information
License #	021326					KIKI HEALTH & HOSPICE CARE LLC
Lic Expire	1/12/2025					3130 GRANT LAKE BLVD #19002
Medicare 1:						SUGAR LAND, TX 77479
Medicare 2:						PHONE:
Phone	(346) 775-0930	Fax				FAX:
Type:	Parent Agency	Administrator	DIANNE BAPTISTE			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	05/23/2019	Owner Information
License #	019390					KINGSHIP HEALTH SERVICES LLC
Lic Expire	5/23/2023					6911 NECTARINE LANE
Medicare 1:						RICHMOND, TEXAS 77469
Medicare 2:						PHONE:
Phone	(832) 608-8050	Fax	(832) 451-6036			FAX:
Type:	Parent Agency	Administrator	OKECHUKWU ONYEBULA			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	02/17/2006	Owner Information
License #	010565					FLANEL HEALTHCARE SERVICES LLC
Lic Expire	2/28/2022					301 SOUTH 9TH STREET #204
Medicare 1:	743136 HHA-18					RICHMOND, TX 77469
Medicare 2:						PHONE:
Phone	(281) 633-2800	Fax	(281) 633-2601			FAX:
Type:	Parent Agency	Administrator	ELIZABETH BABALOLA			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	09/15/2020	Owner Information	
License #	020177					LEADS SERVICES LLC	
Lic Expire	9/15/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 759-2435	Fax	(832) 553-3054			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	HELEN MURRAY				
County	FORT BEND	Region	06	Date Licensed	05/01/2017	Owner Information	
License #	018142					AYZA HOME HEALTHCARE SERVICES LLC	
Lic Expire	4/30/2023					3 SUGAR CREEK CENTER BLVD, STE 100	
Medicare 1:						SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(832) 612-0472	Fax	(832) 202-0506			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SABEEN JIWANI				
County	FORT BEND	Region	06	Date Licensed	06/26/2017	Owner Information	
License #	018133					LIFEBRIDGE HOME CARE LLC	
Lic Expire	6/30/2023					22119 SKYRIDGE LN	
Medicare 1:						RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 238-8848	Fax	(832) 471-6536			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EUNICE NWANNE				
County	FORT BEND	Region	06	Date Licensed	11/12/2020	Owner Information	
License #	020313					LIFELINE CARE INC	
Lic Expire	11/12/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832 971 0464	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUBUKOLA OLUSANYA				
County	FORT BEND	Region	06	Date Licensed	10/15/2010	Owner Information	
License #	013647					LIMEC HEALTH CARE SERVICES INC	
Lic Expire	10/31/2022					SAME ABOVE	
Medicare 1:	747773 HHA-18					RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(832) 939-9177	Fax	(832) 553-2506			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LILIAN CHINEDO				
County	FORT BEND	Region	06	Date Licensed	08/24/2009	Owner Information	
License #	012802					LITTLE FLOWER HOMEHEALTH INC	
Lic Expire	8/31/2023					12808 WEST AIRPORT BLVD SUITE 318	
Medicare 1:	747456 HHA-18					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 325-0043	Fax	(281) 265-0142			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TRISAMOLE THOMAS				
County	FORT BEND	Region	06	Date Licensed	01/04/2008	Owner Information	
License #	011794					LIVELONG HEALTH CARE SERVICES INC	
Lic Expire	1/31/2023					15415 WAUMSLEY WAY	
Medicare 1:	747278 HHA-18					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	281 809 5190	Fax	281 809 5732			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DORIS OBAZE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/28/2019	Owner Information	
License #	019667					LM HOME CARE SERVICES INC	
Lic Expire	10/28/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832 303 6093	Fax	281 238 5985			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUYOMI LAWSON				
County	FORT BEND	Region	06	Date Licensed	06/16/2005	Owner Information	
License #	009816					LOGIC HOMEHEALTH SERVICES INC	
Lic Expire	6/30/2024					5101 AVENUE H STE 25	
Medicare 1:	747075 HHA-18					ROSENBERG, TX 77471	
Medicare 2:						PHONE:	FAX:
Phone	(281) 383-9483	Fax	(281) 710-7876			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ABUBAKAR MOLADE				
County	FORT BEND	Region	06	Date Licensed	10/28/2019	Owner Information	
License #	019669					LOYAL TOUCH HOME HEALTH INC	
Lic Expire	10/28/2021					7402 PAVILION DR	
Medicare 1:						HOUSTON,, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	281 3177041	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHIKA ODILI				
County	FORT BEND	Region	06	Date Licensed	08/30/2019	Owner Information	
License #	019568					LOYALTY CARE HEALTH SERVICES INC	
Lic Expire	8/30/2021					5902 WATER VIOLET LN	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	800 7930783	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARILIN CASTRO				
County	FORT BEND	Region	06	Date Licensed	01/17/2012	Owner Information	
License #	014584					MANIFESTATION HOME HEALTHCARE, INC	
Lic Expire	1/31/2024					8207 ALISO CANYON LANE	
Medicare 1:	747849					HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 313-0535	Fax	(281) 313-0532			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA OJIGHO				
County	FORT BEND	Region	06	Date Licensed	01/15/2011	Owner Information	
License #	013934					MARIA REGINA HOME HEALTH AGENCY, INC	
Lic Expire	3/31/2024					410 ANNE'S WAY	
Medicare 1:	677971 HHA-18					STAFFORD, TEXAS 77477	
Medicare 2:						PHONE:	FAX:
Phone	2814943456 or 8325677	Fax	2819698116 or 2812084783			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PATRICK OGIDI				
County	FORT BEND	Region	06	Date Licensed	06/28/2005	Owner Information	
License #	009839					MARITONA HEALTH SERVICES INC	
Lic Expire	6/30/2022					11615 LANTANA REACH DRIVE	
Medicare 1:	677958 HHA-18					RICHMOND, TX 77406-1483	
Medicare 2:						PHONE:	FAX:
Phone	(832) 451-6172	Fax	(832) 451-6469			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ONUWABHAGBE CHRISTIAN ITUAH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	01/21/2009	Owner Information	
License #	012912					MAXIM HEALTHCARE SERVICES INC	
Lic Expire	1/31/2023					7227 LEE DEFOREST DRIVE	
Medicare 1:						COLUMBIA, MD 21046	
Medicare 2:						PHONE:	FAX:
Phone	(713) 234-5730	Fax	(877) 774-0531			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ELIZABETH FERNIE				
County	FORT BEND	Region	06	Date Licensed	08/09/2007	Owner Information	
License #	011515					MAYFLOWER HEALTH SERVICES, INC	
Lic Expire	8/31/2022					3703 PENNINGTON COURT	
Medicare 1:						3703 PENNINGTON COURT, TEXAS 77459	
Medicare 2:						PHONE:	FAX:
Phone	832 8753173	Fax	281 7786157			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MEDINAT SHOFOLUWE				
County	FORT BEND	Region	06	Date Licensed	12/07/2005	Owner Information	
License #	010184					MEDSOURCE HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2022					12926 DIARY ASHFORD RD STE 150	
Medicare 1:	747128					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 265-0095	Fax	(281) 201-4531			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PRISCILLA UDEAGHA				
County	FORT BEND	Region	06	Date Licensed	05/01/2006	Owner Information	
License #	010415					MEDCARE PEDIATRIC NURSING LP	
Lic Expire	4/30/2022					12371 SOUTH KIRKWOOD ROAD	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(713) 995-9292	Fax	(713) 995-4402			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	KARYN JOLLY				
County	FORT BEND	Region	06	Date Licensed	05/01/2006	Owner Information	
License #	010414					MEDCARE PEDIATRIC THERAPY LP	
Lic Expire	4/30/2024					12371 SOUTH KIRKWOOD ROAD	
Medicare 1:						STAFFORD, TEXAS 77477	
Medicare 2:						PHONE:	FAX:
Phone	(713) 779-9300	Fax	(713) 779-9600			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	BRITTANY DILLESIAW				
County	FORT BEND	Region	06	Date Licensed	03/29/2004	Owner Information	
License #	008991					MEDINURSE INC	
Lic Expire	3/31/2025					13914 BLUE VISTA DR.	
Medicare 1:						SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(281) 565-0989	Fax	(281) 565-1486			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	CHRIS OSAGIE				
County	FORT BEND	Region	06	Date Licensed	06/24/2016	Owner Information	
License #	017481					MEGAMAX HOME HEALTH LLC	
Lic Expire	6/30/2022					2024 TESTAMENT TRL	
Medicare 1:						PLANO, TX 75074-2029	
Medicare 2:						PHONE:	FAX:
Phone	(773) 895-0020	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JUSTUS MBOGO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/13/2020	Owner Information	
License #	020229			MERCYCARE HOME SUPPORT SERVICES		MERCYCARE HOME SUPPORT SERVICES INC	
Lic Expire	10/13/2022			12808 WEST AIRPORT BOULEVARD STE 270P		12808 W. AIRPORT BOULEVARD SUITE 270P	
Medicare 1:				SUGAR LAND, TX 77478		SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	346 7194371, 346 2642	Fax	346 2510416			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AYODEJI SIWONIKU				
County	FORT BEND	Region	06	Date Licensed	06/18/2021	Owner Information	
License #	020843			MIDAS ANGELS PERSONAL CARE AND STAFFING AGENCY LLC		MIDAS ANGELS PERSONAL CARE AND STAFFING AGENCY LLC	
Lic Expire	6/18/2024			6135 MAPLETON MEADOW LANE			
Medicare 1:				RICHMOND, TEXAS 77407			
Medicare 2:						PHONE:	FAX:
Phone	(347) 528-6580	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OGECHUKWU UDEOZO				
County	FORT BEND	Region	06	Date Licensed		Owner Information	
License #	021366			MILES HEALTHCARE SERVICES, LLC		MILES HEALTHCARE SERVICES, LLC	
Lic Expire	2/5/2025			77 SUGAR CREEK CENTER BLVD STE. 600		77 SUGAR CREEK CENTER BLVD STE. 600	
Medicare 1:				SUGAR LAND, TEXAS 77478		SUGAR LAND, TEXAS 77478	
Medicare 2:						PHONE:	FAX:
Phone	(832) 746-3398	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARLESSIA MILES				
County	FORT BEND	Region	06	Date Licensed	06/26/2008	Owner Information	
License #	012177			MILLENNIUM HOME HEALTH SERVICES		MILLENNIUM HEALTH SERVICES INC	
Lic Expire	6/30/2022			830 JULIE RIVERS DRIVE #104		13706 FLORENCE RD, STE #B2	
Medicare 1:	747813 HHA-18			SUGAR LAND, TX 77478		SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 532-0601	Fax	(832) 532-0602			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANNIE WILLIE				
County	FORT BEND	Region	06	Date Licensed	08/29/2019	Owner Information	
License #	019488			MIMAC HEALTH SERVICES, INC		MIMAC HEALTH SERVICES, INC	
Lic Expire	7/22/2023			1907 APPLETON DR			
Medicare 1:				MISSOURI CITY, TEXAS 77489			
Medicare 2:						PHONE:	FAX:
Phone	(713) 904-3554	Fax	(832) 288-4335			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LINDA OBINANI				
County	FORT BEND	Region	06	Date Licensed	07/09/2009	Owner Information	
License #	012697			MIRACLE HANDS HEALTHCARE SERVICES CORPORATION		MIRACLE HANDS HEALTHCARE SERVICES CORPORATION	
Lic Expire	7/31/2023			12808 WEST AIRPORT BLVD SUITE 333		1446 CARTWRIGHT ROAD	
Medicare 1:	747763 HHA-18			SUGAR LAND, TEXAS 77478		MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	FAX:
Phone	(713) 975-1001	Fax	(713) 975-1003			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MERCY KIMANI				
County	FORT BEND	Region	06	Date Licensed	11/28/2018	Owner Information	
License #	019122			MIRACLE HEALTHCARE LLC		MIRACLE HEALTHCARE LLC	
Lic Expire	11/28/2022			1823 SEVILLE MANOR		1823 SEVILLE MANOR	
Medicare 1:				FRESNO, TX 77545		FRESNO, TEXAS 77545	
Medicare 2:						PHONE:	FAX:
Phone	(832) 883-0015	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MEKANZE UKADIKE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	09/23/2020	Owner Information	
License #	020191					MODERN VINTAGE RESIDENTIAL CARE LLC	
Lic Expire	9/23/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 886-6717	Fax	(833) 529-0204			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	DEREK THOMPSON				
County	FORT BEND	Region	06	Date Licensed	03/09/2017	Owner Information	
License #	018058					MODESTY HOME HEALTH LLC	
Lic Expire	3/31/2023					7218 COLONY BEND LN	
Medicare 1:	747733 HHA-18					MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(281) 261-0721	Fax	(832) 539-1541			Services:	Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OMANA SIMON				
County	FORT BEND	Region	06	Date Licensed	04/21/2020	Owner Information	
License #	019885					MPHH MEDICAL SERVICES INC	
Lic Expire	4/21/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 955-7946	Fax	(832) 955-7947			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OLUCHUKWU IKEJIOFOR				
County	FORT BEND	Region	06	Date Licensed	07/18/2017	Owner Information	
License #	018175					MYFAMILY HOSPICE LLC	
Lic Expire	7/31/2024					9800 CENTRE PARKWAY STE 100	
Medicare 1:	97-1531 (HOSPICE)					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 271-0095	Fax	(713) 271-7002			Services:	Hospice; Licensed Home Health Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	LEO DELA ROSA				
County	FORT BEND	Region	06	Date Licensed	07/20/2020	Owner Information	
License #	020062					NAAZ PEDIATRIC HOME CARE, LLC	
Lic Expire	7/20/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 758-1510	Fax	(972) 584-1708			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHARMAINE STETSON				
County	FORT BEND	Region	06	Date Licensed	06/18/2020	Owner Information	
License #	020004					NARA CARE INC	
Lic Expire	6/18/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 475-8539	Fax	(832) 514-6844			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	NATASHA CHOKA				
County	FORT BEND	Region	06	Date Licensed	01/21/2021	Owner Information	
License #	020478					NCARE HEALTH SERVICES, LLC	
Lic Expire	1/21/2024					16002 CHERRYSHIRE DRIVE	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(832) 372-2977	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AKUDO OLEWE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	07/27/2010	Owner Information	
License #	013497					NESTAR MED CARE LLC	
Lic Expire	7/31/2022					1143 ZOE SPRINGS WAY	
Medicare 1:						RICHMOND, TEXAS 77406	
Medicare 2:						PHONE:	FAX:
Phone	(281) 903-7613	Fax	(832) 532-7504			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	STELLA UMWENI				
County	FORT BEND	Region	06	Date Licensed	11/22/2021	Owner Information	
License #	021219					NEW COAST HEALTH SERVICES LLC	
Lic Expire	11/22/2024					3811 GLADE HILL LN	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	(832) 310-5650	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KIA WALKER				
County	FORT BEND	Region	06	Date Licensed	06/23/2021	Owner Information	
License #	020850					NEW ERA HOSPICE CARE LLC	
Lic Expire	6/23/2024					3733 VIA CORSO AVENUE	
Medicare 1:						HENDERSON, NB 89052	
Medicare 2:						PHONE:	(725) 224-2053 FAX:
Phone	(725) 224-2053	Fax	17252181944			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ALEJANDRO TEJADA				
County	FORT BEND	Region	06	Date Licensed	12/23/2013	Owner Information	
License #	015978					NEW LIGHT HOME HEALTH, INC	
Lic Expire	12/31/2023					10707 CORPORATE DRIVE, SUITE # 153	
Medicare 1:	747201 HHA-18					STAFFORD, TX	
Medicare 2:						PHONE:	FAX:
Phone	(281) 499-5901	Fax	(281) 499-8882			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JULIE THOMAS				
County	FORT BEND	Region	06	Date Licensed	12/21/2010	Owner Information	
License #	014076					NEW VISION HEALTH CARE SERVICES LLC	
Lic Expire	3/31/2021					14310 MANORBIER LANE	
Medicare 1:						SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(713) 874-4937	Fax	(281) 277-9219			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BERNADINE KHAN				
County	FORT BEND	Region	06	Date Licensed	08/30/2013	Owner Information	
License #	015742					NICOLEST HEALTHCARE SERVICES INC	
Lic Expire	8/31/2023					18446 AUSTIN OAK LANE	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(713) 459-1705	Fax	(281) 762-7895			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	EDWINA DOUGLAS				
County	FORT BEND	Region	06	Date Licensed		Owner Information	
License #	021350					HAPPIER AT HOME HEALTH CARE, INC	
Lic Expire	1/23/2025					23403 KINGSLAND BLVD #7108	
Medicare 1:						KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(281) 948-2778	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MARTA WALLACE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	03/03/2021	Owner Information	
License #	020566					VAAS CARE LLC	
Lic Expire	3/3/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 856-4407	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANUSHKA MAGO				
County	FORT BEND	Region	06	Date Licensed	09/02/2015	Owner Information	
License #	017010					OAK RIVER HEALTHCARE SERVICES INC	
Lic Expire	9/30/2023					1601 MAIN STREET, #600	
Medicare 1:						RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 344-8200	Fax	(877) 596-2233			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIZABETH EMERI				
County	FORT BEND	Region	06	Date Licensed	12/04/2018	Owner Information	
License #	019762					OANA HEALTHCARE & CONSULTING, LLC	
Lic Expire	1/8/2022					24200 SOUTHWEST FWY	
Medicare 1:						ROSENBERG, TEXAS 77471	
Medicare 2:						PHONE:	FAX:
Phone	(832) 600-0731	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ARETINA OUEDRAOGO				
County	FORT BEND	Region	06	Date Licensed	08/01/2015	Owner Information	
License #	017096					OASIS HEALTHCARE INC	
Lic Expire	7/31/2021					P.O. BOX 2193	
Medicare 1:						STAFFORD, TX 77497	
Medicare 2:						PHONE:	FAX:
Phone	(281) 529-6278	Fax	(281) 786-3544			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	QUIZENA WALKER				
County	FORT BEND	Region	06	Date Licensed	12/18/2019	Owner Information	
License #	019746					OMK HEALTHCARE SERVICES LLC	
Lic Expire	12/18/2021					1035 EVANDALE LANE	
Medicare 1:						SUGAR LAND, TX 77479	
Medicare 2:						PHONE:	FAX:
Phone	(832) 713-4848	Fax	(832) 379-7499			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MAE UKAEGBU				
County	FORT BEND	Region	06	Date Licensed	04/10/2017	Owner Information	
License #	017992					PAIX HEALTH SERVICES INC	
Lic Expire	4/30/2023					7311 EDEN CROSSING LANE	
Medicare 1:	747389					RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 313-5255	Fax	(281) 565-0697			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA EKPRUKE				
County	FORT BEND	Region	06	Date Licensed	04/15/2021	Owner Information	
License #	020706					PAMCARE	
Lic Expire	4/15/2024					1811 RIPPLING WATER COURT	
Medicare 1:						SUGAR LAND, TEXAS 77479	
Medicare 2:						PHONE:	FAX:
Phone	(713) 446-8894	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PAMELA ELLIS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	10/01/2020	Owner Information
License #	020210					PARAGON HOME HEALTH, LLC
Lic Expire	10/1/2022					10815 ASHLAND BRIDGE LN
Medicare 1:						SUGARLAND, TEXAS 77498
Medicare 2:						PHONE:
Phone	(713) 298-9011	Fax				FAX:
Type:	Parent Agency	Administrator	JENNIFER ORAKPO			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	08/26/2008	Owner Information
License #	012206					PARKWAY PATIENT ASSISTANCE SERVICES INC
Lic Expire	8/31/2024					12808 WEST AIRPORT BLVD., SUITE #345
Medicare 1:						SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(713) 234-7824	Fax	(713) 234-7825			FAX:
Type:	Parent Agency	Administrator	CHIMA OKENKPU			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/10/2021	Owner Information
License #	021265					PARTNERCARE HEALTH LLC
Lic Expire	12/10/2024					1718 HODGE LAKE LANE
Medicare 1:						SUGAR LAND, TEXAS 77478
Medicare 2:						PHONE:
Phone	(832) 999-4747	Fax	(832) 999-4747			FAX:
Type:	Parent Agency	Administrator	LINDA EGWIM			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	12/27/2007	Owner Information
License #	011927					PASSION CENTRAL HOME HEALTH SERVICES INC
Lic Expire	3/31/2020					3300 SOUTH GESSNER SUITE #247
Medicare 1:	677933 HHA-18					HOUSTON, TX 77063
Medicare 2:						PHONE:
Phone	(832) 251-2936	Fax	(832) 251-2570			FAX:
Type:	Parent Agency	Administrator	JOY NWOKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	06/25/2020	Owner Information
License #	020016					PATMOS HOSPICE INC
Lic Expire	6/25/2022					SAME
Medicare 1:						'
Medicare 2:						PHONE:
Phone	(281) 903-7380	Fax	(346) 241-0840			FAX:
Type:	Parent Agency	Administrator	GERALDINE RAPHAEL			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	05/15/2013	Owner Information
License #	015544					PAX ET VITA HOME CARE LLC
Lic Expire	5/31/2024					2223 RIVER LODGE LANE
Medicare 1:						SUGAR LAND, TX 77479
Medicare 2:						PHONE:
Phone	(281) 687-6034	Fax	(281) 239-0543			FAX:
Type:	Parent Agency	Administrator	MARIE BUHAY			Services: Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	02/21/2019	Owner Information
License #	019273					PAX ET VITA HOSPICE AGENCY, LLC
Lic Expire	6/30/2023					830 JULIE RIVERS STE 601
Medicare 1:	971576					SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(346) 901-0194	Fax	(281) 239-0543			FAX:
Type:	Parent Agency	Administrator	CARLITO BUHAY			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed		Owner Information
License #	021332					PEACE TRINITY HEALTHCARE SERVICES LLC
Lic Expire	1/14/2025					3958 ASPEN LANDING LANE
Medicare 1:						MISSOURI CITY, TEXAS 77459
Medicare 2:						PHONE: (404) 468-4777 FAX:
Phone	(404) 468-4777					Services: Personal Assistance Services
Type:	Parent Agency	Administrator	PATRICIA OGUDE			
County	FORT BEND	Region	06	Date Licensed	01/06/2009	Owner Information
License #	012380					PELA HEALTHCARE SERVICES, INC
Lic Expire	1/31/2023					12808 WEST AIRPORT BLVD., SUITE #320
Medicare 1:	747334 HHA-18					SUGAR LAND, TX 77478-6102
Medicare 2:						PHONE: FAX:
Phone	(281) 302-6475	Fax	(281) 903-7564			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PEACE UHEGWU			
County	FORT BEND	Region	06	Date Licensed	07/14/1995	Owner Information
License #	003621					PERRYLEE HOME HEALTH CARE SERVICES INC
Lic Expire	7/31/2022					P.O. BOX 1905
Medicare 1:						STAFFORD, TEXAS 77477
Medicare 2:						PHONE: FAX:
Phone	(281) 969-8725	Fax	(832) 539-1901			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARION TRESVANT			
County	FORT BEND	Region	06	Date Licensed	01/03/2014	Owner Information
License #	015946					PINNACLE SPECIALTY HEALTH SERVICES INC
Lic Expire	5/31/2022					1730 BERKOFF DRIVE
Medicare 1:						SUGAR LAND, TX 77479
Medicare 2:						PHONE: FAX:
Phone	(832) 964-8538	Fax	(281) 238-5014			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ALICE AMUNEKE			
County	FORT BEND	Region	06	Date Licensed	09/14/2021	Owner Information
License #	021044					PJ HEALTHCARE SERVICES LLC
Lic Expire	9/14/2024					7011 S SAVANNAH RUN
Medicare 1:						KATY, TEXAS 77493
Medicare 2:						PHONE: FAX:
Phone	(910) 705-9386	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JOYCE ZHOU-KATIVHU			
County	FORT BEND	Region	06	Date Licensed	12/23/2020	Owner Information
License #	020119					NO MORE EXCUSES LLC
Lic Expire	8/25/2022					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(832) 736-7652	Fax				Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	ELENA TURNER			
County	FORT BEND	Region	06	Date Licensed	02/01/2016	Owner Information
License #	017439					PRANA HEALTH SOLUTIONS, INC
Lic Expire	1/31/2020					7407 RIVER PINES DRIVE
Medicare 1:	747551 HHA-18					CYPRESS, TX 77433
Medicare 2:						PHONE: FAX:
Phone	(281) 579-9121	Fax	(281) 936-0240			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KOLAWOLE LADIPO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 10/26/2007
License # 011656 PRECISION HEALTHCARE SERVICES
Lic Expire 10/31/2022 2440 TEXAS PARKWAY SUITE 230
Medicare 1: 747017 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 969-5638 Fax (832) 539-1795

Type: Parent Agency Administrator CHINKATA ONYEMACHI

Owner Information

FIRST PRECISION HEALTHCARE SERVICES INC
13508 MOORING POINTE
PEARLAND, TX 77584
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/03/2015
License # 016667 PREMIER HOSPICE
Lic Expire 3/31/2023 4606 FM 1960 WEST SUITE 675
Medicare 1: 741654 HOSPICE HOUSTON, TX 77069
Medicare 2:
Phone (832) 610-9733 Fax (713) 955-9671

Type: Parent Agency Administrator MELODY UCHE

Owner Information

STARS PALLIATIVE & HOSPICE CARE, INC
6519 PONDER CHASE COURT
RICHMOND, TX 77407
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 03/11/2021
License # 020585 PREMIER PALLIATIVE & HOSPICE CARE INC
Lic Expire 3/11/2023 23822 INDIAN HILLS WAY
Medicare 1: KATY, TEXAS 77494
Medicare 2:
Phone (832) 577-7580 Fax (832) 451-6906

Type: Parent Agency Administrator MARGARET AYUK

Owner Information

PREMIER PALLIATIVE AND HOSPICE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/04/2020
License # 019856 PREMIUM CARE HOME HEALTH, LLC
Lic Expire 3/13/2022 3 SUGAR CREEK CENTER BLVD., STE. 100
Medicare 1: 748002 HHA SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 866-6917 Fax (281) 710-0866

Type: Parent Agency Administrator GLORIA KUHN

Owner Information

PREMIUM CARE HOME HEALTH, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 04/08/2010
License # 013227 PRIHOMEHEALTH INC
Lic Expire 4/30/2022 16331 DRYBERRY CT
Medicare 1: 747531 HOUSTON, TX 77083
Medicare 2:
Phone (281) 302-6661 Fax (866) 336-7471

Type: Parent Agency Administrator ROSE OMORIGIE

Owner Information

PRIHOMEHEALTH INC
16331 DRYBERRY CT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/13/2010
License # 013681 PRIMEAGE HEALTH SERVICES INC
Lic Expire 7/31/2022 28622 TANNER CROSSING LN
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (832) 437-7354 Fax (281) 783-2326

Type: Parent Agency Administrator DENISE ANGELLE POUOKAM

Owner Information

PRIMEAGE HEALTH SERVICES INC
8700 COMMERCE PARK #228C
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/18/2008
License # 012247 PRIMEWAY HEALTHCARE SERVICES INC
Lic Expire 9/30/2022 410 ANNE'S WAY
Medicare 1: 677865 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (832) 567-7034 Fax (281) 208-4783

Type: Parent Agency Administrator PATRICK OGIDI

Owner Information

PRIMEWAY HEALTHCARE SERVICES INC
2440 TEXAS PARKWAY SUITE #226
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	05/07/2021	Owner Information	
License #	020739					PROACTIVE PEDIATRIC NURSING SERVICES PLLC	
Lic Expire	5/7/2024					17711 SAUKI LANE	
Medicare 1:						RICHMOND, TX. 77407	
Medicare 2:							PHONE: FAX:
Phone	(713) 360-7634						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency					Administrator	DESTINY UGWU
County	FORT BEND	Region	06	Date Licensed	05/31/2012	Owner Information	
License #	014831					EMAIDO E HAILEY	
Lic Expire	5/31/2020					10701 CORPORATE DR STE 193	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:							PHONE: FAX:
Phone	(281) 903-7474						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency					Administrator	EMAIDO E. HAILEY
County	FORT BEND	Region	06	Date Licensed	04/07/2020	Owner Information	
License #	019869					PROFESSIONAL PERSONAL CARE, LLC	
Lic Expire	4/7/2022					32410 WATERHOUSE COURT	
Medicare 1:						FULSHEAR, TEXAS 77441	
Medicare 2:							PHONE: FAX:
Phone	(713) 907-4342						Services: Personal Assistance Services
Type:	Parent Agency					Administrator	KIMBERLY ANTUNEZ
County	FORT BEND	Region	06	Date Licensed	11/07/2016	Owner Information	
License #	017862					PROMEDE HOME HEALTH SERVICES INC	
Lic Expire	11/30/2020					12808 WEST AIRPORT BLVD STE 285	
Medicare 1:	679644 HHA-18					SUGAR LAND, TX 77478	
Medicare 2:							PHONE: FAX:
Phone	(713) 234-7423						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency					Administrator	DAVIS EGWIM
County	FORT BEND	Region	06	Date Licensed	03/08/2010	Owner Information	
License #	013156					QUALITY CAREGIVERS HEALTH CARE INC	
Lic Expire	3/31/2022					1119 RIVER DELTA LANE	
Medicare 1:	747534 HHA-18					ROSENBERG, TX 77469	
Medicare 2:							PHONE: FAX:
Phone	(281) 239-8277						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency					Administrator	LAMIKA DICKEY
County	FORT BEND	Region	06	Date Licensed	08/22/1997	Owner Information	
License #	005985					QUALITY DIALYSIS ONE LLC	
Lic Expire	8/31/2022					1331 PIKE RD	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:							PHONE: FAX:
Phone	(281) 491-4009						Services: Licensed Home Health Services with Dialysis
Type:	Parent Agency					Administrator	MARIA HEMENEZ
County	FORT BEND	Region	06	Date Licensed	06/08/2020	Owner Information	
License #	019984					QUICK PATIENT CARE PROVIDERS LLC	
Lic Expire	6/8/2022					1910 DRIFTSTONE CT	
Medicare 1:						RICHMOND, TEXAS 77469	
Medicare 2:							PHONE: FAX:
Phone	(832) 649-9291						Services: Personal Assistance Services
Type:	Parent Agency					Administrator	JUDEX MICHEL

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	11/17/2011	Owner Information
License #	014476					QUINCY HEALTHCARE INC
Lic Expire	2/28/2022					2506 SUMMER HAVEN LN
Medicare 1:						RICHMOND, TX 77406
Medicare 2:						PHONE:
Phone	(832) 425-5235	Fax	(832) 595-8160			FAX:
Type:	Parent Agency	Administrator	JULIE OKAFOR			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	06/13/2016	Owner Information
License #	017456					QUINTESSENCE HEALTHCARE INC
Lic Expire	6/30/2022					2550 GRAY FALLS DRIVE STE 100 - H
Medicare 1:						HOUSTON, TX 77077
Medicare 2:						PHONE:
Phone	(832) 777-3701	Fax	18664477225			FAX:
Type:	Parent Agency	Administrator	GIPSON CHRISTINE			Services: Licensed Home Health Services
County	FORT BEND	Region	06	Date Licensed	04/12/2021	Owner Information
License #	020693					R & T GRACIOUS HEALTHCARE LLC
Lic Expire	4/12/2024					19206 CYPRESS ESTATES CT
Medicare 1:						SPRING, TX. 77388
Medicare 2:						PHONE:
Phone	(347) 363-9147	Fax				FAX:
Type:	Parent Agency	Administrator	RICHARD OAHIMIJIE-UNEH			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	10/22/2020	Owner Information
License #	020256					RAINBOW HOSPICE LLC
Lic Expire	10/22/2022					11119 CRANSTONHILL CT
Medicare 1:	971710 Hospice					RICHMOND, TX 77407
Medicare 2:						PHONE:
Phone	(713) 805-4080	Fax				FAX:
Type:	Parent Agency	Administrator	RAJESH SEBASTIAN			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	04/01/2016	Owner Information
License #	017420					RAPHA HOME HEALTH CARE INC
Lic Expire	3/31/2022					7708 PARK VISTA DRIVE
Medicare 1:	457861 HHA-18					HOUSTON, TX 77072
Medicare 2:						PHONE:
Phone	(832) 451-6162	Fax	(832) 451-6839			FAX:
Type:	Parent Agency	Administrator	CATHERINE OYINKAN COLLINS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	03/16/2005	Owner Information
License #	009635					PERUGINI INCORPORATED
Lic Expire	3/31/2022					15202 MARLOWE GROVE DR
Medicare 1:	677967					SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(281) 240-0658	Fax	(281) 240-0079			FAX:
Type:	Parent Agency	Administrator	RASIDAT SODEKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	01/08/2021	Owner Information
License #	020440					RCORE HOME HEALTH CARE
Lic Expire	1/8/2023					15500 VOSS ROAD, SUITE 580
Medicare 1:	748013 HHA					SUGAR LAND, TEXAS 77498
Medicare 2:						PHONE:
Phone	(832) 944-6119	Fax	(281) 749-8130			FAX:
Type:	Parent Agency	Administrator	RABI EGUNJOBI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 02/15/2007
License # 011072 REEZ HOME HEALTH SERVICES
Lic Expire 2/28/2023 2440 TEXAS PARKWAY SUITE 355
Medicare 1: 743184 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 239-3118 Fax (281) 762-0690

Owner Information

REEZ HEALTHCARE LLC
SAME AS PHYSICAL ADDRESS
RICHMOND, TX 77469

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator RAPHAEL NWAJIAKU

County **FORT BEND** Region 06 Date Licensed 11/12/2015
License # 017126 REEZ PEDIATRIC HEALTHCARE INC
Lic Expire 11/30/2021 2440 TEXAS PARKWAY SUITE 365
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 239-3118 Fax (281) 762-0690

Owner Information

REEZ PEDIATRIC HEALTHCARE INC
SAME AS PHYSICAL ADDRESS
RICHMOND, TX 77469

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator RAPHAEL A NWAJIAKU

County **FORT BEND** Region 06 Date Licensed 01/01/2006
License # 010302 RELIABLE CARE HEALTH SERVICES
Lic Expire 12/31/2022 15122 BRIARCRAFT DR
Medicare 1: 679017 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 437-0800 Fax (281) 437-0803

Owner Information

PRIME RELIABLE HEALTH CARE INC
15122 BRIARCRAFT DR.
MISSOURI CITY, TX 77489

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator MERCY OKON

County **FORT BEND** Region 06 Date Licensed 11/03/2003
License # 008726 RELIANT HOME CARE SERVICES LLC
Lic Expire 5/31/2021 2723 EVENING SHADE CT
Medicare 1: 453190 HHA-18 MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (281) 404-5510 Fax (281) 969-7772

Owner Information

RELIANT HOME CARE SERVICES, LLC
610 MURPHY RD., SUITE 213
STAFFORD, TEXAS 77477

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHARLES ANYANWU

County **FORT BEND** Region 06 Date Licensed 07/01/2021
License # 020875 RELIEF HERO PALLIATIVE INC
Lic Expire 7/1/2024 2131 HEATHERWOOD DRIVE
Medicare 1: MISSOURI CITY, TEXAS 77489
Medicare 2:
Phone (844) 489-4376 Fax (844) 489-4376

Owner Information

RELIEF HERO PALLIATIVE INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator FEFI JAMES

County **FORT BEND** Region 06 Date Licensed 11/16/2020
License # 020321 RENEWED HOPE HOUSING, LLC
Lic Expire 11/16/2022 3123 VILLAGE POND LANE
Medicare 1: FRESNO, TEXAS 77545
Medicare 2:
Phone 225 4399904 Fax

Owner Information

RENEWED HOPE HOUSING, LLC
10330 HIGHWAY 6 SUITE D-146
MISSOURI CITY, TX 77459

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator CHARLENE HAYES

County **FORT BEND** Region 06 Date Licensed 05/19/2011
License # 014116 RESERVED HOME HEALTH CARE LLC
Lic Expire 5/31/2024 10701 CORPORATE DRIVE SUITE 392
Medicare 1: 747730 HHA-18 STAFFORD, TEXAS 77477
Medicare 2:
Phone (713) 657-0087 Fax (713) 772-6998

Owner Information

RESERVED HOME HEALTH CARE, LLC
SAME
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator ESTHER UGWU

County	FORT BEND	Region	06	Date Licensed	09/22/2017	Owner Information
License #	018478					THE HOCHHALTER COLLABORATIVE, INC
Lic Expire	9/30/2023					12808 W AIRPORT BLVD UNIT 316
Medicare 1:						SUGAR LAND, TX 77478
Medicare 2:						PHONE: FAX:
Phone	713 581 8160	Fax	713 581 8162			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	COURTNEY HOCHHALTER			
County	FORT BEND	Region	06	Date Licensed	11/13/1995	Owner Information
License #	004088					ROSE HOME HEALTH SERVICES INC
Lic Expire	11/30/2022					4677 TECHNIPLEX DR.
Medicare 1:	678216 HHA-18					STAFFORD, TX 77477
Medicare 2:						PHONE: FAX:
Phone	(281) 892-2001	Fax	(281) 892-2015			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	LEIGH NARVACAN			
County	FORT BEND	Region	06	Date Licensed	04/26/2012	Owner Information
License #	014766					ROSE OF SHARON HOME HEALTH, INC
Lic Expire	4/30/2022					14910 MILL BRANCH LANE
Medicare 1:	747970					SUGAR LAND, TX 77498
Medicare 2:						PHONE: FAX:
Phone	(713) 367-7275	Fax	(832) 500-4046			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TINA IWEGBU			
County	FORT BEND	Region	06	Date Licensed	06/23/2020	Owner Information
License #	020008					ROSY ANGELS HEALTH CARE SYSTEM, LLC
Lic Expire	6/23/2022					18211 BONHAM OAKS CT
Medicare 1:						RICHMOND, TEXAS 77407
Medicare 2:						PHONE: FAX:
Phone	(832) 881-9815	Fax	(832) 971-1975			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHUKWUEMEKA OKEUGO			
County	FORT BEND	Region	06	Date Licensed	07/23/2014	Owner Information
License #	016332					RUBIES HEALTHCARE INC
Lic Expire	7/31/2022					ROOM 204, 307 WEST MILAM ROAD
Medicare 1:						WHARTON, TX 77488
Medicare 2:						PHONE: FAX:
Phone	(832) 202-8555	Fax	(888) 491-8596			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MABEL AGBOGUN			
County	FORT BEND	Region	06	Date Licensed	01/07/2022	Owner Information
License #	021314					SAFE SIDE HOSPICE INC
Lic Expire	1/7/2025					2522 SHOAL VALLEY LANE
Medicare 1:						RICHMOND, TEXAS 77469
Medicare 2:						PHONE: FAX:
Phone	(832) 535-5018	Fax	888 226 7186			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	GODWIN UGWUOKE			
County	FORT BEND	Region	06	Date Licensed	01/05/2007	Owner Information
License #	010978					SAHARA HEALTH CARE INC
Lic Expire	1/31/2023					14315 TASMANIA CT
Medicare 1:	747165 HHA-18					SUGAR LAND, TEXAS 77498
Medicare 2:						PHONE: FAX:
Phone	(832) 766-0919	Fax	(281) 313-4935			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BINU KURIAN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	12/14/2017	Owner Information	
License #	018512					SAHARA HOSPICE CARE LLC	
Lic Expire	4/29/2022					14315 TASMANIA CT	
Medicare 1:	74-1768					SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 310-3317	Fax	(281) 313-4935			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BINU KURIAN				
County	FORT BEND	Region	06	Date Licensed	04/05/2021	Owner Information	
License #	020667					SAINT ANTHONY CARE SERVICES, LLC	
Lic Expire	4/5/2024					12840 S. KIRKWOOD RD. # 535	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(832) 245-3651	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NORA ADEYINKA				
County	FORT BEND	Region	06	Date Licensed	12/01/2020	Owner Information	
License #	020363					SAINT JOHN HEALTHCARE SYSTEM, LLC	
Lic Expire	12/1/2022					7423 LAVAERTON WOOD LN	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	281 904 6062	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	UCHENNA WATSON				
County	FORT BEND	Region	06	Date Licensed	07/23/2021	Owner Information	
License #	020929					SALEM HAVEN HEALTHCARE SERVICES LLC	
Lic Expire	7/23/2024					28902 HOLLYCREST DR.	
Medicare 1:						KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(281) 515-2504	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ABOLADE TORIOLA				
County	FORT BEND	Region	06	Date Licensed	08/18/2020	Owner Information	
License #	020107					SANDHURST HEALTHCARE LLC	
Lic Expire	8/18/2022					1823 MAMIE SPRINGS CT.	
Medicare 1:						RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(832) 453-0480	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIZABETH AGBESANMI				
County	FORT BEND	Region	06	Date Licensed	12/13/2011	Owner Information	
License #	014520					SAYSA HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2017					11934 HUECO TANKS DRIVE	
Medicare 1:	747885 HHA-18					SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(713) 876-8043	Fax	(281) 564-7279			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA AKO				
County	FORT BEND	Region	06	Date Licensed	01/28/2019	Owner Information	
License #	019231					SCOJON PROVIDER SERVICES INC	
Lic Expire	7/31/2021					15902 KENBROOK DRIVE	
Medicare 1:						MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	FAX:
Phone	(713) 823-3286	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DELIA SCOTT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 03/29/2021
License # 020655 SDK SUNRISE LLC
Lic Expire 3/29/2024 14502 SMITH BRIDGE LN
Medicare 1: 971712 Hospice SUGARLAND, TEXAS 77498
Medicare 2:
Phone (551) 246-2349 Fax
Type: Parent Agency Administrator TINA MUKETE

Owner Information

SDK SUNRISE LLC
SAME AS ABOVE
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 12/27/2021
License # 021293 SENIOR HELPERS OF SOUTHWEST HOUSTON
Lic Expire 12/27/2024 8402 BUFFALO CREEK DR
Medicare 1: RICHMOND, TEXAS 77406
Medicare 2:
Phone (630) 788-6363 Fax (630) 554-6363
Type: Parent Agency Administrator LINCOLN RICHARDSON

Owner Information

LIVALL RICH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/24/2005
License # 009539 SERENITY CARE HOME HEALTH SERVICES INC
Lic Expire 1/31/2022 1903 THISTLECREEK CT
Medicare 1: 457913 HHA-18 FRESNO, TX 77545
Medicare 2:
Phone (281) 431-6763 Fax (281) 972-9570
Type: Parent Agency Administrator SOLEDAD GAY

Owner Information

SERENITY CARE HOME HEALTH SERVICES INC
PO BOX 451764
HOUSTON, TX 77545
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/26/2007
License # 011097 SERENITY HEALTHCARE SERVICES INC
Lic Expire 6/30/2022 10701 CORPORATE DRIVE STE 336
Medicare 1: 679726 HHA-18 STAFFORD, TX 77477
Medicare 2:
Phone (281) 240-5653 Fax (281) 240-5669
Type: Parent Agency Administrator LEO DELA ROSA

Owner Information

SERENITY HEALTHCARE SERVICES INC
10701 CORPORATE DRIVE SUITE 176
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/25/2021
License # 020645 SHALOM CARE AGENCY LLC
Lic Expire 3/25/2024 25510 CLOVER RANCH DRIVE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (408) 449-3467 Fax
Type: Parent Agency Administrator TRACY AIBUEDEFE

Owner Information

SHALOM CARE AGENCY LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/15/2008
License # 012369 SHALOM HEALTH CARE SERVICES INC
Lic Expire 12/31/2022 4243 CUSTER CREEK DRIVE
Medicare 1: 673155 MISSOURI CITY, TX 77459
Medicare 2:
Phone (832) 886-4881 Fax (832) 886-4883
Type: Parent Agency Administrator CHARLES OKORIE

Owner Information

SHALOM HEALTH CARE SERVICES INCORPORATED
9888 BISSONNET SUITE 580
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 02/05/2021
License # 020510 SHEKINA GLORY LEGACY HOSPICE & PALLIATIVE SERVICES
Lic Expire 2/5/2024 17006 AUDREY ARBOR WAY
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (318) 497-0654 Fax (832) 284-7845
Type: Parent Agency Administrator IRENE CHE

Owner Information

SHEKINA GLORY LEGACY HOSPICE AND PALLIATIVE SERVICES LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services with Dialysis; Personal Assistance
Services
In-Patient Hospice: NO

County	FORT BEND	Region	06	Date Licensed	08/02/2021	Owner Information	
License #	020948					SHEKINAH HOSPICE LLC	
Lic Expire	8/2/2024					8323 BALLINA RIDGE CT	
Medicare 1:						HOUSTON, TEXAS 77083	
Medicare 2:							PHONE:
Phone	(832) 614-5275	Fax					FAX:
Type:	Parent Agency	Administrator	BLESSING UKAEGBU			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
County	FORT BEND	Region	06	Date Licensed	07/25/2007	Owner Information	
License #	011493					SHILOH FIRST HEALTH CARE, INC	
Lic Expire	7/31/2022					15611 OLETA LANE	
Medicare 1:	747215 HHA-18					SUGAR LAND, TX 77478	
Medicare 2:							PHONE:
Phone	(281) 750-1371	Fax	(832) 886-0186				FAX:
Type:	Parent Agency	Administrator	BIBIAN MUKORO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
County	FORT BEND	Region	06	Date Licensed	11/02/2005	Owner Information	
License #	010105					ST JAMES HOME CARE, LLC	
Lic Expire	11/30/2024					812 3RD STREET	
Medicare 1:	679574					ROSENBERG, TX 77471	
Medicare 2:							PHONE:
Phone	(281) 232-9990	Fax	(281) 232-9994				FAX:
Type:	Parent Agency	Administrator	CHARLZ BISONG			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health	
						Services; Personal Assistance Services	
						In-Patient Hospice: NO	
County	FORT BEND	Region	06	Date Licensed	06/08/2009	Owner Information	
License #	012852					SIGMAH HOME HEALTH SERVICES INC	
Lic Expire	6/30/2021					11104 W AIRPORT BLVD SUITE 115	
Medicare 1:	673143 HHA-18					STAFFORD, TEXAS 77477	
Medicare 2:							PHONE:
Phone	(713) 771-0606	Fax	(713) 771-0610				FAX:
Type:	Parent Agency	Administrator	PRINCE UCHE NWAKAMMA			Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home	
						Health Services with Dialysis; Personal Assistance Services	
County	FORT BEND	Region	06	Date Licensed	10/04/2010	Owner Information	
License #	013822					SILVERADO HOSPICE OF HOUSTON, INC	
Lic Expire	10/31/2022					6400 OAK CANYON #200	
Medicare 1:	671600 HOSPICE					IRVINE, CA 92618	
Medicare 2:							PHONE:
Phone	(281) 565-2900	Fax	(281) 565-2901				FAX:
Type:	Parent Agency	Administrator	CHERESE HOLLAND			Services: Hospice	
						In-Patient Hospice: NO	
County	FORT BEND	Region	06	Date Licensed	05/27/2020	Owner Information	
License #	019962					SIMPLE CARE, LLC	
Lic Expire	5/27/2022						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(832) 398-3590	Fax	(832) 615-3003				FAX:
Type:	Parent Agency	Administrator	PATRICIA CURRY			Services: Licensed Home Health Services; Personal Assistance Services	
County	FORT BEND	Region	03	Date Licensed		Owner Information	
License #	017867					SINCERE HOME HEALTH CARE INC	
Lic Expire	11/30/2022					2217 CIMMARON DRIVE	
Medicare 1:						PLANO, TX 75025	
Medicare 2:							PHONE:
Phone	(214) 501-8394	Fax	(972) 920-3399				FAX:
Type:	Branch Agency	Administrator	VIMALKUMAR SHUKLA			Services: Licensed Home Health Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 09/29/2020
License # 020202 SOCIETY HOSPICE & PALLIATIVE CARE, INC
Lic Expire 9/29/2022 7219 LINCOLN HEIGHTS COURT
Medicare 1: 971654 RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 807-5777 Fax (832) 747-7700
Type: Parent Agency Administrator ELIZABETH AKINRIN

Owner Information
SOCIETY HOSPICE & PALLIATIVE CARE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 06/15/2018
License # 019608 SOUTHERN HOSPICE AND PALLIATIVE CARE
Lic Expire 9/20/2023 5802 EDEN CREST CT
Medicare 1: 971625 Hospice RICHMOND, TX 77407
Medicare 2:
Phone (346) 481-7197 Fax (281) 624-4896
Type: Parent Agency Administrator EUNICE KOFFI

Owner Information
SOUTHERN HOSPICE AND PALLIATIVE CARE INC
P. O. BOX 113
SUGAR LAND, TX
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 10/26/2015
License # 017103 ST AGNES MEMORIAL HOSPICE
Lic Expire 10/31/2023 12808 WEST AIRPORT BLVD #220
Medicare 1: 741702 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (346) 368-2878 Fax (830) 376-9050
Type: Parent Agency Administrator HELEN PALMER

Owner Information
ST AGNES MEMORIAL HOSPICE INC
10701 CORPORATE DRIVE SUITE #246
STAFFORD, TX 77477
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 08/28/2018
License # 019074 ST CHARLES HOME HEALTH SOLUTION
Lic Expire 10/19/2022 202 INDUSTRIAL BLVD, SUITE 102
Medicare 1: SUGARLAND, TX 77478
Medicare 2:
Phone (281) 903-7551 Fax (832) 645-0301
Type: Parent Agency Administrator SAMUEL DURU

Owner Information
FUJIK HEALTHCARE SERVICES INC
4434 BLUEBONNET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 09/25/2012
License # 015089 ST CHARLES HOME HEALTHCARE SERVICES INC
Lic Expire 9/30/2022 16427 HIDDIN GATE COURT SUITE B
Medicare 1: SUGAR LAND, TX 77498
Medicare 2:
Phone (832) 276-6679 Fax (281) 903-7715
Type: Parent Agency Administrator CHARLES OBIOMA

Owner Information
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/02/2007
License # 011113 ST CHARLES MEDICAL SERVICES INC
Lic Expire 3/31/2022 4143 BLUEBONNET DR
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (713) 234-7233 Fax (832) 532-3697
Type: Parent Agency Administrator NONYLEUM OZONOH

Owner Information
ST CHARLES MEDICAL SERVICES, INC
4143 BLUEBONNET DRIVE
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 05/26/2021
License # 020787 ST CYRIL HOSPICE PALLIATIVE CARE SERVICES INC
Lic Expire 5/26/2024 10507 SHANLEY TRACE LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 244-8826 Fax (713) 636-2814
Type: Parent Agency Administrator JACQUELINE SYLVER

Owner Information
ST CYRIL HOSPICE PALLIATIVE CARE SERVICES INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 02/21/2007
License # 011081 ST GREGORY HEALTHCARE SERVICES LLC
Lic Expire 2/28/2022 3642 YANKEE CT
Medicare 1: 747306 HHA-18 MISSOURI CITY, TX 77459
Medicare 2:
Phone 8325677357; 28141698 Fax (281) 416-9337

Owner Information

ST GREGORY HEALTHCARE SERVICES LLC
3642 YANKEE COURT
MISSOURI CITY, TEXAS 77459

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator MARIA LUISA WHEELER

County **FORT BEND** Region 06 Date Licensed 03/21/2006
License # 010872 ST JUDE VISITING NURSES HOMEHEALTH INC
Lic Expire 3/31/2023 1511 AZALEA BEND
Medicare 1: SUGAR LAND, TX 77479
Medicare 2:
Phone (832) 647-3166 Fax (713) 783-5883

Owner Information

ST JUDE VISITING NURSES HOMEHEALTH INC
2020 N LOOP W SUITE 140
HOUSTON, TX 77018

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator ERIC MORA

County **FORT BEND** Region 06 Date Licensed 03/05/2009
License # 012485 ST PATRICK HOME HEALTH SERVICES
Lic Expire 3/31/2024 12808 W AIRPORT BLVD STE 327
Medicare 1: 747230 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-7586 Fax (281) 762-0449

Owner Information

ST PATRICK INC
17639 TRINITY MEADOW LANE
RICHMOND, TX 77407-1987

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator WALEOLA ADEBOWALE

County **FORT BEND** Region 06 Date Licensed 03/31/2015
License # 016718 STAMD HEALTH CARE INCORPORATED
Lic Expire 3/31/2023 20642 GARDEN RIDGE CANYON
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (443) 938-8399 Fax (832) 747-4594

Owner Information

STAMD HEALTH CARE INCORPORATED
234 MEYER ST. SUITE L
SEALY, TX 77474-2325

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator ADEBUSOLA OYESILE

County **FORT BEND** Region 06 Date Licensed 08/15/2017
License # 018246 STEADFAST CARE SERVICES LLC
Lic Expire 11/30/2021 4800 SUGARGROVE BLVD STE 530
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (832) 486-7212 Fax (832) 767-2234

Owner Information

STEADFAST CARE SERVICES LLC
17719 CANYON BLOOM LN
RICHMOND, TX 77407

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator ELIZABETH AFOLABI

County **FORT BEND** Region 06 Date Licensed 06/22/2016
License # 017477 STGL PEDIATRIC DIVINE TOUCH INC
Lic Expire 11/30/2022 618 EASY JET DRIVE
Medicare 1: STAFFORD, TX 77477
Medicare 2:
Phone (281) 969-8782 Fax (281) 208-7439

Owner Information

STGL PEDIATRIC DIVINE TOUCH INC
618 EASY JET DRIVE
STAFFORD, TX 77477

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator NWAKA ONAH

County **FORT BEND** Region 06 Date Licensed 02/04/2014
License # 016015 SUGAR HEARTS HOME HEALTHCARE SERVICES INC
Lic Expire 2/28/2022 1934 PLUM CREEK LANE
Medicare 1: MISSOURI CITY, TX 77489
Medicare 2:
Phone (281) 978-5123 Fax (281) 206-2255

Owner Information

SUGAR HEARTS HOME HEALTHCARE SERVICES INC
1934 PLUM CREEK LANE
MISSOURI CITY, TX 77489

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator NDUBUISI ODIMEGWU

County	FORT BEND	Region	06	Date Licensed	06/03/2020	<u>Owner Information</u>	
License #	019980		SUNDAY CARES			SUNDAY EMMANUEL KUMUYI	
Lic Expire	6/3/2022		18215 PELHAM HOLLOW TRAIL				
Medicare 1:			RICHMOND, TX 77407				
Medicare 2:						PHONE:	FAX:
Phone	(832) 480-4387	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUNDAY KUMUYI				
County	FORT BEND	Region	06	Date Licensed	05/19/2020	<u>Owner Information</u>	
License #	019953		SUREHOPE HEALTHCARE LLC			SUREHOPE HEALTHCARE, LLC	
Lic Expire	5/19/2022		6102 ALLENDALE RIDGE TRAIL				
Medicare 1:			RICHMOND, TEXAS 774071037				
Medicare 2:						PHONE:	FAX:
Phone	(281) 570-3577	Fax	(713) 715-1471			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PERPETUA CHIKA EKEH				
County	FORT BEND	Region	06	Date Licensed	06/17/2011	<u>Owner Information</u>	
License #	014175		SVM QUALITY HEALTHCARE INC			SVM QUALITY HEALTHCARE INC	
Lic Expire	6/30/2024		3602 MYSTIC BAY CT			3602 MYSTIC BAY CT	
Medicare 1:			SUGAR LAND, TX 77498			SUGAR LAND, TX 77498	
Medicare 2:						PHONE:	FAX:
Phone	(832) 774-6561	Fax	(888) 860-8357			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PASCAL EGBE				
County	FORT BEND	Region	06	Date Licensed	07/10/2020	<u>Owner Information</u>	
License #	020047		SWEET INHOME CARE SERVICES LLC			SWEET IN HOME CARE SERVICES LLC	
Lic Expire	7/10/2022		12808 W AIRPORT BLVD				
Medicare 1:			SUGAR LAND, TEXAS 77478				
Medicare 2:						PHONE:	FAX:
Phone	(346) 351-7668	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STEPHANIE PACE				
County	FORT BEND	Region	06	Date Licensed	07/25/2017	<u>Owner Information</u>	
License #	018200		SWIFT RESPONSE INC			SWIFT RESPONSE INC	
Lic Expire	7/31/2021		1151 OXFORDMILLS LANE			75142 BELLANCE BLVD	
Medicare 1:			SUGAR LAND, TX 77479			HOUSTON, TEXAS 77479	
Medicare 2:						PHONE:	FAX:
Phone	(832) 228-5662	Fax	(713) 988-6247			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOY OKWUOSA				
County	FORT BEND	Region	06	Date Licensed	07/02/2021	<u>Owner Information</u>	
License #	020880		SYCAMORE HEALTHCARE,LLC			SYCAMORE HEALTHCARE LLC	
Lic Expire	7/2/2024		19047 PINE HARVEST LANE				
Medicare 1:			RICHMOND, TEXAS 77407				
Medicare 2:						PHONE:	FAX:
Phone	(832) 834-8414	Fax	(832) 834-8414			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MOJI SHONEYE				
County	FORT BEND	Region	06	Date Licensed	08/19/2021	<u>Owner Information</u>	
License #	020992		TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC			TCC INDEPENDENT AND ASSISTED LIVING HOMES LLC	
Lic Expire	8/19/2024		6327 GRAND PROMINENCE CT				
Medicare 1:			KATY, TEXAS 77494				
Medicare 2:						PHONE:	FAX:
Phone	(713) 534-2771	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HUDA ELTAYEB				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	06/12/2015	Owner Information	
License #	016851					TEG HOME HEALTH AGENCY LLC	
Lic Expire	6/30/2023					702 N RICHMOND RD SUITE E	
Medicare 1:						WHARTON, TX 77488	
Medicare 2:						PHONE:	FAX:
Phone	(979) 618-1328	Fax	(979) 320-0159			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUFUNMIKE GEORGE				
County	FORT BEND	Region	06	Date Licensed	01/31/2003	Owner Information	
License #	008337					TEMPORARY HOME CARE INC	
Lic Expire	1/31/2025					P.O. BOX 1570	
Medicare 1:						STAFFORD, TX	
Medicare 2:						PHONE:	FAX:
Phone	(713) 271-8800	Fax	(713) 271-0966			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BARBARA HOWE				
County	FORT BEND	Region	06	Date Licensed	08/19/2019	Owner Information	
License #	019534					TENDER HEALTHCARE AGENCY, LLC	
Lic Expire	8/19/2024					8618 ELM LAKE DR	
Medicare 1:						HOUSTON, TEXAS 77083	
Medicare 2:						PHONE:	FAX:
Phone	281 6852661	Fax	(281) 277-6638			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTIE ADESEYE				
County	FORT BEND	Region	06	Date Licensed	04/15/2008	Owner Information	
License #	011997					TEXAS HOME CARE & ASSOCIATES LLC	
Lic Expire	4/30/2022					26314 MIDDLECREST HILL COURT	
Medicare 1:	679620 HHA-18					KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(832) 437-8887	Fax	(832) 437-8808			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	SUZANNE SCALLY				
County	FORT BEND	Region	06	Date Licensed		Owner Information	
License #	010899					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	11/30/2023					17855 N DALLAS PKWY STE 200	
Medicare 1:	671559 Hospice					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	(281) 915-6147	Fax	(281) 201-4366			Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	EUGENE STEVENS				
County	FORT BEND	Region	06	Date Licensed	10/19/2021	Owner Information	
License #	021142					TEXAS HOME HEALTH OF AMERICA, LP	
Lic Expire	10/19/2024					17855 N. DALLAS PKWY, SUITE 200	
Medicare 1:						DALLAS, TEXAS 75287	
Medicare 2:						PHONE:	FAX:
Phone	(281) 916-7883	Fax	(281) 783-2914			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REGANALD MACKEY				
County	FORT BEND	Region	06	Date Licensed	04/25/2016	Owner Information	
License #	017367					TFH CARE SERVICES, INC	
Lic Expire	4/30/2022					9950 WEST PARK DRIVE SUITE 644	
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(281) 393-9009	Fax	(281) 393-9009			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VALENTINE NWANKWO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 09/30/2016
License # 017658 TGI BROOK HEALTHCARE
Lic Expire 9/30/2022 12808 W AIRPORT BLVD STE 327
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 491-7578 Fax (832) 201-7759
Type: Parent Agency Administrator OLUMIDE ADEBOWALE

Owner Information

TGI BROOKSTREET INC
12808 WEST AIRPORT BLVD #327
SUGARLAND, TX 77478
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 08/15/2017
License # 018487 THE PROVIDENCE HOME HEALTH SERVICES INC
Lic Expire 8/31/2021 11420 DAIRY ASHFORD RD SUITE #108
Medicare 1: 679749 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (832) 532-7538 Fax (832) 532-7540
Type: Parent Agency Administrator KATHY RELAN

Owner Information

THE PROVIDENCE HOME HEALTH SERVICES INC
11420 DAIRY ASHFORD RD SUITE 108
SUGAR LAND, TEXAS 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 03/09/1998
License # 006380 THE ULTIMATE HOME CARE
Lic Expire 3/31/2023 104 INDUSTRIAL BLVD, SUITE 206
Medicare 1: 673167 HHA-18 SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 491-0303 Fax (281) 494-0044
Type: Parent Agency Administrator PRESELECT TAWO

Owner Information

THE ULTIMATE HOME CARE INC
2507 LACEWING LANE
HOUSTON, TX 77067
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/13/2012
License # 014653 THERACARE HOME HEALTH
Lic Expire 2/28/2022 11104 WEST AIRPORT BOULEVARD SUITE 255A
Medicare 1: 67-3162 (HHA) STAFFORD, TX 774773035
Medicare 2:
Phone (281) 488-4663 Fax (281) 488-4662
Type: Parent Agency Administrator CATHY BOWEN

Owner Information

CANTEX HOME HEALTH HOUSTON, LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/08/2005
License # 009856 TOP HEALTH CARE INC
Lic Expire 7/31/2024 2440 TEXAS PKWY SUITE 330
Medicare 1: 677927 HHA-18 MISSOURI CITY, TX 77489
Medicare 2:
Phone (713) 667-7235 Fax 713 5753877
Type: Parent Agency Administrator PATE OPARA

Owner Information

TOP HEALTH CARE INC
2440 TEXAS PKWY SUITE 330
MISSOURI CITY, TEXAS 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 10/23/2011
License # 014437 TOPHILL HOMECARE SERVICES INC
Lic Expire 10/31/2023 10502 FOUNTAIN LAKE DR #422
Medicare 1: 747825 STAFFORD, TX 77477
Medicare 2:
Phone (832) 532-7173 Fax (832) 747-9822
Type: Parent Agency Administrator NGOZI GODSON

Owner Information

TOPHILL HOMECARE SERVICES INC
4800 SUGAR GROVE BOULEVARD SUITE 530
STAFFORD, TX 77477
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 02/11/2021
License # 020533 TOTAL HOME CARE THERAPY, LLC
Lic Expire 2/11/2023 711 S. 11TH ST, UNIT E
Medicare 1: RICHMOND, TX 774693361
Medicare 2:
Phone (205) 447-4330 Fax (888) 276-0817
Type: Parent Agency Administrator SHIEKAL EDWARDS

Owner Information

TOTAL HOME CARE THERAPY, LLC
85 BAGBY DR STE 110
BIRMINGHAM, AL
PHONE: FAX:
Services: Licensed Home Health Services

County	FORT BEND	Region	06	Date Licensed	05/17/2010	Owner Information	
License #	013324	TOUCHING HEARTS AT HOME FORT BEND				CASA MEDIO, INC	
Lic Expire	5/31/2022	8410 HIGHWAY 90A SUITE 170				507 MISTFLOWER DRIVE	
Medicare 1:		SUGAR LAND, TX 77478				RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 235-4075	Fax	(281) 240-3064	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	DONALD G HEATH				
County	FORT BEND	Region	06	Date Licensed	12/31/2009	Owner Information	
License #	013293	TRANS AMERICAN HEALTHCARE INC				TRANS AMERICAN HEALTHCARE INC	
Lic Expire	12/31/2023	6111 EVENING SUN CT.				SAME	
Medicare 1:	679389 HHA-18	RICHMOND, TEXAS 77469				HOUSTON, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 344-2221	Fax	(281) 344-1611	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	KATE MBIDOAKA				
County	FORT BEND	Region	06	Date Licensed	05/09/2008	Owner Information	
License #	012094	TRANSCARE				W C HOME HEALTH SERVICES LLC	
Lic Expire	5/31/2024	830 JULIE RIVERS ROAD SUITE 301				5011 MOURNING DOVE DR	
Medicare 1:	679508 HHA-18	SUGARLAND, TEXAS 77478				RICHMOND, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 633-0011	Fax	(281) 633-0022	Services: Licensed and Certified Home Health Services			
Type:	Parent Agency	Administrator	GLORIA COVARRUBIAS				
County	FORT BEND	Region	06	Date Licensed	12/08/2010	Owner Information	
License #	013760	TRICOR HOME HEALTH CARE INC				TRICOR HOME HEALTH CARE INC	
Lic Expire	12/31/2022	10031 PLANTATION MILL PLACE				10031 PLANTATION MILL PLACE	
Medicare 1:	747814 HHA-18	MISSOURI CITY, TX 77459				MISSOURI CITY, TEXAS 77459	
Medicare 2:						PHONE:	FAX:
Phone	(281) 710-4232	Fax	(281) 710-4237	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	AUGUSTA COOPER				
County	FORT BEND	Region	06	Date Licensed	10/12/2012	Owner Information	
License #	015196	TRIFLEXSI HOME HEALTH CARE INC				TRIFLEXSI HOME HEALTH CARE INC	
Lic Expire	10/31/2022	6646 BRIARGATE DRIVE				6646 BRIARGATE DR	
Medicare 1:	747421 HHA-18	MISSOURI CITY, TX 77489				MISSOURI CITY, TEXAS 77489	
Medicare 2:						PHONE:	FAX:
Phone	(713) 528-8100	Fax	(713) 528-8105	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	RITA TRIMMER-RAY				
County	FORT BEND	Region	06	Date Licensed	03/24/2021	Owner Information	
License #	020640	TRILOGY HOSPICE				TRILOGY HOSPICE CARE LLC	
Lic Expire	3/24/2024	8303 SOUTHWEST FREEWAY, SUITE 545					
Medicare 1:	971679	HOUSTON, TX 77074					
Medicare 2:						PHONE:	FAX:
Phone	281 8452259	Fax	(832) 548-1164	Services: Hospice In-Patient Hospice: NO			
Type:	Parent Agency	Administrator	TOM KURIAN				
County	FORT BEND	Region	06	Date Licensed	05/15/2008	Owner Information	
License #	012016	TRIPLE O HEALTH SERVICES INC				TRIPLE O HEALTH SERVICES INC	
Lic Expire	5/31/2024	4141 BLUEBONNET DRIVE				4141 BLUEBONNET DRIVE	
Medicare 1:	677884	STAFFORD, TX 77477				STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 903-7546	Fax	(832) 201-7032	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	MAOLIN AWA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 10/17/2019
License # 019651 TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY
Lic Expire 10/17/2021 9218 RUSTLING MANOR LN
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (832) 290-0641 Fax
Type: Parent Agency Administrator SEFIYAT TIJANI

Owner Information

TRIPPLE A HEALTHCARE LIMITED LIABILITY COMPANY
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 01/26/2017
License # 017880 TRUCARE HOSPICE AND PALLIATIVE SERVICES
Lic Expire 1/31/2023 12808 W. AIRPORT BOULEVARD SUITE# 346
Medicare 1: 741711 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (832) 917-1704 Fax (866) 821-9796
Type: Parent Agency Administrator KAFAYATU BOMBATA

Owner Information

PREMIER CARE GROUP INC
12808 W AIRPORT BLVD SUITE 303 C
SUGARLAND, TX 77478
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **FORT BEND** Region 06 Date Licensed 11/24/2020
License # 020343 TRUE LOVE HEALTHCARE SERVICES, LLC
Lic Expire 11/24/2022 2402 GASPEE PT
Medicare 1: MISSOURI CITY, TX 774891160
Medicare 2:
Phone (208) 713-8692 Fax
Type: Parent Agency Administrator NTAHOTURI ETIENNE

Owner Information

TRUE LOVE HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **FORT BEND** Region 06 Date Licensed 09/13/2017
License # 018319 TRUTOUCH HEALTHCARE SERVICES INC
Lic Expire 9/30/2023 11235 DUNSTAN HILL DR
Medicare 1: RICHMOND, TX 77407
Medicare 2:
Phone (713) 874-4782 Fax (281) 201-2038
Type: Parent Agency Administrator EKPE OKORAFOR

Owner Information

TRUTOUCH HEALTHCARE SERVICES INC
11235 DUNSTAN HILL DR
RICHMOND, TX 77407
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 07/18/2016
License # 017532 TRUVINE HOME CARE
Lic Expire 7/31/2022 9603 LAVENDER MIST LANE
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 971-9630 Fax (281) 971-9672
Type: Parent Agency Administrator AKINTOMIWA OKUSEINDE

Owner Information

TRUVINE HOME CARE INC
9603 LEVENDER MIST LANE
KATY, TX 77494
PHONE: (281) 971-9630 FAX: (281) 971-9672
Services: Licensed Home Health Services; Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 12/07/2020
License # 020380 TYBLESS HEALTH SERVICES LLC
Lic Expire 12/7/2022 19330 JORDANS LANDING LN
Medicare 1: RICHMOND, TEXAS 77407
Medicare 2:
Phone (832) 902-0813 Fax
Type: Parent Agency Administrator TOYIN BISIRIYU

Owner Information

TYBLESS HEALTH SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **FORT BEND** Region 06 Date Licensed 11/06/2013
License # 015884 UNICK ANGELS HOME HEALTH SERVICES INC
Lic Expire 11/30/2024 202 INDUSTRIAL BLVD SUITE 602
Medicare 1: SUGAR LAND, TX 77478
Medicare 2:
Phone (281) 201-2247 Fax (281) 201-2248
Type: Parent Agency Administrator SADE ADAMS

Owner Information

UNICK ANGELS HOME HEALTH SERVICES, INC
AS ABOVE
SUGAR LAND, TX 77478
PHONE: (281) 201-2247 FAX: (281) 201-2248
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	08/26/2020	Owner Information	
License #	020125					UNIFIED ROCK HEALTHCARE LLC	
Lic Expire	8/26/2022						
Medicare 1:						10500 FOUNTAIN LAKE DR, APT 331	
Medicare 2:						STAFFORD, TX 77477	
Phone	(713) 332-9933	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	MORIAM OYELOLA			Services: Personal Assistance Services	
County	FORT BEND	Region	06	Date Licensed	04/19/2006	Owner Information	
License #	010398					UNIQUE HOME HEALTH SERVICES INC	
Lic Expire	4/30/2023					8922 SYNDER FAMR LANE	
Medicare 1:	679577 - (HHA)					ROSENBERG, TX 77469	
Medicare 2:						PHONE:	FAX:
Phone	(281) 933-8005	Fax	(832) 230-4142			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FLORENCE BABALOLA				
County	FORT BEND	Region	06	Date Licensed	06/07/2019	Owner Information	
License #	019644					UNITED PALLIATIVE & HOSPICE CARE, INC	
Lic Expire	6/7/2024					12808 W AIRPORT BLVD STE 312	
Medicare 1:	HHA-18 74-1782					SUGAR LAND, TX 77478	
Medicare 2:						PHONE:	FAX:
Phone	(281) 208-7803	Fax	(281) 476-7762			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GREGORY PIERCE				
County	FORT BEND	Region	06	Date Licensed	06/22/2006	Owner Information	
License #	010567					UNITY CARE HOME HEALTH, INC	
Lic Expire	6/30/2022					906 DERBY LANE	
Medicare 1:	679590 HHA-18					MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	FAX:
Phone	(281) 969-8545	Fax	(832) 539-1339			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	ANGELA BOUTTE				
County	FORT BEND	Region	06	Date Licensed	12/07/2012	Owner Information	
License #	015261					UNIVERSAL DIALYSIS LLC	
Lic Expire	12/31/2022					12919 SOUTHWEST FREEWAY SUITE 138	
Medicare 1:						STAFFORD, TEXAS 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 565-1277	Fax	(281) 565-0817			Services: Licensed Home Health Services with Dialysis	
Type:	Parent Agency	Administrator	BONAVENTURA CELESTINE				
County	FORT BEND	Region	06	Date Licensed	08/18/2021	Owner Information	
License #	020987					UNIVERSAL RELIEF HOME CARE LLC	
Lic Expire	8/18/2024					13318 NANTUCKET DR	
Medicare 1:						SUGAR LAND, TEXAS 77478	
Medicare 2:						PHONE:	FAX:
Phone	(832) 461-7303	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TEHMINA KHAN				
County	FORT BEND	Region	06	Date Licensed	06/12/2018	Owner Information	
License #	018781					VAC HEALTHCARE INC	
Lic Expire	6/30/2022					22222 AUBURN CANYON LANE	
Medicare 1:						RICHMOND, TEXAS 77469	
Medicare 2:						PHONE:	FAX:
Phone	(832) 202-8444	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOY ANWURI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	03/28/2018	Owner Information
License #	018674					VARCO HOSPICE LLC
Lic Expire	3/31/2022					9898 BISSONNET STREET STE. 364
Medicare 1:	741784					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	713 5819198	Fax	888 2867442			FAX:
						Services: Hospice; Personal Assistance Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SABA MAHMOOD			
County	FORT BEND	Region	06	Date Licensed	10/28/2013	Owner Information
License #	015836					VARIETY HOMECARE PROVIDER SERVICES INC
Lic Expire	12/31/2024					2803 CHESTER BEND LANE
Medicare 1:						KATY, TX 77494
Medicare 2:						PHONE:
Phone	(832) 913-6468	Fax	(346) 387-6121			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	M FONEMANAH ITUEN			
County	FORT BEND	Region	06	Date Licensed	11/16/2020	Owner Information
License #	020323					VICTORIOUS MEDICAL SERVICES LLC
Lic Expire	11/16/2022					8426 MANASSAS LANE
Medicare 1:						HOUSTON, TEXAS 77083
Medicare 2:						PHONE:
Phone	(832) 498-7491	Fax	(713) 481-8430			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KENEISHA PARKER			
County	FORT BEND	Region	06	Date Licensed	01/20/2021	Owner Information
License #	020470					VINTAGE HEALTHCARE SERVICES INC
Lic Expire	1/20/2023					2302 WINDCROFT LANE
Medicare 1:						SUGAR LAND, TEXAS 77479
Medicare 2:						PHONE:
Phone	(832) 439-4117	Fax				FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MARYQUEEN CHILAKA			
County	FORT BEND	Region	06	Date Licensed	05/27/2004	Owner Information
License #	009116					SV LIVING ASSISTANCE, LLC
Lic Expire	5/31/2024					19901 SOUTHWEST FREEWAY SUITE 130
Medicare 1:						SUGAR LAND, TX 77479
Medicare 2:						PHONE:
Phone	(281) 207-1259	Fax	(281) 207-5401			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SHEHNAZ VADGAMA			
County	FORT BEND	Region	06	Date Licensed	08/29/2019	Owner Information
License #	019563					VIZO HOME HEALTH SERVICES LLC
Lic Expire	8/29/2023					20203 BANDERA LAKE LN
Medicare 1:	748024 HHA					RICHMOND, TEXAS 77407
Medicare 2:						PHONE:
Phone	(832) 878-0379	Fax	(832) 615-0805			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
						Personal Assistance Services
Type:	Parent Agency	Administrator	CHIMA ACHIGONYE			
County	FORT BEND	Region	06	Date Licensed	03/08/2021	Owner Information
License #	020576					WELLS HEALTHCARE INC
Lic Expire	3/8/2024					3906 PEBBLE HEIGHTS LANE
Medicare 1:						SUGAR LAND, TEXAS 77479
Medicare 2:						PHONE:
Phone	(907) 351-4818	Fax				FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
						Personal Assistance Services
Type:	Parent Agency	Administrator	ISICHEI ANENE			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FORT BEND	Region	06	Date Licensed	12/30/2005	Owner Information
License #	010219					WESLEY HOME HEALTH SERVICES INC
Lic Expire	12/31/2023					10701 CORPORATE DRIVE SUITE 332
Medicare 1:	679528 HHA-18					STAFFORD, TEXAS 77477
Medicare 2:						PHONE:
Phone	(713) 772-9900	Fax	(713) 772-9695			FAX:
Type:	Parent Agency	Administrator	NGOZI NWASURUBA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	10/19/2020	Owner Information
License #	020244					WESTIN MEDICAL GROUP LLC
Lic Expire	10/19/2022					5802 EDEN CREST CT
Medicare 1:						RICHMOND, TX 77407
Medicare 2:						PHONE:
Phone	(832) 382-6899	Fax	(832) 284-7845			FAX:
Type:	Parent Agency	Administrator	PATRICE KOFFI			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	06/07/2016	Owner Information
License #	017447					WHITE ORCHID HOSPICE LLC
Lic Expire	6/30/2022					14140 SOUTHWEST FREEWAY SUITE 100
Medicare 1:	741657 HOSPICE					SUGAR LAND, TX 77478
Medicare 2:						PHONE:
Phone	(866) 966-2215	Fax	(866) 966-5057			FAX:
Type:	Parent Agency	Administrator	STEPHEN L CARTER			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	11/06/2019	Owner Information
License #	019685					WINDSOR HOSPICE AND PALLIATIVE CARE SERVICES LLC
Lic Expire	11/6/2024					11750 PADON ROAD .SUITE B
Medicare 1:	971651					NEEDVILLE, TEXAS 77461
Medicare 2:						PHONE:
Phone	(832) 282-7363	Fax	(888) 586-4241			FAX:
Type:	Parent Agency	Administrator	ELIZABETH WILLIAMS			Services: Hospice In-Patient Hospice: NO
County	FORT BEND	Region	06	Date Licensed	02/21/2019	Owner Information
License #	019270					WOODLANDS GOLDEN HEALTHCARE INC
Lic Expire	2/21/2023					3518 WILLOW FIN WAY
Medicare 1:						RICHMOND, TX 77406
Medicare 2:						PHONE:
Phone	(832) 623-3355	Fax	(281) 667-4096			FAX:
Type:	Parent Agency	Administrator	ADETOLA OJO			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	11/01/2020	Owner Information
License #	020396					YOUR CHOICE ENTERPRISES, LLC
Lic Expire	11/1/2022					P. O. BOX 1932
Medicare 1:	747817					STAFFORD, TX 77497
Medicare 2:						PHONE:
Phone	(281) 980-3328	Fax	(281) 676-5089			FAX:
Type:	Parent Agency	Administrator	DIONNEDRA BARTLEY			Services: Licensed Home Health Services; Personal Assistance Services
County	FORT BEND	Region	06	Date Licensed	04/11/2014	Owner Information
License #	016149					YOUR CHOICE PROVIDER SERVICES LLC
Lic Expire	4/30/2022					1122 DESERT SPRINGS LANE
Medicare 1:						ROSENBERG, TX 77471
Medicare 2:						PHONE:
Phone	(832) 535-5485	Fax	(832) 363-3981			FAX:
Type:	Parent Agency	Administrator	MONICA ANZALDUA			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **FORT BEND** Region 06 Date Licensed 08/22/2019
License # 019547 ZESTE HOME HEALTHCARE LLC
Lic Expire 8/22/2023 4010 N BARNETT WAY
Medicare 1: 748000 HHA MISSOURI CITY, TEXAS 77459
Medicare 2:
Phone (936) 933-4789 Fax (888) 407-0775
Type: Parent Agency Administrator CLEMENTE LOGRONIO

Owner Information

ZESTE HOME HEALTHCARE LLC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **FRANKLIN** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/21/2023 412 HWY 37 SOUTH, SUITE B
Medicare 1: 457507 HHA-18 MOUNT VERNON, TX 75457
Medicare 2:
Phone (903) 537-2445 Fax (903) 537-2394
Type: Parent Agency Administrator ROBIN WEBB

Owner Information

JHS OPERATIONS, LLC

2039 CROCKETT RD.

PALESTINE, TX 75801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FRANKLIN** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/21/2023 412 HWY 37 SOUTH, SUITE B
Medicare 1: 457507 HHA-18 MOUNT VERNON, TX 75457
Medicare 2:
Phone (903) 537-2445 Fax (903) 537-2394
Type: Parent Agency Administrator ROBIN WEBB

Owner Information

JHS OPERATIONS, LLC

2039 CROCKETT RD.

PALESTINE, TX 75801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FRANKLIN** Region 04 Date Licensed 09/24/2009
License # 012871 SERENITY PLUS HOME HEALTH INC
Lic Expire 9/30/2023 106 HOUSTON STREET NORTH
Medicare 1: 747707 HHA-18 MOUNT VERNON, TEXAS 75457
Medicare 2:
Phone (903) 270-6292 Fax (903) 201-6766
Type: Parent Agency Administrator CHAD WARDRUP

Owner Information

SERENITY PLUS HOME HEALTH INC

401 KAUFMAN STREET NORTH

MT VERNON, TX 75457

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FREESTONE** Region 04 Date Licensed 01/01/2003
License # 008276 ELARA CARING
Lic Expire 12/31/2022 521 CEDAR STREET
Medicare 1: TEAGUE, TX 75860
Medicare 2:
Phone (254) 739-2600 Fax (254) 739-3226
Type: Branch Agency Administrator TINA ANDERSON

Owner Information

JHS OPERATIONS, LLC

2039 CROCKETT RD.

PALESTINE, TX 75801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **FREESTONE** Region 06 Date Licensed
License # 019127 RELIANT AT HOME
Lic Expire 7/1/2022 309 MAIN STREET
Medicare 1: TEAGUE, TEXAS 75860
Medicare 2:
Phone (855) 605-4549 Fax (877) 322-3298
Type: Alternate Delivery Site Administrator CASEY WILSON

Owner Information

RELIANT HOSPICE OF HOUSTON LLC

12947 LAKE CONROE HILLS DRIVE SUITE C

WILLIS, TX 75860

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **FREESTONE** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 2/28/2022 111 MOUNT STREET
Medicare 1: FAIRFIELD, TX 75840
Medicare 2:
Phone (903) 915-4729 Fax (903) 915-4732
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information

EAST TEXAS HOME HEALTH SERVICES LLC

ONE BURTON HILLS BOULEVARD, STE#250

NASHVILLE, TN 37215-6195

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	FRIO	Region	07	Date Licensed	11/21/2011	Owner Information	
License #	013879	A AMAZING HOME CARE				A & AMAZING HOME CARE LLC	
Lic Expire	11/30/2022	1603 W COMAL ST				1325 N. FLORES SUITE 114	
Medicare 1:		PEARSALL, TEXAS 78061				SAN ANTONIO, TX 78212	
Medicare 2:						PHONE:	FAX:
Phone	(830) 334-2255	Fax	(830) 334-9003			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	IRMA VINTON				
County	FRIO	Region	07	Date Licensed	05/01/2006	Owner Information	
License #	009636	A PLUS FAMILY CARE LLC				A PLUS FAMILY CARE LLC	
Lic Expire	3/31/2023	1214 WEST COMAL				9514 CONSOLE DR #201	
Medicare 1:		PEARSALL, TX 78061				SAN ANTONIO, TEXAS 78229	
Medicare 2:						PHONE:	FAX:
Phone	(830) 334-8880	Fax	(820) 334-8882			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	MOHAMED GHANNAM				
County	FRIO	Region	05	Date Licensed	08/11/2016	Owner Information	
License #	013850	CARTER HEALTHCARE				CARTER HEALTHCARE OF CENTRAL TEXAS LLC	
Lic Expire	10/31/2022	101 SOUTH OAK STREET UNIT 101B				7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300	
Medicare 1:		PEARSALL, TX 78061				AUSTIN, TX 78752	
Medicare 2:						PHONE:	FAX:
Phone	(830) 625-4837	Fax	(830) 625-2194			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JAMES BRIAN CARTER				
County	FRIO	Region	07	Date Licensed	12/27/1986	Owner Information	
License #	002021	FRIO HOSPITAL HOME HEALTH				FRIO HOSPITAL ASSOCIATION	
Lic Expire	12/31/2023	105 E. HACKBERRY RD SUITE B				200 S IH 35	
Medicare 1:	677014 HHA-18	PEARSALL, TX 78061				PEARSALL, TX 78061	
Medicare 2:						PHONE:	FAX:
Phone	(830) 334-2058	Fax	(830) 334-5806			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	ERICA SALINAS				
County	FRIO	Region	07	Date Licensed	07/14/2021	Owner Information	
License #	020904	GENERATIONS PROVIDER CARE SERVICES LLC				GENERATIONS PROVIDER CARE SERVICES LLC	
Lic Expire	7/14/2024	107 S. CHERRY ST UNIT B					
Medicare 1:		PEARSALL, TX 78061					
Medicare 2:						PHONE:	(830) 746-9046
Phone	(830) 746-9046	Fax	(830) 746-9048			FAX:	(830) 746-9048
Type:	Parent Agency	Administrator	JESUS CANTU			Services: Personal Assistance Services	
County	FRIO	Region	07	Date Licensed		Owner Information	
License #	015590	GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC				GOOD SHEPHERD HOSPICE OF SAN ANTONIO, LLC	
Lic Expire	6/30/2023	207 E COLORADO ST, STE A				4350 WILL ROGERS PKWY, STE 400	
Medicare 1:	4669409	PEARSALL, TX 780613234				OKLAHOMA CITY, OK	
Medicare 2:						PHONE:	FAX:
Phone	(830) 505-7126	Fax	(877) 917-3734			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	STEPHANIE GILLIAM			In-Patient Hospice: NO	
County	FRIO	Region	07	Date Licensed	10/03/2012	Owner Information	
License #	015110	HEART TO HEART HOSPICE OF SOUTH TEXAS				CRESCENT HOSPICE, LLC	
Lic Expire	10/31/2022	130 S I-35 FRONTAGE ROAD				7240 CHASE OAKS BLVD.	
Medicare 1:	671789 HOSPICE	PEARSALL, TX 78061				PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(830) 505-5600	Fax	(830) 500-3671			Services: Hospice	
Type:	Parent Agency	Administrator	KATHERINE BANKS			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	FRIO	Region	07	Date Licensed	06/01/2000	Owner Information
License #	007332					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2023					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(830) 334-8070	Fax	(830) 334-4905			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	JULIA LERMA			Services: Licensed Home Health Services; Personal Assistance Services
County	FRIO	Region	06	Date Licensed		Owner Information
License #	019127					RELIANT HOSPICE OF HOUSTON LLC
Lic Expire	7/1/2022					12947 LAKE CONROE HILLS DRIVE SUITE C
Medicare 1:						WILLIS, TX 75860
Medicare 2:						PHONE:
Phone	(210) 585-6352	Fax	(210) 994-9118			FAX:
Type:	Alternate Delivery Site	Administrator	CASEY WILSON			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	FRIO	Region	07	Date Licensed		Owner Information
License #	015909					TENDER TOUCH HOSPICE LLC
Lic Expire	12/31/2021					4203 GARDENDALE ST C-112
Medicare 1:						SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(830) 505-7458	Fax	(830) 505-7169			FAX:
Type:	Alternate Delivery Site	Administrator	ELSA MOORE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	GAINES	Region	01	Date Licensed	06/18/2003	Owner Information
License #	008511					SEMINOLE HOSPITAL DISTRICT OF GAINES COUNTY TEXAS
Lic Expire	6/30/2020					209 NORTHWEST 8TH STREET
Medicare 1:	451737 HOSPICE					SEMINOLE, TX 79360-3499
Medicare 2:						PHONE:
Phone	(432) 758-2247	Fax	(432) 758-4884			FAX:
Type:	Parent Agency	Administrator	PHILLIP TEAGUE			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed		Owner Information
License #	015139					JIREH LIVING ASSISTANCE SERVICE, LLC
Lic Expire	10/31/2022					1722 EVERGREEN LANE
Medicare 1:						SEABROOK, TX 77586
Medicare 2:						PHONE:
Phone	(281) 827-2675	Fax	(713) 583-2003			FAX:
Type:	Branch Agency	Administrator	SHERYL CASTILLO			Services: Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315					A*MED HEALTH INC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE. A
Medicare 1:	451624 HOSPICE					TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(409) 935-0169	Fax	(409) 933-1770			FAX:
Type:	Parent Agency	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	03/31/2014	Owner Information
License #	015315					A*MED HEALTH INC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE. A
Medicare 1:						TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(713) 947-6200	Fax	(713) 947-7197			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	03/31/2014	Owner Information
License #	015315		A*MED COMMUNITY HOSPICE			A*MED HEALTH INC
Lic Expire	10/31/2022		8900 E.F. LOWRY EXPWY STE. 102			8901 EF LOWRY EXPWY STE. A
Medicare 1:			TEXAS CITY, TEXAS 77591			TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(713) 947-6200	Fax	(713) 947-7197			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315		A*MED COMMUNITY HOSPICE			A*MED HEALTH INC
Lic Expire	10/31/2022		8900 E.F. LOWRY EXPY STE. 102			8901 EF LOWRY EXPWY STE. A
Medicare 1:	451624 HOSPICE		TEXAS CITY, TEXAS 77591			TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(409) 935-0169	Fax	(409) 933-1770			FAX:
Type:	Parent Agency	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315		A*MED COMMUNITY HOSPICE			A*MED HEALTH INC
Lic Expire	10/31/2022		8900 E.F. LOWRY EXPY STE. 102			8901 EF LOWRY EXPWY STE. A
Medicare 1:	451624 HOSPICE		TEXAS CITY, TEXAS 77591			TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(409) 935-0169	Fax	(409) 933-1770			FAX:
Type:	Parent Agency	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	03/31/2014	Owner Information
License #	015315		A*MED COMMUNITY HOSPICE			A*MED HEALTH INC
Lic Expire	10/31/2022		8900 E.F. LOWRY EXPWY STE. 102			8901 EF LOWRY EXPWY STE. A
Medicare 1:			TEXAS CITY, TEXAS 77591			TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(713) 947-6200	Fax	(713) 947-7197			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015409		A*MED HOME HEALTH			AMED SERVICES INC
Lic Expire	10/31/2022		8900 E F LOWRY EXPRESSWAY SUITE 102			89001 EF LOWRY EXPWY STE 102
Medicare 1:	677457 HHA-18		TEXAS CITY, TX 77591			TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(409) 935-1675	Fax	(409) 935-8501			FAX:
Type:	Parent Agency	Administrator	JUNE LINGLE-HAAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GALVESTON	Region	06	Date Licensed	07/30/2009	Owner Information
License #	012753		ABSOLUTE KHEIR SERVICES INC			ABSOLUTE KHEIR SERVICES, INC
Lic Expire	7/31/2023		3344 E. FM 528			651 N EGRET BAY BLVD STE K
Medicare 1:	747414 HHA-18		FRIENDSWOOD, TX 77546			LEAGUE CITY, TX 77573
Medicare 2:						PHONE:
Phone	(281) 557-0890	Fax	(281) 557-0986			FAX:
Type:	Parent Agency	Administrator	BRENT MARTIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	10/10/2001	Owner Information
License #	007750		ACCENTCARE HOME HEALTH OF TEXAS			TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire	10/31/2022		477 THIS WAY STREET			
Medicare 1:	679104 HHA-18		LAKE JACKSON, TX 77566			PHONE:
Medicare 2:						FAX:
Phone	(409) 762-5753	Fax	(409) 752-2889			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AMY COMEAUX			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	08/28/2020	Owner Information	
License #	020128						CORTEZ OPERATIONS LLC
Lic Expire	8/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 968-5037	Fax					
Type:	Parent Agency	Administrator	MARIA CORTEZ			Services:	Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	09/09/2003	Owner Information	
License #	008633						MEDCARE HEALTH OPTIONS INC
Lic Expire	9/30/2023						3315 BURKE RD STE 204
Medicare 1:	679442 HHA-18						PASADENA, TX 77504
Medicare 2:						PHONE:	FAX:
Phone	(713) 947-2277	Fax	(713) 947-2292				
Type:	Parent Agency	Administrator	CHARLENE CARROLL			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	GALVESTON	Region	06	Date Licensed	11/14/2019	Owner Information	
License #	019701						MEDCARE HEALTH OPTIONS INC
Lic Expire	11/14/2021						3315 BURKE RD STE 204
Medicare 1:	971613						PASADENA, TX 77504
Medicare 2:						PHONE:	FAX:
Phone	(713) 947-2277	Fax	(713) 947-2292				
Type:	Parent Agency	Administrator	CHARLENE CARROLL			Services:	Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	09/30/2019	Owner Information	
License #	019476						ALLEN HOME HEALTH CARE LLC
Lic Expire	7/10/2024						
Medicare 1:	747989						
Medicare 2:						PHONE:	FAX:
Phone	(409) 440-8080	Fax	(409) 440-8709				
Type:	Parent Agency	Administrator	JOE ALLEN			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	GALVESTON	Region	06	Date Licensed	07/22/2021	Owner Information	
License #	020922						ANCHORED PERSONAL ASSISTANCE SERVICES, LLC
Lic Expire	7/22/2024						1138 CHASE PARK DR
Medicare 1:							BACLIFF, TX 77518
Medicare 2:						PHONE:	FAX:
Phone	4092564172 or 8322833	Fax					
Type:	Parent Agency	Administrator	SHAVONDA LINDSEY			Services:	Personal Assistance Services
County	GALVESTON	Region	04	Date Licensed	01/30/2003	Owner Information	
License #	008437						ANGELS ABOVE US INC
Lic Expire	1/31/2025						2301 FM 1187, SUITE 203
Medicare 1:							MANSFIELD, TX 76063
Medicare 2:						PHONE:	FAX:
Phone	(409) 502-8621	Fax	(512) 641-0497				
Type:	Branch Agency	Administrator	DUSTY HOLBROOK			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	GALVESTON	Region	06	Date Licensed	11/23/2004	Owner Information	
License #	009424						APOSTLE HOME HEALTH CARE PLLC
Lic Expire	11/30/2022						306 S FRIENDSWOOD DR STE B
Medicare 1:	457915 HHA-18						FRIENDSWOOD, TX 77546-3982
Medicare 2:						PHONE:	FAX:
Phone	9281 9965701	Fax	281 9965791				
Type:	Parent Agency	Administrator	KATHRYN MORRISON			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	01/01/2001	Owner Information	
License #	007603		ASSIST MED INC			ASSISTMED INC	
Lic Expire	12/31/2023		123 25TH STREET #4005			SAME AS ABOVE	
Medicare 1:			GALVESTON, TX 77550			HOUSTON, TX 77077	
Medicare 2:						PHONE:	FAX:
Phone	(409) 621-1114	Fax	(409) 621-1544			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	ROSA PIZZI				
County	GALVESTON	Region	06	Date Licensed	10/02/2019	Owner Information	
License #	019629		CALMCARE HOSPICE LLC			CALMCARE HOSPICE LLC	
Lic Expire	10/2/2023		1225 25TH ST N STE. 200				
Medicare 1:	971611 Hospice		TEXAS CITY, TEXAS 77590			PHONE:	FAX:
Medicare 2:						Services: Hospice; Personal Assistance Services	
Phone	(833) 246-5367	Fax	(281) 715-5288			In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DARLINGTON UGBAJA				
County	GALVESTON	Region	06	Date Licensed	08/01/2019	Owner Information	
License #	019595		CAREBUILDERS AT HOMEFRIENDSWOOD			CROSS COUNTRY VENTURES	
Lic Expire	8/1/2021		1414 S FRIENDSWOOD DR STE 218				
Medicare 1:			FRIENDSWOOD, TEXAS 77546			PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	(832) 900-9416	Fax	(832) 900-9455				
Type:	Parent Agency	Administrator	ROBIN HOLMES				
County	GALVESTON	Region	06	Date Licensed	04/08/2005	Owner Information	
License #	009684		CCP CONSTANT CARE PROVIDERS LP			CCP CONSTANT CARE PROVIDERS LP	
Lic Expire	4/30/2024		2239 WOODWIND WAY			2239 WOODWIND WAY	
Medicare 1:			LEAGUE CITY, TX 77573			LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 748-3792	Fax	(281) 332-7050			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	VALERIE SALAZAR				
County	GALVESTON	Region	06	Date Licensed	10/26/2020	Owner Information	
License #	020093		CHRYSLIS HOME HEALTHCARE			SEQUOIA HOME HEALTHCARE LLC	
Lic Expire	8/5/2022		1506 E WINDING WAY DR., SUITE 605				
Medicare 1:	748012 HHA		FRIENDSWOOD, TX 77546			PHONE:	FAX:
Medicare 2:						Services: Licensed and Certified Home Health Services	
Phone	(832) 820-9113	Fax	(713) 893-6072				
Type:	Parent Agency	Administrator	KRISTIE BROWN				
County	GALVESTON	Region	06	Date Licensed	08/17/2018	Owner Information	
License #	018892		CN PALLIATIVE CARE LLC			CN PALLIATIVE CARE LLC	
Lic Expire	8/31/2022		1225 , 25TH STREET N SUITE 300			8700 COMMERCE PARKWAY STE #143	
Medicare 1:	74-1786		TEXAS CITY, TX 77591			HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(409) 797-4840	Fax	(833) 346-8740			Services: Hospice	
Type:	Parent Agency	Administrator	NINA OLUGU			In-Patient Hospice: NO	
County	GALVESTON	Region	06	Date Licensed	09/08/2021	Owner Information	
License #	021031		DN PALLIATIVE HOSPICE LLC			DN PALLIATIVE HOSPICE LLC	
Lic Expire	9/8/2024		1225 25TH STREET N STE. 300				
Medicare 1:			TEXAS CITY, TX 77590			PHONE:	FAX:
Medicare 2:						Services: Hospice	
Phone	(281) 888-5129	Fax	(281) 990-6716			In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	NINA OLUGU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed		Owner Information
License #	003664					APPLIED HEALTH CARE NURSING DIVISION, INC
Lic Expire	7/31/2024					13101 NORTHWEST FREEWAY SUITE 215
Medicare 1:						HOUSTON, TX 77040
Medicare 2:						PHONE:
Phone	(833) 365-2464	Fax	(713) 782-4487			FAX:
Type:	Branch Agency	Administrator	SWETA ANNA MITTEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GALVESTON	Region	06	Date Licensed	12/31/2013	Owner Information
License #	016013					ETON HOME HEALTHCARE, INC
Lic Expire	12/31/2021					1560 W BAY AREA BLVD SUITE # 240
Medicare 1:	743194 HHA-18					FRIENDSWOOD, TX 77546
Medicare 2:						PHONE:
Phone	(281) 480-4235	Fax	(281) 480-4465			FAX:
Type:	Parent Agency	Administrator	VERONICA OKAFOR			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	11/13/2018	Owner Information
License #	019643					FELICITY PALLIATIVE & HOSPICE CARE LLC
Lic Expire	12/31/2021					4201 FM 1960 WEST SUITE 155
Medicare 1:						HOUSTON, TEXAS 77068
Medicare 2:						PHONE:
Phone	(832) 510-5017	Fax	(832) 941-0384			FAX:
Type:	Parent Agency	Administrator	VERONICA BROWN			Services: Hospice In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	11/21/2017	Owner Information
License #	018463					GARDEN CYCLE HEALTHCARE LLC
Lic Expire	11/30/2021					SAME
Medicare 1:						LEAGUE CITY, TEXAS 77573
Medicare 2:						PHONE:
Phone	(281) 217-6952	Fax	(281) 217-7617			FAX:
Type:	Parent Agency	Administrator	VICTOR EJIMADU			Services: Licensed Home Health Services; Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	07/15/2021	Owner Information
License #	020909					VS WAYS SOLUTIONS LLC
Lic Expire	7/15/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	713 7017133	Fax				FAX:
Type:	Parent Agency	Administrator	SHAMEKA IDUSUYI			Services: Personal Assistance Services
County	GALVESTON	Region	06	Date Licensed	03/19/2018	Owner Information
License #	018660					GREAT AMERICAN PALLIATIVE & HOSPICE CARE LLC
Lic Expire	3/31/2022					4201 FM 1960 WEST STE 155
Medicare 1:	74-1734					HOUSTON, TEXAS 77068
Medicare 2:						PHONE:
Phone	(877) 446-3932	Fax	(832) 284-7072			FAX:
Type:	Parent Agency	Administrator	VERONICA BROWN			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	GALVESTON	Region	06	Date Licensed	12/11/2018	Owner Information
License #	019146					GULF COAST THERAPY LLC
Lic Expire	12/11/2023					PO BOX 57
Medicare 1:						GALVESTON, TEXAS 77553
Medicare 2:						PHONE:
Phone	(409) 242-6500	Fax	(409) 497-4389			FAX:
Type:	Parent Agency	Administrator	JULIE M BONOMO			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	10/14/2020	Owner Information	
License #	020232					HELPUHOME HEALTHCARE INC	
Lic Expire	10/14/2022					2006 VIRTUE CT	
Medicare 1:						LEAGUE CITY, TEXAS 77573	
Medicare 2:						PHONE:	FAX:
Phone	(832) 385-1119	Fax	NA			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SOHAIL IMTIAZ				
County	GALVESTON	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020806					SISTERS WITH AMBITION LLC	
Lic Expire	6/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(404) 431-5645	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAPHNE MADISON				
County	GALVESTON	Region	06	Date Licensed	05/24/1985	Owner Information	
License #	001694					HOSPICE CARE TEAM INC	
Lic Expire	5/31/2024					18568 FORTY SIX PKWY SUITE 3001	
Medicare 1:	451508 HOSPICE					SPRING BRANCH, TX 78070	
Medicare 2:						PHONE:	FAX:
Phone	(409) 938-0070	Fax	(409) 316-9575			Services: Hospice	
Type:	Parent Agency	Administrator	JOE CHAPMAN			In-Patient Hospice: NO	
County	GALVESTON	Region	06	Date Licensed	06/30/2004	Owner Information	
License #	009291					JEBY HEALTH CARE SERVICES INC	
Lic Expire	6/30/2022						
Medicare 1:	679176						
Medicare 2:						PHONE:	FAX:
Phone	(281) 332-6569	Fax	(281) 332-1076			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EBERE F, AMEACHI-AKUECHIAMA				
County	GALVESTON	Region	06	Date Licensed	05/01/2013	Owner Information	
License #	015581					PF DEVELOPMENT 7, LLC	
Lic Expire	4/30/2023					12900 FOSTER, SUITE 400	
Medicare 1:	673161 HHA-18					OVERLAND PARK, KS 66213	
Medicare 2:						PHONE:	FAX:
Phone	(281) 332-4147	Fax	(281) 338-1610			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	BRANDIE FOLLETT				
County	GALVESTON	Region	06	Date Licensed	06/30/2018	Owner Information	
License #	019287					NEWMAN MEMORIAL HEALTHCARE HOSPICE LLC	
Lic Expire	3/1/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(866) 566-5829	Fax	(866) 278-2834			Services: Hospice	
Type:	Parent Agency	Administrator	MERCY JOSEPH			In-Patient Hospice: NO	
County	GALVESTON	Region	06	Date Licensed	02/12/2013	Owner Information	
License #	012397					PATHFINDER PEDIATRIC HOME CARE INC	
Lic Expire	1/31/2023					318 BRIAR ROCK RD	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(281) 724-1577	Fax	(281) 724-1580			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHARLES WILCOX				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	05/11/2005	Owner Information	
License #	009750					MARIBEL PIRELA	
Lic Expire	5/31/2023					PO BOX 209 SEABROOK	
Medicare 1:						SEABROOK, TX 77586	
Medicare 2:						PHONE:	FAX:
Phone	(281) 538-0248	Fax	2815768731 and 18888290096			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIBEL MELANCON				
County	GALVESTON	Region	06	Date Licensed	04/03/2009	Owner Information	
License #	012536					RESIDENTIAL HOME HEALTH SERVICES LLC	
Lic Expire	4/30/2024					1560 W BAY AREA BLVD SUITE 103	
Medicare 1:	747249 HHA-18					FRIENDSWOOD, TX 77546	
Medicare 2:						PHONE:	FAX:
Phone	(281) 956-5660	Fax	(281) 956-5662			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROGER ACHUO				
County	GALVESTON	Region	06	Date Licensed	05/11/2007	Owner Information	
License #	011323					KRISTEN CARES INC	
Lic Expire	5/31/2022					1623 BROADWAY	
Medicare 1:						GALVESTON, TX 77550	
Medicare 2:						PHONE:	FAX:
Phone	(409) 740-7400	Fax	(409) 621-1113			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KRISTEN CARLSON				
County	GALVESTON	Region	06	Date Licensed	01/26/2018	Owner Information	
License #	018577					FAITH AND MARIE LLC	
Lic Expire	1/31/2022					1100 GULF FWY S STE 110	
Medicare 1:						LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 316-6006	Fax	281 3469958			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIE YOUNGBLOOD				
County	GALVESTON	Region	06	Date Licensed	01/12/1998	Owner Information	
License #	006270					SIGMA HEALTH CARE INC	
Lic Expire	1/31/2023					1609 TREMONT STREET	
Medicare 1:	459423 HHA-18					GALVESTON, TEXAS 77550	
Medicare 2:						PHONE:	FAX:
Phone	(409) 763-6800	Fax	(409) 763-2905			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	AMER TAHA				
County	GALVESTON	Region	06	Date Licensed	08/29/2016	Owner Information	
License #	017597					SILVER LININGS HOME CARE LLC	
Lic Expire	8/31/2022					2834 LOVE LANE	
Medicare 1:						FRIENDSWOOD, TEXAS 77546	
Medicare 2:						PHONE:	FAX:
Phone	(832) 489-6960	Fax	(832) 201-8226			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORI SPRADLIN				
County	GALVESTON	Region	06	Date Licensed	02/07/2017	Owner Information	
License #	017907					SITTING SAINTS LLC	
Lic Expire	2/28/2023					PO BOX 395	
Medicare 1:						LEAGUE CITY, TX 77574	
Medicare 2:						PHONE:	FAX:
Phone	(281) 450-3443	Fax	(281) 993-4718			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NICOLE MORELLO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GALVESTON	Region	06	Date Licensed	03/22/2021	Owner Information	
License #	020620					STELLAR HOSPICE LLC	
Lic Expire	3/22/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(503) 809-1540	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TYNAN MCCLOSKEY				
County	GALVESTON	Region	06	Date Licensed	08/19/2016	Owner Information	
License #	017585					CRYSTAL BEACH VENTURES LLC	
Lic Expire	8/31/2022					2121 MARKET ST SUITE 101	
Medicare 1:						GALVESTON, TX 77550	
Medicare 2:						PHONE:	FAX:
Phone	(409) 974-4935	Fax	(713) 868-9946			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRANDY MOEHLMANN				
County	GALVESTON	Region	06	Date Licensed	05/27/2019	Owner Information	
License #	019206					TEXAS HEART HOME CARE, LLC	
Lic Expire	6/30/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(409) 502-2786	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHANNA KETHAN				
County	GALVESTON	Region	06	Date Licensed		Owner Information	
License #	017881					FIRST CHOICE CHILDREN'S HOMECARE, LP	
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300	
Medicare 1:						WAKEFIELD, MA 1880	
Medicare 2:						PHONE:	FAX:
Phone	(281) 968-2745	Fax	(281) 968-2747			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	AMANDA STERLE, RN				
County	GALVESTON	Region	06	Date Licensed		Owner Information	
License #	017881					FIRST CHOICE CHILDREN'S HOMECARE, LP	
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300	
Medicare 1:						WAKEFIELD, MA 1880	
Medicare 2:						PHONE:	FAX:
Phone	(281) 968-2745	Fax	(281) 968-2747			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	AMANDA STERLE, RN				
County	GALVESTON	Region	06	Date Licensed	05/30/2008	Owner Information	
License #	012037					V & R HEALTH CARE SERVICES LLC	
Lic Expire	5/31/2022					6137 CARLISLE LANE	
Medicare 1:	747192 HHA-18					LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 332-1140	Fax	(281) 332-1145			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VENESSA CORTEZ				
County	GALVESTON	Region	06	Date Licensed	08/03/2011	Owner Information	
License #	014250					VILLAGE HOME HEALTH, LLC	
Lic Expire	8/31/2023					631 N EGRET BAY BLVD SUITE A	
Medicare 1:	747755 HHA-18 74					LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(281) 554-6742	Fax	(281) 554-6748			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BRADLEY JANACEK			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GALVESTON** Region 06 Date Licensed 02/14/2018
License # 018619 VISITING ANGELS
Lic Expire 3/1/2025 10000 EMMETT F LOWRY EXPY STE 4000-200 D
Medicare 1: TEXAS CITY, TX 77591
Medicare 2:
Phone (409) 489-4501 Fax
Type: Parent Agency Administrator JENNIFER BASCIANO

Owner Information

TJB ENDEAVORS PLLC
10000 EMMETT F LOWRY EXPY STE 4000- 200D
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Personal Assistance Services

County **GARZA** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE LTD
Lic Expire 10/31/2022 117 E MAIN ST SUITE 300
Medicare 1: POST, TX 79356
Medicare 2:
Phone (806) 495-2990 Fax (806) 495-2992
Type: Branch Agency Administrator JULIE STACY

Owner Information

CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GILLESPIE** Region 07 Date Licensed 06/01/2018
License # 018769 AVE MARIA HOSPICE
Lic Expire 5/31/2022 204 S ADAMS ST. # A
Medicare 1: 671595 HOSPICE FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1709 Fax (830) 997-6574
Type: Parent Agency Administrator LUCILLE JUNG

Owner Information

AVE MARIA HOSPICE OF FREDERICKSBURG, LLC
P.O.BOX 3445
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GILLESPIE** Region 07 Date Licensed 06/01/2010
License # 013547 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 5/31/2022 108 EAST TRAILMOOR DR., SUITE 1
Medicare 1: 677951 HHA-18 FREDERICKSBURG, TEXAS 78624
Medicare 2:
Phone 830 9902423 Fax 830 9902430
Type: Parent Agency Administrator BEAU POLLARO

Owner Information

EH HOME HEALTH OF AUSTIN, LLC
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GILLESPIE** Region 07 Date Licensed 01/28/2015
License # 016622 FREDERICKSBURG HOME CARE LLC
Lic Expire 1/31/2023 409 N. MILAM
Medicare 1: FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 992-3392 Fax (830) 992-3392
Type: Parent Agency Administrator CYNTHIA STEWART

Owner Information

FREDERICKSBURG HOME CARE LLC
409 N. MILAM
FREDERICKSBURG, TX 78624-6786
PHONE: FAX:
Services: Personal Assistance Services

County **GILLESPIE** Region 07 Date Licensed 04/01/2010
License # 013267 HILL COUNTRY MEMORIAL HOME CARE
Lic Expire 3/31/2022 808 REUBEN STREET 2ND FLOOR
Medicare 1: 457216 HHA-18 FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1336 Fax (830) 997-1559
Type: Parent Agency Administrator KATELYN VINKLAREK

Owner Information

HILL COUNTRY MEMORIAL HOSPITAL
PO BOX 835
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GILLESPIE** Region 07 Date Licensed 04/01/2010
License # 013266 HILL COUNTRY MEMORIAL HOME CARE
Lic Expire 3/31/2022 808 RUEBEN STREET 2ND FLOOR
Medicare 1: FREDERICKSBURG, TX 78624
Medicare 2:
Phone (830) 997-1336 Fax (830) 997-1559
Type: Parent Agency Administrator KATELYN VINKLAREK

Owner Information

HILL COUNTRY MEMORIAL HOSPITAL
PO BOX 835
FREDERICKSBURG, TX 78624
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GILLESPIE	Region	07	Date Licensed	07/01/1999	Owner Information
License #	007156					GREATER HILL COUNTRY HOSPICE
Lic Expire	6/30/2021					P O BOX 835
Medicare 1:	451600 HOSPICE					FREDERICKSBURG, TEXAS 78624
Medicare 2:						PHONE:
Phone	(830) 997-1335	Fax	(830) 997-3547			FAX:
Type:	Parent Agency	Administrator	KAREN OROURKE			
County	GILLESPIE	Region	07	Date Licensed	10/13/2017	Owner Information
License #	018374					VOTIVE HOSPICE LLC
Lic Expire	10/31/2024					P. O. BOX 1925
Medicare 1:	74-1764					FREDERICKSBURG, TX 78624
Medicare 2:						PHONE:
Phone	(512) 560-8604	Fax	(830) 990-4731			FAX:
Type:	Parent Agency	Administrator	CHASE PERRY			
County	GONZALES	Region	07	Date Licensed	06/28/1984	Owner Information
License #	001500					GONZALES HEALTHCARE SYSTEMS
Lic Expire	6/30/2023					P.O. BOX 587
Medicare 1:	457634 HHA-18					GONZALES, TEXAS 78629
Medicare 2:						PHONE: (830) 672-7581
Phone	(830) 672-9508	Fax	(830) 672-3093			FAX: (830) 672-2401
Type:	Parent Agency	Administrator	AMANDA FREDERICK			
County	GONZALES	Region	07	Date Licensed	05/31/2018	Owner Information
License #	019732					CADEN HOSPICE LLC
Lic Expire	12/5/2021					1840 LOCKHILL SELMA RD, SUITE 103 L
Medicare 1:	971586 Hospice					SAN ANTONIO, TEXAS 78213
Medicare 2:						PHONE:
Phone	(830) 955-8309	Fax	(830) 521-3957			FAX:
Type:	Parent Agency	Administrator	HOLLY FOX			
County	GONZALES	Region	07	Date Licensed	03/28/2011	Owner Information
License #	013984					DECHMAN LEGACY LLC
Lic Expire	3/31/2024					9028 STATE HWY 304
Medicare 1:						HARWOOD, TX 78632
Medicare 2:						PHONE:
Phone	(830) 672-6900	Fax	(830) 672-6904			FAX:
Type:	Parent Agency	Administrator	COURTNEY WILLIAMS			
County	GRAY	Region	01	Date Licensed	12/16/2005	Owner Information
License #	007787					INTERIM HEALTHCARE OF WEST TEXAS, LLC
Lic Expire	10/31/2023					3305 101ST STREET, STE 100
Medicare 1:						LUBBOCK, TEXAS 79423
Medicare 2:						PHONE: () - 1
Phone	(806) 665-1445	Fax	(806) 688-0186			FAX:
Type:	Branch Agency	Administrator	TWILA RUTTER			
County	GRAY	Region	01	Date Licensed	02/25/2010	Owner Information
License #	010522					FALCON SOUTH PLAINS HOSPICE LP
Lic Expire	6/30/2023					3305 101ST ST STE 100
Medicare 1:						LUBBOCK, TX 79423
Medicare 2:						PHONE: () - 0
Phone	(806) 665-1445	Fax	(806) 688-0186			FAX:
Type:	Alternate Delivery Site	Administrator	BRANDI LARSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **GRAY** Region 01 Date Licensed 03/21/2006
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 1313 N HOBART
Medicare 1: 45Q7754004 PAMPA, TX 79065
Medicare 2:
Phone (806) 665-9700 Fax (806) 665-9701
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 06/29/2020
License # 020021 7 SISTERS CARE
Lic Expire 6/29/2022 1800 TEAGUE DRIVE SUITE 109
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 965-2195 Fax NA
Type: Parent Agency Administrator DEBORAH BATES

Owner Information

TEXAS SITTERS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 03/07/2000
License # 007272 ADVANTX HOME CARE INC
Lic Expire 3/31/2021 704 S. SAM RAYBURN FREEWAY
Medicare 1: 459490 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 813-8681 Fax (903) 813-8702
Type: Parent Agency Administrator CHANDA EASTRIDGE-REIFEL

Owner Information

ADVANTX HOME CARE INC
704 S SAM RAYBURN FREEWAY
SHERMAN, TX 75090
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 01/01/2015
License # 016677 ALL CARE HOME SERVICES INC
Lic Expire 12/31/2022 401 EAST MAIN STREET
Medicare 1: WHITESBORO, TX 76273
Medicare 2:
Phone (903) 564-4357 Fax (903) 564-9090
Type: Parent Agency Administrator KIMBERLY KUYKENDALL SIMMONS

Owner Information

ALLCARE HOME SERVICES INC
401 E MAIN ST
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 EXECUTIVE CENTER BLVD. STE. 148
Medicare 1: EL PASO, TX 79902
Medicare 2:
Phone (915) 213-1289 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/2006
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8001 S. US HIGHWAY 75
Medicare 1: 679141 SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-1401
Type: Parent Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 8015 S US HWY 75
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 532-1400 Fax (903) 532-6575
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	GRAYSON	Region	03	Date Licensed		Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(903) 532-1400	Fax	(903) 532-6575			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	GRAYSON	Region	03	Date Licensed		Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(903) 532-1400	Fax	(903) 532-6575			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	GRAYSON	Region	03	Date Licensed		Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(903) 532-1400	Fax	(903) 532-6575			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	GRAYSON	Region	03	Date Licensed		Owner Information
License #	013209					APPROVED IN HOME CARE LLC
Lic Expire	4/30/2022					PO BOX 528
Medicare 1:						GUNTER, TX 75058
Medicare 2:						PHONE:
Phone	(972) 658-4001	Fax	(903) 433-2000			FAX:
Type:	Parent Agency	Administrator	LINDA MCCONNELL			Services: Personal Assistance Services
County	GRAYSON	Region	03	Date Licensed	12/15/2016	Owner Information
License #	017791					HEAVENLY COMFORT HOSPICE LLC
Lic Expire	12/31/2022					600 E TAYLOR ST SUITE 311 BOX 20
Medicare 1:	74-1733					SHERMAN, TX 75090
Medicare 2:						PHONE:
Phone	(903) 771-4648	Fax	(903) 771-4592			FAX:
Type:	Parent Agency	Administrator	ALEXIS STEPHENS			Services: Hospice In-Patient Hospice: NO
County	GRAYSON	Region	03	Date Licensed	01/17/2017	Owner Information
License #	017858					BLISSFUL HOSPICE AND PALLIATIVE CARE LLC
Lic Expire	1/31/2023					2625 N JOSEY LANE STE 328
Medicare 1:	741717 HOSPICE					CARROLLTON, TX 75007
Medicare 2:						PHONE:
Phone	(214) 556-4996	Fax	(214) 556-4580			FAX:
Type:	Parent Agency	Administrator	LAURIE STOKES-BELL			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	GRAYSON	Region	03	Date Licensed	03/31/2016	Owner Information
License #	017465					CARINGBRIDGE HOME HEALTH CARE LLC
Lic Expire	3/31/2022					207 S TRAVIS ST
Medicare 1:	747493 HHA-18					SHERMAN, TX 75090
Medicare 2:						PHONE:
Phone	(903) 870-1000	Fax	(903) 870-1002			FAX:
Type:	Parent Agency	Administrator	NICHOLE WALSER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GRAYSON** Region 03 Date Licensed 06/10/1996
License # 004629 CHANGING SEASONS HOMECARE
Lic Expire 6/30/2022 600 N CROCKETT STREET
Medicare 1: 459038 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-3648 Fax (903) 892-0067
Type: Parent Agency Administrator JANICE RAY LEHMANN

Owner Information

ICETTE HOMECARE COMPANY
600 NORTH CROCKETT STREET
SHERMAN, TX 75090-4975

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 09/02/2005
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 9/30/2023 293 W VAN ALSYTNE PKWY
Medicare 1: VAN ALSTYNE, TX 75495
Medicare 2:
Phone (903) 482-9020 Fax (903) 482-9019
Type: Parent Agency Administrator MELISSA BULLOCK

Owner Information

DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 09/02/2005
License # 009937 CHILDRENS HOME HEALTHCARE
Lic Expire 9/30/2023 293 W VAN ALSYTNE PKWY
Medicare 1: VAN ALSTYNE, TX 75495
Medicare 2:
Phone (903) 482-9020 Fax (903) 482-9019
Type: Parent Agency Administrator MELISSA BULLOCK

Owner Information

DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 01/25/2016
License # 017238 CONCORD HOSPICE LLC
Lic Expire 1/31/2022 719 N CROCKETT STREET
Medicare 1: 741628 HOSPICE SHERMAN, TEXAS 750904979
Medicare 2:
Phone (469) 906-2000 Fax (469) 906-2021
Type: Parent Agency Administrator CHRISTY TODD

Owner Information

CONCORD HOSPICE, LLC
1810 W US HIGHWAY 82
SHERMAN, TEXAS 75092

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 01/01/2003
License # 008269 ELARA CARING
Lic Expire 12/31/2021 2700 TEXOMA PKWY., SUITE A,
Medicare 1: 677720 HHA-18 SHERMAN, TEXAS 75090
Medicare 2:
Phone (903) 892-3163 Fax (903) 892-3193
Type: Parent Agency Administrator LINDA ADAIR

Owner Information

JHS OPERATIONS, LLC
2039 CROCKETT RD.
PALESTINE, TX 75801

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 11/30/2004
License # 009528 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 11/30/2022 300 N. HIGHLAND AVENUE, SUITE 510
Medicare 1: 459381 HHA-18 SHERMAN, TEXAS 75092
Medicare 2:
Phone 903 8133238 Fax 903 8923592
Type: Parent Agency Administrator KRISTI PHILLIPS

Owner Information

EH OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 02/15/2015
License # 016869 FIRST TEXAS HOME HEALTH
Lic Expire 2/28/2023 2535 HIGHWAY 82 E STE D
Medicare 1: 458193 HHA-18 WHITESBORO, TX 76273
Medicare 2:
Phone (903) 564-9111 Fax (800) 737-5601
Type: Parent Agency Administrator DENA PEARSON

Owner Information

1ST TEXAS HOME HEALTH
PO BOX 147
WHITESBORO, TX 76273

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 04 Date Licensed 11/04/2008
License # 012399 GUARDIAN HEALTHCARE
Lic Expire 11/30/2022 100 W LAMBERTH RD STE A
Medicare 1: 45Q8041004 SHERMAN, TX 75092
Medicare 2:
Phone (903) 870-2347 Fax (903) 892-9184
Type: Branch Agency Administrator BLAKELY HILL

Owner Information

S FISHER AND S THOMAS, INC
1500 N GREENVILLE AVE, SUITE 300
RICHARDSON, TX 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed 02/11/2009
License # 012444 GUARDIAN HOSPICE
Lic Expire 2/28/2023 2009 INDEPENDENCE DR SUITE 100
Medicare 1: 671652 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-0267 Fax (903) 868-0297
Type: Parent Agency Administrator SHERI BROWN

Owner Information

TRUE GUARDIAN HOSPICE INC
2009 INDEPENDENCE DR SUITE 100
SHERMAN, TX 75090-0216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 10/15/2013
License # 016023 HEART TO HEART HOSPICE OF NORTH TEXAS LLC
Lic Expire 10/31/2023 600 EAST TAYLOR STREET SUITE 3005
Medicare 1: 671730 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-6406 Fax (903) 892-6407
Type: Parent Agency Administrator ROBERT WATSON

Owner Information

HEART TO HEART HOSPICE OF NORTH TEXAS, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/09/2001
License # 007695 HEAVENSENT CAREGIVERS
Lic Expire 8/31/2022 600 N CROCKETT STREET
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-1339 Fax (903) 892-0067
Type: Parent Agency Administrator JANICE LEHMANN

Owner Information

CELESTIAL HOMECARE, INC
600 N. CROCKETT STREET
SHERMAN, TEXAS 75090
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/21/1987
License # 001861 HOME HOSPICE
Lic Expire 8/31/2022 505 WEST CENTER STREET
Medicare 1: 451518 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 8689315 Fax 903 8932772
Type: Parent Agency Administrator TINA GARNER

Owner Information

HOME HOSPICE OF GRAYSON COUNTY
PO BOX 2306
SHERMAN, TX 75091-2306
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/21/1987
License # 001861 HOME HOSPICE
Lic Expire 8/31/2022 505 WEST CENTER STREET
Medicare 1: 451518 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 8689315 Fax 903 8932772
Type: Parent Agency Administrator TINA GARNER

Owner Information

HOME HOSPICE OF GRAYSON COUNTY
PO BOX 2306
SHERMAN, TX 75091-2306
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/23/2006
License # 010695 HOME INSTEAD SENIOR CARE
Lic Expire 8/31/2022 1109 SOUTH SAM RAYBURN FWY STE 200
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1100 Fax (903) 893-1108
Type: Parent Agency Administrator WILLIAM DUNGAN

Owner Information

SWANG & ASSOCIATES INC
1109 S SAM RAYBURN FREEWAY, SUITE 200
SHERMAN, TEXAS 75090
PHONE: FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927

Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES, LLC

PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927

Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117

PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 100 W LAMBERTH ROAD SUITE C
Medicare 1: SHERMAN, TX 750922671
Medicare 2:
Phone (903) 893-3903 Fax (903) 893-3927

Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information
INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117

PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 01/03/2014
License # 016225 INTERIM HEALTHCARE OF DALLAS
Lic Expire 1/31/2024 2306 NORTH TRAVIS STREET
Medicare 1: 679384 HHA-18 SHERMAN, TX 75092
Medicare 2:
Phone (903) 357-5704 Fax (903) 357-5725

Type: Parent Agency Administrator MICHELLE SHEARIN

Owner Information
CAPITAL HOMECARE, LP
3305 101ST ST STE 100
LUBBOCK, TX 79423

PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **GRAYSON** Region 04 Date Licensed 04/30/2014
License # 016263 MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire 4/30/2022 100 W LAMBERTH
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 868-1589 Fax (903) 868-1620

Type: Branch Agency Administrator SHARON HEVRON

Owner Information

PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 01/06/2017
License # 017839 MONARCH HOSPICE
Lic Expire 1/31/2023 209 S TRAVIS STREET, SUITE 100
Medicare 1: 741688 HOSPICE SHERMAN, TX 75090
Medicare 2:
Phone 903 3644410 Fax 903 3644411

Type: Parent Agency Administrator JAMES MORRISON

Owner Information
ULTIMATE HOSPICE LLC
2410 LUNA RD SUITE 254
CARROLLTON, TX 75006-6538

PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **GRAYSON** Region 03 Date Licensed 03/24/2006
License # 007339 OUTREACH HOME CARE
Lic Expire 5/31/2022 2629 MASTERS STREET
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 870-0063 Fax (903) 892-6145

Type: Branch Agency Administrator COLBY BRYANT

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042

PHONE:
FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County	GRAYSON	Region	07	Date Licensed		Owner Information
License #	018649					PALOMA HOSPICE AND PALLIATIVE CARE
Lic Expire	2/28/2022					1227 WOODSEY CT
Medicare 1:						SOUTHLAKE, TX 76092
Medicare 2:						PHONE: () - 1 FAX:
Phone	(210) 988-1680	Fax	(210) 988-1740			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	KELLIE GIBSON			
County	GRAYSON	Region	03	Date Licensed	03/10/2007	Owner Information
License #	011381					PATIENTS BEST CHOICE HOME HEALTHCARE, INC
Lic Expire	3/31/2022					3427 W FM 120, SUITE #105
Medicare 1:	677841 HHA-18					DENISON, TX 75020
Medicare 2:						PHONE: FAX:
Phone	(903) 462-0604	Fax	(903) 462-0603			Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	SONJA SWEENEY			
County	GRAYSON	Region	03	Date Licensed		Owner Information
License #	016313					PEDIATRIC HOME HEALTHCARE LLC
Lic Expire	7/31/2022					1341 W MOCKINGBIRD LN STE#900
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE: FAX:
Phone	214 3474611	Fax	214 2069314			Services: Licensed Home Health Services
Type:	Branch Agency	Administrator	JULIE GOLIGHTLY			
County	GRAYSON	Region	03	Date Licensed	08/24/1992	Owner Information
License #	002387					PILOT POINT HOME HEALTH INC
Lic Expire	8/31/2022					401 EAST MAIN STREET
Medicare 1:	677532 HHA-18					WHITESBORO, TX 76273
Medicare 2:						PHONE: FAX:
Phone	(903) 564-7709	Fax	(903) 564-7090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	CHRIS GOEDECKE			
County	GRAYSON	Region	03	Date Licensed	09/11/2014	Owner Information
License #	016727					QUALITY HOME HEALTH CARE INC
Lic Expire	9/30/2022					1515 S. SAM RAYBURN FREEWAY
Medicare 1:						SHERMAN, TX 75090
Medicare 2:						PHONE: FAX:
Phone	(903) 892-9281	Fax	(903) 870-0580			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SHANNON WINGARD			
County	GRAYSON	Region	03	Date Licensed	07/02/1995	Owner Information
License #	001497					RED RIVER HEALTH CARE SYSTEMS INC
Lic Expire	6/30/2022					308 EAST CHESTNUT STREET
Medicare 1:						DENISON, TX 75021-4714
Medicare 2:						PHONE: FAX:
Phone	(903) 465-8277	Fax	(903) 463-1954			Services: Personal Assistance Services
Type:	Branch Agency	Administrator	STEPHANIE WIDEMAN			
County	GRAYSON	Region	03	Date Licensed	04/24/2012	Owner Information
License #	014980					MAXUS HEALTHCARE PARTNERS LLC DUPLICATE DO NOT USE HHSC
Lic Expire	4/30/2022					
Medicare 1:	679677 HHA-18					
Medicare 2:						PHONE: FAX:
Phone	(903) 463-6700	Fax	(903) 463-6704			Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	PHIL CRISWELL			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GRAYSON** Region 03 Date Licensed 08/26/2019
License # 019443 RIGHT AT HOME
Lic Expire 6/26/2023 1800 TEAGUE DR STE 210
Medicare 1: SHERMAN, TEXAS 75090
Medicare 2:
Phone (833) 923-2273 Fax (844) 859-2273
Type: Parent Agency Administrator TRACEY BANKS

Owner Information

BANKS & LEWIS ENTERPRISES, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 05/21/2002
License # 007940 SHER DEN HOME HEALTH INC
Lic Expire 5/31/2023 810 NORTH TRAVIS STREET
Medicare 1: 679156 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 892-1000 Fax (903) 892-1071
Type: Parent Agency Administrator GRZEGORZ WEISS

Owner Information

SHER DEN HOME HEALTH INC
810 NORTH TRAVIS STREET
SHERMAN, TX 75090
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 05/22/1996
License # 001939 SUNRISE HOME HEALTH SERVICES
Lic Expire 5/31/2022 2135 LOY LAKE DRIVE
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1296 Fax (903) 893-8421
Type: Branch Agency Administrator NEVILLE GOVENDER

Owner Information

SUNRISE HOME HEALTH SERVICES OF AMERICA INC
PO BOX 494728
GARLAND, TX 75049
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 11/28/2001
License # 007190 SUNRISE PRIMARY CARE SERVICES
Lic Expire 7/31/2023 2135 LOY LAKE DRIVE
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 893-1296 Fax (903) 893-8421
Type: Branch Agency Administrator HANS-JAOCHIM SCHULZ

Owner Information

SUNRISE PRIMARY CARE SERVICES INC
1221 ARISTA LN
ROCKWALL, TX 75032
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 11/05/2020
License # 020294 TLC PROFESSIONAL CARE LLC
Lic Expire 11/5/2022 2300 W. MORTON ST. STE 123
Medicare 1: DENISON, TEXAS 75020
Medicare 2:
Phone (903) 465-7730 Fax (844) 556-4002
Type: Parent Agency Administrator MISTY FULLER

Owner Information

TLC PROFESSIONAL CARE LLC
PO BOX 437
DENISON, TEXAS 75021
PHONE:
FAX:
Services: Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 01/08/2007
License # 011367 TMC HOME HEALTH
Lic Expire 1/31/2022 2600 N SAM RAYBURN FREEWAY SUITE 200
Medicare 1: 457655 HHA-18 SHERMAN, TX 75092
Medicare 2:
Phone (903) 416-5500 Fax (903) 464-0057
Type: Parent Agency Administrator CONNIE CLARK

Owner Information

UHS OF TEXOMA INC
367 S GULPH ROAD
KING OF PRUSSIA, PA 19406
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **GRAYSON** Region 03 Date Licensed 02/26/2015
License # 016842 TOWN AND COUNTRY HOME CARE & REHAB LLC
Lic Expire 2/28/2021 178 S MAIN STREET
Medicare 1: 747302 HHA-18 VAN ALSTYNE, TX 75495
Medicare 2:
Phone (903) 487-4245 Fax (855) 498-3325
Type: Parent Agency Administrator JENNIFER HAWKINS

Owner Information

TOWN AND COUNTRY HOME CARE & REHAB LLC
PO BOX 277
VAN ALSTYNE, TX 75495
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GRAYSON** Region 03 Date Licensed 09/16/2021
License # 021049 TRUSTED CARE HOME HEALTH LLC
Lic Expire 9/16/2023 1800 TEAGUE DR STE 302-6
Medicare 1: SHERMAN, TX 75090
Medicare 2:
Phone (903) 228-1442 Fax (888) 809-1442
Type: Parent Agency Administrator JAMES MORRISON

Owner Information

TRUSTED CARE HOME HEALTH LLC

PHONE: FAX:

Services: Licensed Home Health Services

County **GRAYSON** Region 03 Date Licensed 05/13/2014
License # 016205 VISIONARY HOME HEALTH CARE LLC
Lic Expire 5/31/2022 812 PECAN GROVE RD E.
Medicare 1: 747934 HHA-18 SHERMAN, TX 75090
Medicare 2:
Phone (903) 870-1600 Fax (903) 870-1640
Type: Parent Agency Administrator JAMEE WIX

Owner Information

VISIONARY HOME HEALTH CARE, LLC

404 N BRYANT AVE

SHERMAN, TX 75092

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GREGG** Region 04 Date Licensed 09/28/2001
License # 007741 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 9/30/2023 1809 JUDSON ROAD
Medicare 1: 679090 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone 903 7580794 Fax 903 2321597
Type: Parent Agency Administrator JANET DALME

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **GREGG** Region 04 Date Licensed 06/08/2006
License # 010521 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 2904 N FOURTH STREET SUITE 102
Medicare 1: 671545 HOSPICE LONGVIEW, TX 75605
Medicare 2:
Phone (903) 234-0943 Fax (903) 238-9068
Type: Parent Agency Administrator STEPHANIE SELF

Owner Information

TEXAS HOME HEALTH HOSPICE, LP

17855 N DALLAS PKWY STE 200

DALLAS, TX 75287-6857

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 03/09/2001
License # 007586 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2024 2221 H G MOSLEY PKWY SUITE 101
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 758-6252 Fax (903) 686-9966
Type: Parent Agency Administrator CASSIE ADAMS

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP

17855 N. DALLAS PKWY, SUITE 200

DALLAS, TEXAS 75287

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **GREGG** Region 04 Date Licensed
License # 015142 ALINEA FAMILY HOSPICE CARE LLC
Lic Expire 10/31/2022 802 N. HIGH ST. SUITE D
Medicare 1: 671766 Hospice LONGVIEW, TEXAS 75605
Medicare 2:
Phone (903) 232-1877 Fax (903) 232-1887
Type: Alternate Delivery Site Administrator DONNA JUNKERSFELD

Owner Information

ALINEA FAMILY HOSPICE CARE LLC

303 E COLLEGE ST SUITE C

TERRELL, TX 75160

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 06/17/2013
License # 015639 ASSISTCARE
Lic Expire 6/30/2023 1201 W LOOP 281 #604
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 759-2848 Fax (903) 759-2868
Type: Branch Agency Administrator MICHELLE SPRINGFIELD

Owner Information

SPRINGFIELD & SPRINGFIELD INVESTMENTS, LLC

315 WILSON ST.

HENDERSON, TX 75652

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GREGG** Region 04 Date Licensed 04/14/1995
License # 003293 CHOICE HOMECARE OF THE PINES
Lic Expire 4/30/2022 107 W HOYT DR.
Medicare 1: 458452 HHA-18 LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 236-8880 Fax 8554501300; 9032368858
Type: Parent Agency Administrator TOLEDO MONTGOMERY

Owner Information

PINE TREE HOME HEALTH CARE, INC
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703
PHONE: (903) 363-9932 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GREGG** Region 04 Date Licensed 10/06/2017
License # 018554 CHRISTUS GOOD SHEPHERD
Lic Expire 10/31/2024 103 W LOOP 281 UNIT 480
Medicare 1: 457691 HHA-18 LONGVIEW, TX 75605
Medicare 2:
Phone 903 6869251 Fax 903 6869253
Type: Parent Agency Administrator CORTNI GOLDEN

Owner Information

GSHS HOME HEALTH LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **GREGG** Region 04 Date Licensed 09/23/2004
License # 009322 COMFORT KEEPERS
Lic Expire 9/30/2022 1111 JUDSON RD STE 200
Medicare 1: LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 291-0111 Fax (903) 291-0139
Type: Parent Agency Administrator MATT CLINNARD

Owner Information

CLINNARD LLC
1125 JUDSON RD STE 106
LONGVIEW, TX 75601
PHONE: FAX:
Services: Personal Assistance Services

County **GREGG** Region 04 Date Licensed 10/30/2014
License # 016734 COMPASS HOSPICE OF EAST TEXAS LLC
Lic Expire 10/31/2022 1115 N 4TH STREET
Medicare 1: 671547 HOSPICE LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 758-8383 Fax (903) 758-8388
Type: Parent Agency Administrator GLENDA STEGALL

Owner Information

SHORR HOSPICE HOLDINGS, LLC
1115 NTH 4TH STREET.
LONGVIEW, TX 75601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 10/30/2014
License # 016734 COMPASS HOSPICE OF EAST TEXAS LLC
Lic Expire 10/31/2022 1115 N 4TH STREET
Medicare 1: 671547 HOSPICE LONGVIEW, TEXAS 75601
Medicare 2:
Phone (903) 758-8383 Fax (903) 758-8388
Type: Parent Agency Administrator GLENDA STEGALL

Owner Information

SHORR HOSPICE HOLDINGS, LLC
1115 NTH 4TH STREET.
LONGVIEW, TX 75601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **GREGG** Region 04 Date Licensed 11/30/2000
License # 007572 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 911 NW LOOP 281 SUITE 120
Medicare 1: LONGVIEW, TX 75604
Medicare 2:
Phone (903) 297-2817 Fax (877) 463-1310
Type: Parent Agency Administrator JAMES LANE

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **GREGG** Region 04 Date Licensed 08/01/2013
License # 015679 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 7/31/2023 103 B WOODBINE PLACE
Medicare 1: LONGVIEW, TX 75601
Medicare 2:
Phone (903) 753-8063 Fax (903) 753-7861
Type: Parent Agency Administrator KATHY NEWSOME

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION TEXAS
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
Services: Licensed Home Health Services; Personal Assistance Services

County	GREGG	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008273		ELARA CARING			JHS OPERATIONS, LLC
Lic Expire	12/21/2023		100 WEST HAWKINS PARKWAY, SUITE B			2039 CROCKETT RD.
Medicare 1:			LONGVIEW, TX 75605			PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(903) 234-0104	Fax	(903) 234-9101			FAX:
Type:	Branch Agency	Administrator	ROBIN WEBB			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GREGG	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008273		ELARA CARING			JHS OPERATIONS, LLC
Lic Expire	12/21/2023		100 WEST HAWKINS PARKWAY, SUITE B			2039 CROCKETT RD.
Medicare 1:			LONGVIEW, TX 75605			PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(903) 234-0104	Fax	(903) 234-9101			FAX:
Type:	Branch Agency	Administrator	ROBIN WEBB			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GREGG	Region	04	Date Licensed	08/20/2012	Owner Information
License #	015193		ELITE HOME HEALTH			VALERIEANNE AND FLOYD INC
Lic Expire	8/31/2022		905 N 4TH STREET			905 NORTH 4TH STREET
Medicare 1:	453182 HHA-18		LONGVIEW, TX 75601			LONGVIEW, TX 75601
Medicare 2:						PHONE:
Phone	(903) 212-3990	Fax	(903) 212-3991			FAX:
Type:	Parent Agency	Administrator	TRACY ECHOLS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GREGG	Region	04	Date Licensed	10/08/2014	Owner Information
License #	016656		ELITE PRIVATE CARE			N & L HOLDINGS LLC
Lic Expire	10/31/2022		420 NORTH GREEN STREET SUITE D			P.O. BOX 1902
Medicare 1:			LONGVIEW, TX 75601			LONGVIEW, TX 75606
Medicare 2:						PHONE:
Phone	(903) 230-9447	Fax	(903) 230-9448			FAX:
Type:	Parent Agency	Administrator	RACHAEL CRUTCHFIELD			Services: Personal Assistance Services
County	GREGG	Region	04	Date Licensed	05/01/2017	Owner Information
License #	018427		ENCOMPASS HEALTH HOME HEALTH			EH HOME HEALTH OF EAST TEXAS, LLC
Lic Expire	4/30/2023		407 E. METHVIN ST., SUITE 300A			6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	457834 HHA-18		LONGVIEW, TEXAS 75601			DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	903 6802220	Fax	903 2348683			FAX:
Type:	Parent Agency	Administrator	STEPHANIE REED			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GREGG	Region	04	Date Licensed	12/01/2006	Owner Information
License #	011277		ENCOMPASS HEALTH HOME HEALTH			AHM ACTION HOME HEALTH, LP
Lic Expire	11/30/2023		407 E. METHVIN ST., SUITE 300			6688 N CENTRAL EXPRESSWAY STE 1300
Medicare 1:	679079 HHA-18		LONGVIEW, TEXAS 75601			DALLAS, TX
Medicare 2:						PHONE:
Phone	903 2389029	Fax	903 2389108			FAX:
Type:	Parent Agency	Administrator	STEPHANIE REED			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GREGG	Region	04	Date Licensed	04/03/2014	Owner Information
License #	016126		HARBOR HOSPICE OF LONGVIEW LP			HARBOR HOSPICE OF LONGVIEW LP
Lic Expire	4/30/2022		1127 JUDSON ROAD SUITE 105			3406 COLLEGE STREET
Medicare 1:	741609 HOSPICE		LONGVIEW, TEXAS 75601			BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(903) 238-8290	Fax	(903) 648-7058			FAX:
Type:	Parent Agency	Administrator	MARQUETTE LONG			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GREGG	Region	04	Date Licensed	10/01/2021	Owner Information	
License #	021097					HEALING HEARTS HOMECARE LLC	
Lic Expire	10/1/2024					253 TAMI ST.	
Medicare 1:						KILGORE, TEXAS 75662	
Medicare 2:						PHONE:	FAX:
Phone	(903) 812-4788					Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RENEA NAPIER				
County	GREGG	Region	04	Date Licensed	06/21/2013	Owner Information	
License #	015767					HEART TO HEART HOSPICE OF EAST TEXAS LLC	
Lic Expire	6/30/2023					7240 CHASE OAKS BLVD.	
Medicare 1:	671591 HOSPICE					PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(903) 663-3310	Fax	(903) 663-3329			Services: Hospice	
Type:	Parent Agency	Administrator	CHRISTINE BLACK			In-Patient Hospice: NO	
County	GREGG	Region	04	Date Licensed	04/16/1993	Owner Information	
License #	002514					HOSPICE LONGVIEW INC	
Lic Expire	4/30/2024					PO BOX 5608	
Medicare 1:	451579 HOSPICE					LONGVIEW, TEXAS 75608	
Medicare 2:						PHONE:	FAX:
Phone	(903) 295-1680	Fax	(903) 295-1690			Services: Hospice	
Type:	Parent Agency	Administrator	POLLY MAINES			In-Patient Hospice: NO	
County	GREGG	Region	03	Date Licensed	09/18/2014	Owner Information	
License #	014884					AND HOME HEALTHCARE, LLC	
Lic Expire	6/30/2022					2000 N CENTRAL EXPRESSWAY STE 102	
Medicare 1:						PLANO, TX 75074	
Medicare 2:						PHONE: () - 1	FAX:
Phone	(903) 467-1735	Fax	(972) 548-7762			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ALTON BLAKELY				
County	GREGG	Region	04	Date Licensed		Owner Information	
License #	018670					KELTON HOSPICE INC	
Lic Expire	3/31/2022					4605 TEXAS BLVD	
Medicare 1:						TEXARKANA, TX 75503	
Medicare 2:						PHONE:	FAX:
Phone	18002856142	Fax	(903) 218-6874			Services: Hospice Alternative Delivery Site (ADS); Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	SEAN SEELBACH			In-Patient Hospice: NO	
County	GREGG	Region	04	Date Licensed		Owner Information	
License #	018670					KELTON HOSPICE INC	
Lic Expire	3/31/2022					4605 TEXAS BLVD	
Medicare 1:						TEXARKANA, TX 75503	
Medicare 2:						PHONE:	FAX:
Phone	18002856142	Fax	(903) 218-6874			Services: Hospice Alternative Delivery Site (ADS); Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	SEAN SEELBACH			In-Patient Hospice: NO	
County	GREGG	Region	04	Date Licensed	08/28/2015	Owner Information	
License #	017291					HIGHLAND PARK SENIOR CARE 3 INC	
Lic Expire	8/31/2023					SAME	
Medicare 1:	459294 HHA-18					LONGVIEW, TX 75601	
Medicare 2:						PHONE:	FAX:
Phone	(903) 753-1000	Fax	(903) 753-1218			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	TIFFANY ROSS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GREGG	Region	04	Date Licensed	09/30/2015	Owner Information	
License #	002043					HOSPICE OF EAST TEXAS	
Lic Expire	7/31/2022					4111 UNIVERSITY BLVD	
Medicare 1:						TYLER, TX 75701	
Medicare 2:						PHONE:	FAX:
Phone	(903) 230-0606	Fax	(903) 230-0606			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	MARJORIE REAM				
County	GREGG	Region	04	Date Licensed	12/22/2021	Owner Information	
License #	021286					HOSPICE OF HOPE LLC	
Lic Expire	12/22/2024					900 WEST NORTH STREET	
Medicare 1:						KILGORE, TX 75662	
Medicare 2:						PHONE:	FAX:
Phone	(903) 315-9629	Fax				Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BRITTNEY DENNIS				
County	GREGG	Region	03	Date Licensed	02/19/2016	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC	
Lic Expire	8/31/2022					414 EAST LOOP 281 SUITES 5&6	
Medicare 1:						LONGVIEW, TX 756057931	
Medicare 2:						PHONE:	FAX:
Phone	(903) 759-7500	Fax	(903) 759-7507			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				
County	GREGG	Region	03	Date Licensed	02/19/2016	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 759-7500	Fax	(903) 759-7507			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				
County	GREGG	Region	03	Date Licensed	02/19/2016	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 759-7500	Fax	(903) 759-7507			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON				
County	GREGG	Region	04	Date Licensed	07/30/2019	Owner Information	
License #	019500					SEQUOIA4PARTNERS, LLC	
Lic Expire	7/30/2023					2393 HG MOSLEY PKWY BLDG 2, #102	
Medicare 1:						LONGVIEW, TEXAS 75604	
Medicare 2:						PHONE:	FAX:
Phone	903 2308130	Fax	903 2122115			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CENDY DAVIS				
County	GREGG	Region	05	Date Licensed	06/26/2008	Owner Information	
License #	012075					GIRLING HEALTH CARE, INC	
Lic Expire	6/30/2022					12900 FOSTER	
Medicare 1:						OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 938-6776	Fax	(903) 236-7990			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	MARCIA LOWE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GREGG	Region	05	Date Licensed	06/26/2008	Owner Information	
License #	012075		KINDRED AT HOME			GIRLING HEALTH CARE, INC	
Lic Expire	6/30/2022		434 EAST LOOP 281 STE 100			12900 FOSTER	
Medicare 1:			LONGVIEW, TX 75605			OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 938-6776	Fax	(903) 236-7990			Services:	Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	MARCIA LOWE				
County	GREGG	Region	05	Date Licensed	06/26/2008	Owner Information	
License #	012075		KINDRED AT HOME			GIRLING HEALTH CARE, INC	
Lic Expire	6/30/2022		434 EAST LOOP 281 STE 100			12900 FOSTER	
Medicare 1:			LONGVIEW, TX 75605			OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 938-6776	Fax	(903) 236-7990			Services:	Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	MARCIA LOWE				
County	GREGG	Region	05	Date Licensed	06/26/2008	Owner Information	
License #	012075		KINDRED AT HOME			GIRLING HEALTH CARE, INC	
Lic Expire	6/30/2022		434 EAST LOOP 281 STE 100			12900 FOSTER	
Medicare 1:			LONGVIEW, TX 75605			OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 938-6776	Fax	(903) 236-7990			Services:	Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	MARCIA LOWE				
County	GREGG	Region	04	Date Licensed	03/17/1995	Owner Information	
License #	003475		LIFECARE HEALTH SERVICES			LIFECARE HOME NURSING LLC	
Lic Expire	3/31/2022		911 W LOOP 281 SUITE 204			911 W LOOP 281 SUITE 204	
Medicare 1:	458393 HHA-18,45		LONGVIEW, TX 75604			LONGVIEW, TX 75604	
Medicare 2:						PHONE:	FAX:
Phone	(903) 297-9300	Fax	(903) 297-7020			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AMY WILCOX			In-Patient Hospice:	NO
County	GREGG	Region	04	Date Licensed	02/27/2013	Owner Information	
License #	015394		LIFESPAN HOME HEALTH			ADVANCE HI TECH NURSING, INC	
Lic Expire	2/28/2024		911 NW LOOP 281 SUITE 120			6243 IH 10 WEST, SUITE 375	
Medicare 1:			LONGVIEW, TX 75604			SAN ANTONIO, TX 78201	
Medicare 2:						PHONE:	FAX:
Phone	(877) 434-3153	Fax	(877) 463-1310			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARCOS CAMPOS				
County	GREGG	Region	04	Date Licensed	07/16/2014	Owner Information	
License #	016314		ONESOURCE HOME CARE INC			ONESOURCE HOME CARE INC	
Lic Expire	7/31/2022		4001 TECHNOLOGY CENTER #304			4002 TECHNOLOGY CENTER	
Medicare 1:	679138 HHA-18		LONGVIEW, TX 75605			LONGVIEW, TX 75605	
Medicare 2:						PHONE:	FAX:
Phone	(903) 248-2530	Fax	(903) 248-2538			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	JOHN FORD				
County	GREGG	Region	04	Date Licensed	07/28/2009	Owner Information	
License #	012849		PREMIER HOME CARE			EAST TEXAS PHC LLC	
Lic Expire	7/31/2023		823 N 4TH STREET			823 N 4TH STREET	
Medicare 1:	743174 HHA-18		LONGVIEW, TX 75601			LONGVIEW, TX 75601	
Medicare 2:						PHONE:	FAX:
Phone	(903) 753-2273	Fax	(903) 753-2274			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	REBECCA HARDIN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GREGG	Region	04	Date Licensed	01/16/2020	Owner Information
License #	019786					STEBBINS HOSPICE, LLC
Lic Expire	1/16/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 230-7674	Fax	(903) 230-7696			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CYNTHIA CALLOWAY			
County	GREGG	Region	04	Date Licensed	07/27/2007	Owner Information
License #	010521					TEXAS HOME HEALTH HOSPICE, LP
Lic Expire	6/30/2022					17855 N DALLAS PKWY STE 200
Medicare 1:						DALLAS, TX 75287-6857
Medicare 2:						PHONE:
Phone	(903) 234-0943	Fax	(903) 238-9068			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	TINA FORTNER			
County	GREGG	Region	04	Date Licensed	05/31/2017	Owner Information
License #	018168					TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire	5/31/2023					1809 JUDSON ROAD
Medicare 1:	457173 HHA-18					LONGVIEW, TX 756054710
Medicare 2:						PHONE:
Phone	903 7580794	Fax	903 2321597			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JANET DALME			
County	GREGG	Region	04	Date Licensed	08/20/2004	Owner Information
License #	007741					TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire	9/30/2023					1809 JUDSON ROAD
Medicare 1:						LONGVIEW, TX 75605
Medicare 2:						PHONE:
Phone	(903) 597-2086	Fax	(903) 597-2109			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	JANET DALME			
County	GREGG	Region	04	Date Licensed	06/15/2015	Owner Information
License #	016855					THEN THERES CHEERFUL GIVERS HHA INC
Lic Expire	6/30/2024					204 SIERRA VISTA
Medicare 1:						LONGVIEW, TX 75605
Medicare 2:						PHONE:
Phone	(903) 238-5981	Fax				FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ESPERANCE RWABUKAMBA			
County	GREGG	Region	03	Date Licensed	12/13/2017	Owner Information
License #	018508					GODLY HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire	12/31/2023					2105 LINCOLN CT
Medicare 1:	74-1783					FLOWER MOUND, TX 75028
Medicare 2:						PHONE:
Phone	903 5513400	Fax	430 2405055			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SEAN SEELBACH			
County	GREGG	Region	04	Date Licensed	03/10/2017	Owner Information
License #	018013					TRADITIONS HEALTH CARE OF LONGVIEW, LLC
Lic Expire	3/31/2023					PO BOX 9980
Medicare 1:	678338 HHA-18					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(903) 663-2331	Fax	(903) 663-4831			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JENNIFER FRANKLIN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	GREGG	Region	04	Date Licensed	03/10/2017	Owner Information
License #	017972					TRADITIONS HOSPICE OF LONGVIEW, LLC
Lic Expire	3/31/2023					PO BOX 9980
Medicare 1:	671689 HOSPICE					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(903) 663-2331	Fax	(866) 908-8704			FAX:
Type:	Parent Agency	Administrator	JENNIFER FRANKLIN			Services: Hospice In-Patient Hospice: NO
County	GREGG	Region	04	Date Licensed	01/08/2013	Owner Information
License #	014739					SJ HOMECARE INC
Lic Expire	2/28/2025					419 W HOUSTON ST
Medicare 1:						TYLER, TX 75702
Medicare 2:						PHONE:
Phone	(903) 215-8183	Fax	(903) 215-8184			FAX:
Type:	Branch Agency	Administrator	JACKIE BRISSET			Services: Personal Assistance Services
County	GUADALUPE	Region	07	Date Licensed		Owner Information
License #	018542					ADVANCED HH, LLC
Lic Expire	11/30/2023					113 N. MAIN
Medicare 1:	67Q7247005					HALLETTSVILLE, TX 75038
Medicare 2:						PHONE:
Phone	(830) 379-6171	Fax	(830) 379-6388			FAX:
Type:	Branch Agency	Administrator	KRISTEN SCHIEVELBEIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GUADALUPE	Region	07	Date Licensed		Owner Information
License #	018542					ADVANCED HH, LLC
Lic Expire	11/30/2023					113 N. MAIN
Medicare 1:						HALLETTSVILLE, TX 75038
Medicare 2:						PHONE:
Phone	(830) 379-6171	Fax	(830) 379-6388			FAX:
Type:	Branch Agency	Administrator	KRISTEN SCHIEVELBEIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GUADALUPE	Region	07	Date Licensed	11/06/2017	Owner Information
License #	018542					ADVANCED HH, LLC
Lic Expire	11/30/2023					113 N. MAIN
Medicare 1:	677247 HHA-18					HALLETTSVILLE, TX 75038
Medicare 2:						PHONE:
Phone	(830) 379-6171	Fax	(830) 379-6388			FAX:
Type:	Parent Agency	Administrator	KRISTEN SCHIEVELBEIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	GUADALUPE	Region	07	Date Licensed	06/30/2021	Owner Information
License #	020874					FIRSTCALL CARE, LLC
Lic Expire	6/30/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 630-9919	Fax				FAX:
Type:	Parent Agency	Administrator	ANITA FREDERICK			Services: Personal Assistance Services
County	GUADALUPE	Region	07	Date Licensed	07/25/2019	Owner Information
License #	019495					GIFTED HEARTS HOSPICE, LLC
Lic Expire	7/25/2024					
Medicare 1:	971562 (HOSPICE)					
Medicare 2:						PHONE:
Phone	(830) 715-9299	Fax	(830) 715-9302			FAX:
Type:	Parent Agency	Administrator	ANA RAMIREZ-CARDOSA			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **GUADALUPE** Region 07 Date Licensed 06/01/1990
License # 002138 GUADALUPE REGIONAL HOSPICE
Lic Expire 5/31/2023 1346 WALNUT
Medicare 1: 451541 HOSPICE SEGUIN, TX 78155
Medicare 2:
Phone (830) 401-7561 Fax (830) 379-4441

Type: Parent Agency Administrator PHILLIP SAENZ

Owner Information

GUADALUPE COUNTY HOSPITAL BOARD
1215 E COURT ST
SEGUIN, TX 78155
PHONE: (830) 401-7220 FAX: (830) 372-1582
Services: Hospice
In-Patient Hospice: NO

County **GUADALUPE** Region 07 Date Licensed 09/01/2012
License # 015189 SOUTHERN ASSURED HOME HEALTH LLC
Lic Expire 8/31/2022 9330 CORPORATE DR. SUITE 304
Medicare 1: 679667 HHA-18 SELMA, TX 78154
Medicare 2:
Phone (210) 257-5765 Fax (210) 257-0419

Type: Parent Agency Administrator BARRY WATSON

Owner Information

SOUTHERN ASSURED HOME HEALTH LLC
PO BOX 822
YORKTOWN, TX 78164
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HALE** Region 01 Date Licensed 10/04/2008
License # 012272 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 2101 W 24TH STREET
Medicare 1: 457514 HHA-18 PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 296-2767 Fax (806) 296-0686

Type: Parent Agency Administrator JULIE STACY

Owner Information

CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HALE** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 1520 MAIN STREET
Medicare 1: PETERSBURG, TX 79250
Medicare 2:
Phone (806) 667-1500 Fax (806) 667-9401

Type: Branch Agency Administrator JULIE STACY

Owner Information

CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HALE** Region 01 Date Licensed 09/11/2020
License # 020167 CONNIE'S COMPASSIONATE CARE, LLC
Lic Expire 9/11/2022 1001 N I27 SUITE 212
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 213-0030 Fax (806) 213-0036

Type: Parent Agency Administrator ISAAC REYES

Owner Information

CONNIE'S COMPASSIONATE CARE, LLC
2210 NORMA ST
PLAINVIEW, TEXAS 79072
PHONE: FAX:
Services: Personal Assistance Services

County **HALE** Region 01 Date Licensed 07/27/2004
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2023 113 WEST 8TH STREET
Medicare 1: PLAINVIEW, TEXAS 79072
Medicare 2:
Phone (806) 288-0220 Fax (806) 288-0224

Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information

INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: () - 1 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HALE** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 113 W 8TH STREET
Medicare 1: PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 288-9482 Fax (806) 288-9528

Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HALE** Region 01 Date Licensed 05/23/2006
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 510 ASH
Medicare 1: 67Q9485005 PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 293-2990 Fax (806) 293-2944

Type: Branch Agency Administrator CRISTI PAULK

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HALE** Region 01 Date Licensed 04/01/2021
License # 020681 TRADITIONS HEALTH
Lic Expire 4/1/2024 4300 OLTON ROAD
Medicare 1: 451773 Hospice PLAINVIEW, TX 79072
Medicare 2:
Phone (806) 293-2732 Fax (866) 908-8704

Type: Parent Agency Administrator NANCY KERNELL

Owner Information

TRADITIONS HOSPICE OF PLAINVIEW, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HAMILTON** Region 05 Date Licensed 11/03/2021
License # 021183 COMPANION INHOME SENIOR CARE LLC
Lic Expire 11/3/2024 209 E. HENRY STREET
Medicare 1: HAMILTON, TEXAS 76531
Medicare 2:
Phone (254) 736-0294 Fax
Type: Parent Agency Administrator BREANNA TEMPLETON- BULLARD

Owner Information

COMPANION IN HOME SENIOR CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HAMILTON** Region 05 Date Licensed 04/29/1991
License # 002197 LEE HEALTHCARE INC
Lic Expire 4/30/2022 114 EAST MAIN
Medicare 1: 677412 HHA-18 HAMILTON, TX 76531
Medicare 2:
Phone (254) 386-8971 Fax (254) 386-5040

Type: Parent Agency Administrator PAMELA PARSONS

Owner Information

LEE HEALTHCARE INC
PO BOX 766
HAMILTON, TX 76531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HAMILTON** Region 03 Date Licensed 05/22/2013
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 205 N US HWY 281
Medicare 1: 451688 HAMILTON, TX 765311906
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160

Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HANSFORD** Region 01 Date Licensed 04/30/1991
License # 002212 HANSFORD HOME CARE
Lic Expire 4/30/2023 712 S ROLAND
Medicare 1: 677416 SPEARMAN, TX 79081
Medicare 2:
Phone (806) 659-5811 Fax (806) 659-5879

Type: Parent Agency Administrator BLYTHE BOYD

Owner Information

HANSFORD COUNTY HOSPITAL DISTRICT
707 S ROLAND
SPEARMAN, TX 79081
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HANSFORD** Region 01 Date Licensed 04/30/1991
License # 002215 HANSFORD HOSPICE
Lic Expire 4/30/2022 712 SOUTH ROLAND
Medicare 1: 451550 HOSPICE SPEARMAN, TX 79081
Medicare 2:
Phone (806) 659-5811 Fax (806) 659-5879

Type: Parent Agency Administrator BLYTHE BOYD

Owner Information

HANSFORD COUNTY HOSPITAL DISTRICT
712 SOUTH ROLAND
SPEARMAN, TX 79081
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARDIN** Region 04 Date Licensed 09/08/2010
License # 013558 FARMERS HOMECARE
Lic Expire 9/30/2022 111 S MERCHANT STREET
Medicare 1: 747636 HHA-18 SOUR LAKE, TX 77659
Medicare 2:
Phone (409) 347-2500 Fax (409) 287-2565
Type: Parent Agency Administrator RYAN KIM

Owner Information

SENIOR PREFERRED HOMECARE, LLC
PO BOX 283
SOUR LAKE, TX 77659
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARDIN** Region 04 Date Licensed 05/25/2004
License # 009110 MDS CHOICE HOME HEALTH INC
Lic Expire 5/31/2023 1460 NORTH 5TH STREET
Medicare 1: 673196 HHA-18 SILSBEE, TX 77656
Medicare 2:
Phone (409) 386-2273 Fax (409) 386-2459
Type: Parent Agency Administrator SHANNON HASSELBACH

Owner Information

MD'S CHOICE HOME HEALTH, INC
1460 NORTH 5TH STREET
SILSBEE, TX 77656
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARDIN** Region 05 Date Licensed
License # 007810 OUTREACH HOME CARE
Lic Expire 11/30/2022 160 ALLEN SUITE 100
Medicare 1: LUMBERTON, TX 776577064
Medicare 2:
Phone 409 8320465 Fax 409 8322130
Type: Branch Agency Administrator ANDREA AGUILERA

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/12/2020
License # 019930 OHASSLE PERSONAL CARE SERVICES LLC
Lic Expire 5/12/2022 3702 1/2 BROYLES STREET
Medicare 1: HOUSTON, TEXAS 77026
Medicare 2:
Phone (281) 888-7542 Fax (281) 888-7542
Type: Parent Agency Administrator ALFA BENNETT ALEXANDER

Owner Information

OHASSLE PERSONAL CARE SERVICES LLC
3702 BROYLES STREET
HOUSTON, TEXAS 77026
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2015
License # 016793 1 STOP HEALTH CARE SERVICES LLC
Lic Expire 3/31/2023 12000 RICHMOND AVE STE #208
Medicare 1: 679422 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (713) 554-0806 Fax (713) 926-3608
Type: Parent Agency Administrator ERNA ROCKWELL

Owner Information

1 STOP HEALTH CARE SERVICES LLC
1200 RICHMOND AVE., SUITE 208
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/03/2008
License # 012253 1ST ACCURATE HOME HEALTH SERVICE
Lic Expire 10/31/2022 8650 KEMPWOOD DR
Medicare 1: 747123 HHA-18 HOUSTON, TX 77080
Medicare 2:
Phone (713) 681-3500 Fax (713) 956-1957
Type: Parent Agency Administrator DAVID TANNOUS

Owner Information

1ST ACCURATE HOME HEALTHCARE CORPORATION
8650 KEMPWOOD DRIVE
HOUSTON, TX 77080-4318
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/01/2010
License # 013280 1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC
Lic Expire 4/30/2022 2620 TANGLEWILDE ST SUITE 105
Medicare 1: 747670 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 831-3274 Fax (832) 831-3375
Type: Parent Agency Administrator OLAKUNLE OMIYALE

Owner Information

1ST AMERICAN CHOICE HOME HEALTH CARE SERVICES LLC
2620 TANGLEWILDE ST SUITE 105
HOUSTON, TX 77063
PHONE: (281) 768-5264 FAX: (888) 312-2130
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/01/2018
License # 018729 1ST GENESIS HOME HEALTH SERVICES
Lic Expire 4/30/2022 8303 WINDFERN ROAD SUITE A
Medicare 1: 677890 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 937-7494 Fax (713) 937-1985
Type: Parent Agency Administrator MERLITA VELASQUEZ

Owner Information

GENESIS HOME HEALTH SERVICES INC
8303 WINDFERN ROAD SUITE #A
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/20/2016
License # 017805 1ST SPRING HEALTH SERVICES LLC
Lic Expire 12/31/2022 2739 CYPRESS ISLAND DRIVE
Medicare 1: HOUSTON, TX 77073
Medicare 2:
Phone (281) 670-7331 Fax (281) 857-6729
Type: Parent Agency Administrator JUSTINE FOMUKONG

Owner Information

JF SPRING HEALTH SERVICES LLC
2739 CYPRESS ISLAND DRIVE
HOUSTON, TX 77073
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/07/2019
License # 019515 247 CARING HEARTS HOME CARE, LLC
Lic Expire 11/30/2021 6343 SKYLINE DR. STE 18
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (832) 844-8109 Fax
Type: Parent Agency Administrator LAKESHA STIGLER

Owner Information

247 CARING HEARTS HOME CARE, LLC
9668 WESTHEIMER RD STE 2000076
HOUSTON, TEXAS 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/14/2021
License # 020462 2ND FAMILY
Lic Expire 1/14/2023 10777 WESTHEIMER
Medicare 1: HOUSTON, TEXAS 77042
Medicare 2:
Phone (713) 208-4198 Fax
Type: Parent Agency Administrator MATTHEW MILLER

Owner Information

FC OPERATIONS LLC DBA 2ND FAMILY
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/08/2021
License # 021190 4 TEE'S SITTING SERVICES LLC
Lic Expire 11/8/2024 15101 BLUE ASH DR APT 1102
Medicare 1: HOUSTON, TEXAS 77090
Medicare 2:
Phone (713) 594-5052 Fax (281) 836-5023
Type: Parent Agency Administrator TEAEARA SMITH

Owner Information

4 TEE'S SITTING SERVICES LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/05/2020
License # 019914 5 STAR HOSPICE, LLC
Lic Expire 5/5/2022 650 N. SAM HOUSTON PKWY E. SUITE 210
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 262-1299 Fax (832) 201-0407
Type: Parent Agency Administrator MELISSA WADE

Owner Information

5 STAR HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/12/1995
License # 003568 A & A HOME HEALTH SERVICES INC
Lic Expire 7/31/2023 43 WINDSOR CT
Medicare 1: 678144 HHA-18 HOUSTON, TX 77055
Medicare 2:
Phone (713) 783-8803 Fax (713) 783-8809
Type: Parent Agency Administrator MARIE LIM

Owner Information

A & A HOME HEALTH SERVICES INC
1240 BLALOCK RD STE 210
HOUSTON, TX 77055
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/09/1998
License # 006240 A & G PERSONAL PROVIDER SERVICES
Lic Expire 1/31/2023 318 WATERFRONT STE. A
Medicare 1: 679333 HHA-18 SEABROOK, TX 77586
Medicare 2:
Phone (281) 474-2277 Fax (281) 474-2287

Owner Information

PAUL'S FARM INC
PO BOX 1064
SEABROOK, TEXAS 77586

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator GENEVIEVE BARTOLOME

County **HARRIS** Region 06 Date Licensed 10/31/2005
License # 010097 A & R HEALTHCARE SERVICES INC
Lic Expire 10/31/2021 6420 RICHMOND AVE SUITE #575
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 977-2747 Fax (713) 977-2746

Owner Information

A & R HEALTHCARE SERVICES INC
6420 RICHMOND AVE STE 575
HOUSTON, TX 77057

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator ANITA MURDOCK MURDOCK

County **HARRIS** Region 06 Date Licensed 08/06/2019
License # 019514 A & S HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 8/6/2024 6776 SOUTHWEST FREEWAY STE 631
Medicare 1: 971692 HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 350-2573 Fax

Owner Information

A & S HOSPICE AND PALLIATIVE CARE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator PRISCILLA OMOLEME

County **HARRIS** Region 06 Date Licensed 04/01/2020
License # 019083 A & Z HEALTH CARE LLC
Lic Expire 11/12/2022 1225 25TH ST. N, SUITE 300B
Medicare 1: TEXAS CITY, TEXAS 77590
Medicare 2:
Phone (346) 223-2910 Fax (346) 223-2910

Owner Information

A & Z HEALTH CARE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator NINA OLUGU

County **HARRIS** Region 06 Date Licensed 12/31/2004
License # 009500 A 1 HOME HEALTH CARE
Lic Expire 12/31/2022 1112 WITTER
Medicare 1: 457988 HHA-18 PASADENA, TX 77506
Medicare 2:
Phone (713) 475-2300 Fax (713) 475-0811

Owner Information

VILLA & SERNA, INC
1112 WITTER ST
PASADENA, TX 77506

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator PATRICIA SERNA

County **HARRIS** Region 06 Date Licensed 05/24/2007
License # 011356 A BETTER HOMECARE
Lic Expire 5/31/2024 6250 WESTPARK SUITE 211
Medicare 1: 679731 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (713) 401-9423 Fax (888) 496-3190

Owner Information

DIVERSIFIED HEALTH SOLUTIONS LLC
6250 WESTPARK DRIVE SUITE #211
HOUSTON, TX 77057

PHONE: FAX:

Services: Licensed Home Health Services with Dialysis

Type: Parent Agency Administrator TONI BIEZUGBE

County **HARRIS** Region 06 Date Licensed 10/07/2015
License # 017070 A BETTER HOSPICE
Lic Expire 10/31/2023 6250 WESTPARK DRIVE STE 114
Medicare 1: 741647 HOSPICE HOUSTON, TX 77057
Medicare 2:
Phone (713) 239-0690 Fax (713) 239-0866

Owner Information

A BETTER HOSPICE, INC
6250 WESTPARK DRIVE SUITE 114
HOUSTON, TX 77057

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator TRINA VIVILLE

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	08/27/2021	Owner Information	
License #	021011					SOUTHERN RENAISSANCE, INC	
Lic Expire	8/27/2024					700 E BAYOU PKWY	
Medicare 1:						LAFAYETTE, LOUISIANA 70508	
Medicare 2:						PHONE:	FAX:
Phone	(877) 585-9011	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KIA GABRIEL				
County	HARRIS	Region	06	Date Licensed	08/10/2020	Owner Information	
License #	019977					UNITED CARE SERVICES LLC	
Lic Expire	6/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(877) 585-9011	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ARTURO COBARRUBIAS				
County	HARRIS	Region	06	Date Licensed	05/11/2004	Owner Information	
License #	009242					A C HEALTH SERVICES INC	
Lic Expire	5/31/2023					10103 FONDREN ROAD SUITE 200	
Medicare 1:	679451					HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 771-8570	Fax	(713) 772-8670			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARYJANE DURUJI				
County	HARRIS	Region	06	Date Licensed	03/15/2008	Owner Information	
License #	012004					UNIVERSAL TOUCH HEALTHCARE LLC	
Lic Expire	3/31/2024					5313 BISSONNET ST.	
Medicare 1:	677966 HHA-18					BELLAIRE, TEXAS 77401	
Medicare 2:						PHONE:	FAX:
Phone	(713) 665-8859	Fax	(713) 665-6176			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MERRIDINE MAO				
County	HARRIS	Region	06	Date Licensed	10/17/2012	Owner Information	
License #	015139					JIREH LIVING ASSISTANCE SERVICE, LLC	
Lic Expire	10/31/2022					1722 EVERGREEN LANE	
Medicare 1:						SEABROOK, TX 77586	
Medicare 2:						PHONE:	FAX:
Phone	(281) 827-2675	Fax	(713) 583-2003			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERYL CASTILLO				
County	HARRIS	Region	06	Date Licensed	02/26/2009	Owner Information	
License #	012471					A HUG AWAY INC	
Lic Expire	2/28/2023					1203 AVENUE D, SUITE A	
Medicare 1:	747390 HHA-18;67					KATY, TX 77493	
Medicare 2:						PHONE:	FAX:
Phone	(832) 437-1983	Fax	(281) 605-1307			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARISA FRAZIER			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	07/06/2021	Owner Information	
License #	020885					A KIND HEART PALLIATIVE HOSPICE LLC	
Lic Expire	7/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(240) 413-8560	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	LILIAN BAIYE			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 07/11/2017
License # 018155 A LIFE SAVER HOME CARE
Lic Expire 7/31/2024 5531 PERALTA MILLS WAY
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (832) 745-9450 Fax 18322016777
Type: Parent Agency Administrator OLADELE THOMAS OLASUPO

Owner Information

A LIFE SAVER HOME CARE LLC
5531 PERALTA MILLS WAY
KATY, TX 77449
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020154 A LOVING HEART HOMECARE AGENCY
Lic Expire 9/8/2022 4718 CONWARD DR.
Medicare 1: HOUSTON, TX 77066
Medicare 2:
Phone (225) 806-1663 Fax
Type: Parent Agency Administrator ANTIONETTE TAYLOR

Owner Information

A LOVING HEART HOMECARE AGENCY LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/28/2021
License # 020723 A MINISTERING HAND HOME CARE SERVICES
Lic Expire 4/28/2024 515 N SAM HOUSTON PARKWAY EAST 430
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 769-4263 Fax (281) 769-4263
Type: Parent Agency Administrator FEFI JAMES

Owner Information

A MINISTERING HAND LLC
PHONE:
FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/20/2006
License # 010553 A P HOME HEALTH CARE SERVICES LLC
Lic Expire 6/30/2022 6525 WEST SAM HOUSTON PARKWAY NORTH SUITE A
Medicare 1: 679663 HHA-18 HOUSTON, TX 77041
Medicare 2:
Phone (713) 856-7500 Fax (713) 856-7501
Type: Parent Agency Administrator ABHAMAN PARMAR

Owner Information

A P HOME HEALTH CARE SERVICES LLC
6525-A WEST SAM HOUSTON PARKWAY NORTH
HOUSTON, TX 77041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/30/2021
License # 021015 A PHLOURISHING HEART HOMECARE
Lic Expire 8/30/2024 700 SMITH STREET #61070
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (713) 474-6876 Fax
Type: Parent Agency Administrator DORCAS HOLMES

Owner Information

A PHLOURISHING HEART HOMECARE LLC
1223 LANTANA ESTATES COURT
FRESNO, TX 77545
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/05/2011
License # 014265 A PLUS HEALTHCARE SERVICES
Lic Expire 8/31/2024 9894 BISSONNET STREET STE 908
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 834-3627 Fax (281) 491-5713
Type: Parent Agency Administrator JOANN SERAFIN

Owner Information

JGS HEALTHCARE SERVICES LLC
9894 BISSONNET STREET SUITE 908
HOUSTON, TX 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/01/2011
License # 014227 A&G HOME HEALTH SERVICES
Lic Expire 6/30/2023 6001 SAVOY DRIVE, SUITE 510
Medicare 1: 679532 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 575-1650 Fax (281) 291-8844
Type: Parent Agency Administrator MELISSA MEJIA

Owner Information

BAR SAR INC
10661 ROCKLEY ROAD STE A
HOUSTON, TX 77099
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315					A*MED HEALTH INC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE. A
Medicare 1:						TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	713 9750690	Fax	(713) 787-0951			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	02/20/2013	Owner Information
License #	015526					DPM ALLIANCE HOSPICE AGENCY LLC
Lic Expire	2/28/2023					8901 EF LOWRY EXPWY STE A
Medicare 1:	671579 HOSPICE					TEXAS CITY, TEXAS 77591
Medicare 2:						PHONE:
Phone	(713) 522-0160	Fax	(713) 524-3693			FAX:
Type:	Parent Agency	Administrator	KELLIE ESPINOZA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315					A*MED HEALTH INC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE. A
Medicare 1:						TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	713 9750690	Fax	(713) 787-0951			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/18/2012	Owner Information
License #	015315					A*MED HEALTH INC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE. A
Medicare 1:						TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	713 9750690	Fax	(713) 787-0951			FAX:
Type:	Alternate Delivery Site	Administrator	JOE HINOJOSA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/15/2012	Owner Information
License #	015278					HOME HEALTH PROVIDERS, INC
Lic Expire	10/31/2022					8901 E F LOWRY EXPWYSTE A
Medicare 1:	678259 HHA-18					TEXAS CITY, TX 77591
Medicare 2:						PHONE: (409) 935-1234
Phone	(713) 941-2115	Fax	(713) 941-3317			FAX:
Type:	Parent Agency	Administrator	JENNIFER WARD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/25/2015	Owner Information
License #	017054					A PLUS ANGELS LLC
Lic Expire	9/30/2024					3707 FM 1960 W SUITE 200 G
Medicare 1:						HOUSTON, TX 77068
Medicare 2:						PHONE:
Phone	(832) 405-2511	Fax	(832) 384-7029			FAX:
Type:	Parent Agency	Administrator	TIFFANY POCHE			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/17/2005	Owner Information
License #	010142					A PLUS MEDICS SERVICES INC
Lic Expire	11/30/2022					3506 SHADOWVISTA CT
Medicare 1:	679643					HOUSTON, TX 77082
Medicare 2:						PHONE:
Phone	(281) 497-8100	Fax	(281) 497-8188			FAX:
Type:	Parent Agency	Administrator	NGOZI MBOGU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/20/2017	Owner Information
License #	018522	A1 ATTENDANT CARE SERVICES INC			A1 ATTENDANT CARE SERVICES, INC	
Lic Expire	12/31/2023	7100 REGENCY SQUARE BLVD SUITE 161-B			P.O. BOX 1405	
Medicare 1:		HOUSTON, TEXAS 77036			SUGAR LAND, TX 77487	
Medicare 2:					PHONE:	FAX:
Phone	(713) 772-7721	Fax	(713) 620-3079	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	JOHN CARTER			
County	HARRIS	Region	06	Date Licensed	04/23/2021	Owner Information
License #	020715	A1 PALLIATIVE HOSPICE INC			A1 PALLIATIVE HOSPICE INC	
Lic Expire	4/23/2024	15022 FM 529 ROAD BLDG 2 STE C				
Medicare 1:	971683	HOUSTON, TX 77095				
Medicare 2:					PHONE:	FAX:
Phone	(281) 888-5129	Fax	(281) 990-6716	Services: Hospice; Personal Assistance Services		
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE			
County	HARRIS	Region	06	Date Licensed	03/05/2009	Owner Information
License #	012488	AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC			AADVANTAGE HEALTH & HOSPICE CARE SYSTEMS INC	
Lic Expire	3/31/2023	10715 VALLEY HILLS DRIVE STE 101			10715 VALLEY HILLS DRIVE STE 101	
Medicare 1:	671644 HOSPICE	HOUSTON, TX 77071			HOUSTON, TX 77071	
Medicare 2:					PHONE:	FAX:
Phone	(713) 780-0150	Fax	(713) 772-0146	Services: Hospice; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	SABINA UZOWULU			
County	HARRIS	Region	06	Date Licensed	12/22/2021	Owner Information
License #	021285	AARYN HOSPICE LLC			AARYN HOSPICE LLC	
Lic Expire	12/22/2024	3411 JEANETTA ST			PO BOX 631165	
Medicare 1:		HOUSTON, TEXAS 77063			HOUSTON, TEXAS 77263	
Medicare 2:					PHONE:	FAX:
Phone	(713) 684-7200	Fax	(713) 492-0454	Services: Hospice		
Type:	Parent Agency	Administrator	EVANGELINEA OLVERA			
County	HARRIS	Region	06	Date Licensed	11/04/2009	Owner Information
License #	012948	ABBA GENTLE HEALTHCARE LLC			ABBA GENTLE HEALTHCARE, LLC	
Lic Expire	2/28/2022	11110 BELLAIRE BOULEVARD SUITE 226			7007 GULF FREEWAY SUITE 222-A	
Medicare 1:	747580 HHA-18	HOUSTON, TX 77072			HOUSTON, TX 77087	
Medicare 2:					PHONE:	FAX:
Phone	(832) 369-6811	Fax	(281) 561-8927	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;		
Type:	Parent Agency	Administrator	LANI DELEON			
County	HARRIS	Region	06	Date Licensed	11/02/2016	Owner Information
License #	017841	ABBIS CARE TEAM			ABBIS CARE TEAM LLC	
Lic Expire	3/25/2021	8700 COMMERCE PARK DRIVE STE. 131			6201 BONHOMME SUITE 100 S	
Medicare 1:	743168	HOUSTON, TX 77036			HOUSTON, TX 77036	
Medicare 2:					PHONE:	FAX:
Phone	(832) 623-6107	Fax	(832) 426-4454	Services: Licensed and Certified Home Health Services; Licensed Home Health Services;		
Type:	Parent Agency	Administrator	MABEL MICHAEL			
County	HARRIS	Region	06	Date Licensed	10/05/2015	Owner Information
License #	017331	ABIB HOSPICE CARE INC			ABIB HOSPICE CARE, INC	
Lic Expire	9/10/2023	7322 SOUTHWEST FWY STE 660 RM A			2620 TANGLEWILDE ST SUITE 107	
Medicare 1:	741509 HOSPICE	HOUSTON, TX 77074			HOUSTON, TX 77063	
Medicare 2:					PHONE:	FAX:
Phone	(832) 834-6847	Fax	(832) 834-6875	Services: Hospice; Personal Assistance Services		
Type:	Parent Agency	Administrator	DARLENE DYKES WEAVER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/21/2019	Owner Information
License #	019519					ABILITEE HOMECARE INC
Lic Expire	8/8/2021					10103 FONDREN ROAD #280
Medicare 1:						HOUSTON, TX 77096
Medicare 2:						PHONE: FAX:
Phone	(346) 214-2420	Fax	(346) 214-2430			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ENO OKON			
County	HARRIS	Region	06	Date Licensed	02/07/2005	Owner Information
License #	009575					ABL HOMEHEALTH SERVICES INC
Lic Expire	2/28/2022					9888 BISSONNET STREET SUITE #135
Medicare 1:	457954 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE: FAX:
Phone	(281) 498-8666	Fax	(281) 498-4367			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BLESSING AMUSHIE			
County	HARRIS	Region	06	Date Licensed	08/26/2020	Owner Information
License #	020121					ABLE CARING AND HOSPICE SERVICES INC
Lic Expire	8/26/2022					6201 BONHOMME ROAD, SUITE 308N
Medicare 1:	971646					HOUSTON, TEXAS 77036
Medicare 2:						PHONE: FAX:
Phone	(713) 637-4303	Fax	(713) 637-4308			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	OSAYANDE IDUGBOE			
County	HARRIS	Region	06	Date Licensed	09/15/2011	Owner Information
License #	014532					ABLE HEALTHCARE SOLUTIONS LLC
Lic Expire	9/30/2023					15114 BELLAIRE BLVD
Medicare 1:	747749					HOUSTON, TX 77083
Medicare 2:						PHONE: FAX:
Phone	(832) 607-7754	Fax	(281) 564-7543			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	VICTORIA NWACHINEMERE			
County	HARRIS	Region	06	Date Licensed	08/12/2020	Owner Information
License #	020100					ABODE HEALTHCARE AGENCY, LLC
Lic Expire	8/12/2022					363 N SAM HOUSTON PKWY E STE 1100
Medicare 1:						HOUSTON, TEXAS 77060
Medicare 2:						PHONE: FAX:
Phone	(281) 570-6272	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	REBECCA CARTER			
County	HARRIS	Region	06	Date Licensed	03/03/2020	Owner Information
License #	019751					ABOUT HEALTHCARE SERVICES OF TEXAS INC
Lic Expire	12/20/2021					P.O. BOX 16428
Medicare 1:						SUGAR LAND, TX 77496
Medicare 2:						PHONE: FAX:
Phone	(832) 232-1969	Fax	(281) 201-8530			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SUNDAY NWOSUOCHA			
County	HARRIS	Region	06	Date Licensed	12/30/2021	Owner Information
License #	021298					ABOVE ALL NEEDS LLC
Lic Expire	12/30/2024					7445 WANDA LANE
Medicare 1:						HOUSTON, TX 77074
Medicare 2:						PHONE: FAX:
Phone	(346) 857-6738	Fax	(832) 415-0241			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	JIANLIN ZHOU			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/24/2021	Owner Information	
License #	021081					NEAL & FOSTER SERVICES LLC	
Lic Expire	9/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(866) 557-3774	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TYESHA NEAL				
County	HARRIS	Region	06	Date Licensed	01/12/2017	Owner Information	
License #	017852					ABSOLUTE HOSPICE INC	
Lic Expire	1/31/2023					464 POMPANO ST	
Medicare 1:	741680 HOSPICE					BAYOU VISTA, TX 77563	
Medicare 2:						PHONE:	FAX:
Phone	(409) 440-8199	Fax	(409) 316-4548			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	EMILY WAGNER				
County	HARRIS	Region	06	Date Licensed	12/15/2017	Owner Information	
License #	018612					ABSTAR CARE LLC	
Lic Expire	12/31/2021					12236 BOB WHITE DRIVE	
Medicare 1:						HOUSTON, TX 77035	
Medicare 2:						PHONE:	FAX:
Phone	(281) 994-4276	Fax	(281) 994-4209			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHINAGOROM NDUBUISI				
County	HARRIS	Region	06	Date Licensed	10/12/2011	Owner Information	
License #	014410					ABUNDANCE SYSTEMS, LLC	
Lic Expire	10/31/2023					10333 HARWIN DRIVE, SUITE #460 F	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 487-9173	Fax	(832) 487-9179			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MUSILIU OLATOTO				
County	HARRIS	Region	06	Date Licensed	08/20/2021	Owner Information	
License #	020995					ABUNDANT HOSPICE AND PALLIATIVE CARE INC	
Lic Expire	8/20/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 668-5591	Fax	(832) 668-5590			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHELIA LAWSON				
County	HARRIS	Region	06	Date Licensed	08/02/2012	Owner Information	
License #	014972					AC COMPETENT PROVIDERS INC	
Lic Expire	8/31/2022					17021 STEINHAGEN ROAD	
Medicare 1:						CYPRESS, TX 77429	
Medicare 2:						PHONE:	FAX:
Phone	(832) 701-5032	Fax	(281) 516-2622			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLEOPATRA MURADZIKWA				
County	HARRIS	Region	06	Date Licensed	12/22/2006	Owner Information	
License #	008310					AQUALITY CLINICAL STAFFINGS INC	
Lic Expire	1/31/2023					5313 BISSONNET ST.	
Medicare 1:	67Q9329001					BELLAIRE, TX 77401	
Medicare 2:						PHONE:	FAX:
Phone	(281) 837-7976	Fax	(281) 837-7564			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	MERRIDINE V. MAO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/30/2003
License # 008310 ACARE HOME HEALTH SERVICES
Lic Expire 1/31/2023 5313 BISSONNET ST
Medicare 1: 679329 HHA-18 BELLAIRE, TX 77401
Medicare 2:
Phone (713) 665-8200 Fax (713) 665-6176
Type: Parent Agency Administrator MERRIDINE V. MAO

Owner Information

AQUALITY CLINICAL STAFFINGS INC
5313 BISSONNET ST.
BELLAIRE, TX 77401
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/27/2001
License # 007705 ACC HEALTH SERVICES INC
Lic Expire 8/31/2022 6001 SAVOY SUITE #501
Medicare 1: 679097 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 532-1980 Fax (713) 532-6210
Type: Parent Agency Administrator TERESITA ALQUIZA

Owner Information

ACC HEALTH SERVICES INC
4006 BAYSHORE DRIVE
MISSOURI CITY, TX 77459
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/16/2021
License # 021208 ACCELERATE EDUCATIONAL & HEALTH SERVICES, LLC
Lic Expire 11/16/2024 15136 BELLAIRE BLVD.
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (713) 459-7819 Fax
Type: Parent Agency Administrator DR. OLUCHI OTTI

Owner Information

ACCELERATED EDUCATIONAL & HEALTH SERVICES, LLC
9226 PURSTON COURT
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/09/2001
License # 007607 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2025 8876 GULF FREEWAY SUITE 410
Medicare 1: HOUSTON, TX 77017
Medicare 2:
Phone (713) 947-6265 Fax (713) 947-6245
Type: Parent Agency Administrator RASHONDA PROPHET

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/17/2010
License # 013176 ACCESSIBLE HOME HEALTH CARE OF HOUSTON
Lic Expire 3/31/2022 16100 CAIRNWAY DRIVE SUITE 245
Medicare 1: 747603 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 859-3516 Fax (281) 859-3517
Type: Parent Agency Administrator RANDY PARAMORE

Owner Information

RSP VENTURES INC
16100 CAIRNWAY DRIVE SUITE 245
HOUSTON, TX 77084-3562
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/17/2011
License # 014477 ACCREDITED HOME HEALTH CARE OF AMERICA
Lic Expire 11/30/2023 21733 PROVINCIAL BLVD SUITE 920
Medicare 1: KATY, TX 77450
Medicare 2:
Phone (832) 408-7999 Fax (866) 708-0821
Type: Parent Agency Administrator JERRY MOSBACHER

Owner Information

ACCREDITED GROUP V LLC
PO BOX 701
FULSHEAR, TX 77441
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 08/05/2011
License # 014260 ACCREDITED HOSPICES OF AMERICA
Lic Expire 8/31/2023 21733 PROVINCIAL BLVD #920
Medicare 1: 671725 HOSPICE KATY, TX 77450
Medicare 2:
Phone (832) 408-7999 Fax (866) 708-0821
Type: Parent Agency Administrator JERRY MOSBACHER

Owner Information

ACCREDITED GROUP II, LLC
14520 OLD KATY ROAD #101
HOUSTON, TX 77079
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	06/14/2002	Owner Information	
License #	008101					ACCREDITO HEALTH GROUP INC	
Lic Expire	6/30/2022					ONE EXPRESS WAY	
Medicare 1:						ST LOUIS, MO 63121	
Medicare 2:						PHONE:	FAX:
Phone	(877) 315-6140	Fax	(866) 529-3087			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	FREDRICKA HALL				
County	HARRIS	Region	06	Date Licensed	08/15/2018	Owner Information	
License #	019087					KARIE HEALTH CARE SERVICES, LLC	
Lic Expire	8/15/2022					17465 RED OAK DR	
Medicare 1:						HOUSTON, TX 77090	
Medicare 2:						PHONE:	FAX:
Phone	(346) 358-9090	Fax	346 9981455			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANTAVIA AUSTIN				
County	HARRIS	Region	06	Date Licensed	07/05/2018	Owner Information	
License #	018818					ACCURATE HOSPICE AND PALLIATIVE CARE, INC	
Lic Expire	5/26/2023					1610 BLODGETT STE C	
Medicare 1:	971544 (HOSPICE)					HOUSTON, TX 77004	
Medicare 2:						PHONE:	FAX:
Phone	(713) 527-2727	Fax	(713) 527-2728			Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER PRICE			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/01/2004	Owner Information	
License #	008842					ACE HEALTHCARE SERVICES INC	
Lic Expire	12/31/2022					7070 KNIGHTS CT, UNIT 704	
Medicare 1:	679256 HHA-18					MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(713) 978-6600	Fax	(713) 978-6602			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHARLES ONUOGU				
County	HARRIS	Region	06	Date Licensed	07/29/2021	Owner Information	
License #	020943					ACE HOSPICE & PALLIATIVE SERVICES, LLC	
Lic Expire	7/29/2024						
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	832 883 8452	Fax	281 982 1810			Services: Hospice	
Type:	Parent Agency	Administrator	JOHNSON AMBROISE			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/24/2021	Owner Information	
License #	020782					ENHEARTENKARE	
Lic Expire	5/24/2024						
Medicare 1:						CYPRESS, TEXAS 77433	
Medicare 2:						PHONE:	FAX:
Phone	(832) 248-6657	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY WIREDU				
County	HARRIS	Region	06	Date Licensed	09/25/2014	Owner Information	
License #	016447					ADM PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	9/30/2022					12630 ALDERWOOD DRIVE	
Medicare 1:						MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	FAX:
Phone	(832) 299-9711	Fax	(281) 374-4388			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NICHOLE GLADNEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 05/14/2021
License # 020750 ADROIT HEALTH SYNERGY LTD
Lic Expire 5/14/2024 8315 SIERRA HILL CT
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (281) 904-4574 Fax
Type: Parent Agency Administrator ROBERT UCHEWUAKOR

Owner Information

ADROIT HEALTH SYNERGY LTD
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/28/2020
License # 019968 ADULT HOME CARE SERVICES INC
Lic Expire 5/28/2022 505 N SAM HOUSTON PARKWAY E #190-A
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (832) 800-1773 Fax
Type: Parent Agency Administrator HATTIE HOLCOMBE

Owner Information

ADULT HOME CARE SERVICES INC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2020
License # 019781 ADVANCED CARE HOME HEALTH, LLC
Lic Expire 1/14/2022 10497 TOWN AND COUNTRY WAY, SUITE 700
Medicare 1: 748006 HOUSTON, TEXAS 77024
Medicare 2:
Phone (713) 239-1141 Fax (71) 383-5315
Type: Parent Agency Administrator JUAN CARLOS MAZORRA

Owner Information

ADVANCED CARE HOME HEALTH, LLC
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/22/2015
License # 017022 ADVANCED HEALTHCARE PROFESSIONALS INC
Lic Expire 8/31/2023 7001 CORPORATE DRIVE SUITE #306A
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 271-8515 Fax (713) 988-6262
Type: Parent Agency Administrator KEYING CHEN

Owner Information

ADVANCED HEALTHCARE PROFESSIONALS INC
7001 CORPORATE DRIVE SUITE #306A
HOUSTON, TX 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/22/2021
License # 021223 ADVANCED HOLISTIC PALLIATIVE CARE LLC
Lic Expire 11/22/2024 7322 SOUTHWEST FWY 645 RM F
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (832) 419-3500 Fax
Type: Parent Agency Administrator ADEJUMOKE OSHINUGA

Owner Information

ADVANCED HOLISTIC PALLIATIVE CARE, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/27/2017
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2024 8800 JAMEEL RD. STE 100
Medicare 1: 743135 HHA-18 HOUSTON, TEXAS 77040
Medicare 2:
Phone (713) 426-0313 Fax (713) 426-0013
Type: Parent Agency Administrator TRIMINA KNIGHT HICKS

Owner Information

HOME THERAPEUTIC SOLUTIONS, LLC
4411 DACOMA ST
HOUSTON, TX 77092
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 018506 ADVANCED HOME HEALTH SERVICES
Lic Expire 10/31/2024 101 PARKLANE BLVD, STE. 204
Medicare 1: 74Q3135001 SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 816-9222 Fax (832) 553-0081
Type: Branch Agency Administrator TRIMINA KNIGHT HICKS

Owner Information

HOME THERAPEUTIC SOLUTIONS, LLC
4411 DACOMA ST
HOUSTON, TX 77092
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	HARRIS	Region	06	Date Licensed	02/08/2008	Owner Information	
License #	012027					ADVANCED HOME HEALTH SERVICES INC	
Lic Expire	2/28/2022					9896 BISSONNET STREET, STE #345	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 988-0800	Fax	(281) 940-2977			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FUNMILAYO ONIPEDE				
County	HARRIS	Region	06	Date Licensed	08/29/2018	Owner Information	
License #	019641					ADVANTAGE HOMECARE LLC	
Lic Expire	10/12/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 480-6236	Fax	(713) 456-2354			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HASSAN HILO				
County	HARRIS	Region	06	Date Licensed	07/09/2010	Owner Information	
License #	013447					ADVOCATES FOR THE INDEPENDENT LLC	
Lic Expire	7/31/2022					1812 W SAM HOUSTON PRKWY N	
Medicare 1:						HOUSTON, TX 77043	
Medicare 2:						PHONE:	FAX:
Phone	(713) 406-7390	Fax	(713) 856-9161			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KIM TWEEDDEL				
County	HARRIS	Region	06	Date Licensed	07/10/2020	Owner Information	
License #	020048					AFT HEALTHCARE LLC	
Lic Expire	7/10/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(813) 842-3549	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PATRICIA FONABEI				
County	HARRIS	Region	06	Date Licensed	12/06/2010	Owner Information	
License #	013755					AFTEX PERSONAL CARE SERVICES INC	
Lic Expire	12/31/2022					8323 SOUTHWEST FREEWAY #500	
Medicare 1:						HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 778-6090	Fax	(713) 270-6652			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FRANCES NWORA				
County	HARRIS	Region	06	Date Licensed	01/01/2020	Owner Information	
License #	019809					AGAPE CARE LLC	
Lic Expire	1/1/2025					4747 RESEARCH FOREST DRIVE, 180-292	
Medicare 1:						THE WOODLANDS, TX 77381	
Medicare 2:						PHONE:	FAX:
Phone	(713) 680-2273	Fax	(832) 201-8794			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JANA CALHOUN				
County	HARRIS	Region	06	Date Licensed	09/30/2009	Owner Information	
License #	012875					AGAPE PROVIDER SERVICES INC	
Lic Expire	9/30/2024					6100 CORPORATE DRIVE, SUITE 330	
Medicare 1:						HOUSTON, TEXAS	
Medicare 2:						PHONE:	FAX:
Phone	(281) 919-1130	Fax	(281) 919-1378			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLEMENTINA IKWUEZUNMA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/13/2011	Owner Information	
License #	014035					AGC HOME HEALTH, INC	
Lic Expire	4/30/2024					9894 BISSONNET SUITE 100-H	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	
Phone	(832) 623-6755	Fax	(832) 203-5465			FAX:	
Type:	Parent Agency	Administrator	PATIENCE ODUM				Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/23/2021	Owner Information	
License #	020630					AGE IN PLACE HOMECARE, LLC	
Lic Expire	3/23/2023					9896 BISSONNET ST, SUITE 460	
Medicare 1:						HOUSTON, TEXAS	
Medicare 2:						PHONE:	
Phone	(832) 460-8320	Fax				FAX:	
Type:	Parent Agency	Administrator	ADESOJI OREBAJO				Services: Personal Assistance Services
County	HARRIS	Region	03	Date Licensed		Owner Information	
License #	018034					AGELESS LIVING HOME HEALTH LLC	
Lic Expire	12/31/2022					431 WOLFE ROAD SUITE 102	
Medicare 1:						SAN ANTONIO, TX 78216	
Medicare 2:						PHONE:	
Phone	(832) 325-3454	Fax	(833) 214-0911			FAX:	
Type:	Branch Agency	Administrator	CHRISTINA BORREGO				Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/19/2012	Owner Information	
License #	014881					AGILE HOME HEALTH SERVICES, INC	
Lic Expire	6/30/2022					10103 FONDREN RD #440	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	
Phone	(713) 338-2325	Fax	(713) 338-2328			FAX:	
Type:	Parent Agency	Administrator	VERONICA ONWUKAMUCHE				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/22/2017	Owner Information	
License #	018336					AIWC SERVICES INC	
Lic Expire	9/30/2024					PO BOX 2441	
Medicare 1:						HUMBLE, TX 77347	
Medicare 2:						PHONE:	
Phone	8322078500 or 8328623	Fax	(346) 888-4160			FAX:	
Type:	Parent Agency	Administrator	TAKEISHA ADAMS				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/15/2010	Owner Information	
License #	013772					M M TRAN, INC	
Lic Expire	12/31/2022					6100 CORPORATE DRIVE, SUITE 318	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	
Phone	(713) 773-2298	Fax	(713) 777-3898			FAX:	
Type:	Parent Agency	Administrator	PAUL TRAN				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/13/2021	Owner Information	
License #	021204					ALANE PAS HEALTH INC	
Lic Expire	11/13/2024					14735 BELTERRAZA DR	
Medicare 1:						HOUSTON, TEXAS 77083	
Medicare 2:						PHONE:	
Phone	(832) 518-9549	Fax				FAX:	
Type:	Parent Agency	Administrator	BOLA BELLO				Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/22/2020	Owner Information	
License #	020069					ALASAN COMFORT CARE, INC	
Lic Expire	7/22/2022					ALASAN COMFORT CARE, INC	
Medicare 1:	971610 Hospice					10518 KIPP WAY DRIVE STE.A-1	
Medicare 2:						HOUSTON, TEXAS 77099	
Phone	(281) 564-4503	Fax	28156445065			PHONE:	FAX:
Type:	Parent Agency	Administrator	LANI PASAO			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	03/14/2011	Owner Information	
License #	013954					ALEXIS HEALTH CARE INC	
Lic Expire	3/31/2024					9888 BISSONNET ST SUITE #665	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 808-9992	Fax	(713) 808-9078			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA BOSAH				
County	HARRIS	Region	06	Date Licensed	06/06/2008	Owner Information	
License #	012179					ALGEN HEALTH LLC	
Lic Expire	6/30/2022					2626 SOUTH LOOP WEST SUITE #550	
Medicare 1:	679648 HHA-18					HOUSTON, TX 77054	
Medicare 2:						PHONE:	FAX:
Phone	(713) 218-0260	Fax	(713) 218-0173			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRENE PODLUBNY				
County	HARRIS	Region	06	Date Licensed	08/04/2017	Owner Information	
License #	018230					NICOLE HORTON	
Lic Expire	8/31/2021					20718 DICKINSON MANOR LANE	
Medicare 1:						CYPRESS, TX 77433	
Medicare 2:						PHONE:	FAX:
Phone	(832) 897-7814	Fax	(281) 656-8131			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NICOLE HORTON				
County	HARRIS	Region	06	Date Licensed	05/30/2003	Owner Information	
License #	008481					ALL ABOUT HOME CARE INC	
Lic Expire	5/31/2022					PO BOX 590570	
Medicare 1:	679454 HHA-18					HOUSTON, TX 77259	
Medicare 2:						PHONE:	FAX:
Phone	713 8021211	Fax	713 8021288			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TAREK HUSSEIN				
County	HARRIS	Region	06	Date Licensed	08/20/2021	Owner Information	
License #	020994					ALL ABOUT YOU CARE SERVICES LLC	
Lic Expire	8/20/2024					12319 SPLIT RAIL LANE	
Medicare 1:						HOUSTON, TX 77071	
Medicare 2:						PHONE:	FAX:
Phone	(832) 213-7788	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JASMINE CHARLES				
County	HARRIS	Region	06	Date Licensed	09/22/2021	Owner Information	
License #	021066					ALL CARE HOSPICE AND PALLIATIVE CARE INC	
Lic Expire	9/22/2024					9100 SOUTHWEST FREEWAY SUITE 248	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:						PHONE:	FAX:
Phone	800 214 5806	Fax	(281) 564-7326			Services: Hospice	
Type:	Parent Agency	Administrator	JOEL ADA			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/19/2020	Owner Information	
License #	020245					ALL IN ONE HOME HEALTHCARE, LLC	
Lic Expire	10/19/2022					7403 BARTON LAKE CT.	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:							PHONE:
Phone	(832) 768-8106						FAX:
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	MIRACLE RIVERS				
County	HARRIS	Region	06	Date Licensed	09/05/2008	Owner Information	
License #	012408					ALL MODERN HEALTHCARE INC	
Lic Expire	9/30/2022					2600 S LOOP WEST SUITE 105	
Medicare 1:	677870 HHA-18					HOUSTON, TX 77054	
Medicare 2:							PHONE:
Phone	(713) 658-1000						FAX:
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
		Administrator	VINCENT UZOMAH				
County	HARRIS	Region	06	Date Licensed	02/25/2020	Owner Information	
License #	019649					ALL PEOPLES CHOICE HEALTHCARE SERVICES INC	
Lic Expire	10/16/2021					6464 SAVOY DRIVE, SUITE 545	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(713) 269-4194						FAX:
Type:	Parent Agency					Services: Hospice; Personal Assistance Services	
		Administrator	EDDIE TAYLOR			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/01/2007	Owner Information	
License #	011358					ALLBRIGHT HEALTH CARE SERVICES INC	
Lic Expire	12/31/2022					6666 HARWIN DR SUITE #340	
Medicare 1:	679331 HHA-18					HOUSTON, TX 77036-2231	
Medicare 2:							PHONE:
Phone	(713) 532-4199						FAX:
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
		Administrator	KAYSHA HOWLETT				
County	HARRIS	Region	06	Date Licensed	05/06/2016	Owner Information	
License #	017385					ALLCARE AT PROVIDERS LLC	
Lic Expire	5/31/2020					21627 MANITOU FALLS LANE	
Medicare 1:						KATY, TX 77449	
Medicare 2:							PHONE:
Phone	(832) 509-6853						FAX:
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	SHELIA LAWSON				
County	HARRIS	Region	06	Date Licensed	06/15/2021	Owner Information	
License #	021168					ALLEGIANCE HOSPICE	
Lic Expire	6/15/2024					3033 CHIMNEY ROCK RD STE 111	
Medicare 1:	741682 HOSPICE					HOUSTON, TEXAS 77056	
Medicare 2:							PHONE:
Phone	(832) 872-1072						FAX:
Type:	Parent Agency					Services: Hospice	
		Administrator	RANJISH PILLAI			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	04/16/2018	Owner Information	
License #	018703					ALLEGIANCE HOSPICE AND HOME CARE INC	
Lic Expire	4/30/2022					306 ARCADIAN DRIVE	
Medicare 1:	74-1797 (HOSPICE)					CROSBY, TX 77532	
Medicare 2:							PHONE:
Phone	(832) 528-0334						FAX:
Type:	Parent Agency					Services: Hospice; Personal Assistance Services	
		Administrator	ELIZABETH SANCHEZ			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/30/1999	Owner Information
License #	007082		ALLEN HOME HEALTH			ALLEN HEALTH CARE, INC
Lic Expire	6/30/2023		23006 ADWICK CT			23006 ADWICK CT
Medicare 1:			KATY, TX 774501403			KATY, TX 77450
Medicare 2:						PHONE:
Phone	(281) 395-5186	Fax	(281) 395-5496			FAX:
Type:	Parent Agency	Administrator	IDA THOMPSON			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/02/2009	Owner Information
License #	012478		ALLHEAL HOME HEALTH INC			ALLHEAL HOME HEALTH, INC
Lic Expire	3/31/2023		16903 RED OAK DRIVE, SUITE 280.02			3305 WEST DAVIS, SUITE #100
Medicare 1:	747314 HHA-18		HOUSTON, TX 77090			CONROE, TX 77304
Medicare 2:						PHONE:
Phone	(936) 756-2277	Fax	(936) 756-2288			FAX:
Type:	Parent Agency	Administrator	LINDSEY GROTHE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/11/1993	Owner Information
License #	001432		ALLIED HOME HEALTH			ASSURANCE HEALTH SERVICES INC
Lic Expire	1/31/2023		2421 W HOLCOMBE BLVD STE 300			2421 WEST HOLCOMBE BLVD, SUITE #A
Medicare 1:			HOUSTON, TX 77030			HOUSTON, TX 77030
Medicare 2:						PHONE:
Phone	(713) 522-5773	Fax	(713) 522-4138			FAX:
Type:	Parent Agency	Administrator	HELEN DICHOSO			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	12/19/2016	Owner Information
License #	017800		ALLIED HOSPICE			ALLIED HOSPICE & PALLIATIVE CARE INCORPORATED
Lic Expire	12/31/2022		6776 SOUTHWEST FWY SUITE 310			6776 SOUTHWEST FWY SUITE 310
Medicare 1:	741791		HOUSTON, TX 77074			HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 541-5577	Fax	(713) 325-2833			FAX:
Type:	Parent Agency	Administrator	MICHAEL ANI			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	02/06/2015	Owner Information
License #	017175		ALLTECH HOME HEALTH INC			ALLTECH HOME HEALTH INC
Lic Expire	2/28/2024		8700 COMMERCE PARK DRIVE, SUITE 236			10039 BISSONNET ST. SUITE 336
Medicare 1:	679375 HHA-18		HOUSTON, TEXAS 77036			HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(832) 242-7979	Fax	(832) 242-7919			FAX:
Type:	Parent Agency	Administrator	UCHENNA WATSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/16/2021	Owner Information
License #	020837		ALOMA HEALTHCARE, INC			ALOMA HEALTHCARE, INC
Lic Expire	6/16/2024		12610 EASTEN STREET			12610 EASTEN ST
Medicare 1:			HOUSTON, TEXAS 77014			HOUSTON, TEXAS 77014
Medicare 2:						PHONE:
Phone	(713) 530-1317	Fax				FAX:
Type:	Parent Agency	Administrator	MARCIA SMITH-ANDERSON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/26/2021	Owner Information
License #	020487		ALORA HEALTHCARE LLC			ALORA HEALTHCARE LLC
Lic Expire	1/26/2023		16623 KEEGANS RIDGE WAY DR			
Medicare 1:			HOUSTON, TEXAS 77083			PHONE:
Medicare 2:						FAX:
Phone	(281) 736-3506	Fax				
Type:	Parent Agency	Administrator	SAMSON OGUNMOKUN			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/16/2015	Owner Information	
License #	016691					KAIZEN MEDICAL SERVICES LLC	
Lic Expire	6/30/2021					2855 MANGUM ROAD SUITE #401	
Medicare 1:	679500					HOUSTON, TX 77092-7486	
Medicare 2:						PHONE:	FAX:
Phone	(281) 313-0080	Fax	(281) 313-0255			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DAVID JAN				
County	HARRIS	Region	06	Date Licensed	05/16/2019	Owner Information	
License #	019384					ALTERNATIVE COMMUNITY SERVICES INC OF GREATER HOUSTON	
Lic Expire	5/16/2024					1035 DAIRY ASHFORD RD SUITE 142	
Medicare 1:						HOUSTON, TEXAS 77079	
Medicare 2:						PHONE:	FAX:
Phone	(281) 668-8820	Fax	(844) 371-1091			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLANTHA SCOTT				
County	HARRIS	Region	06	Date Licensed	12/23/2003	Owner Information	
License #	008825					ALTIMA HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2024					11115 MILLS ROAD #108	
Medicare 1:	453110 HHA-18					CYPRESS, TX 77429	
Medicare 2:						PHONE:	FAX:
Phone	(281) 897-0404	Fax	(832) 862-5782			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BERNADETTE DALE				
County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	021356					ALTRUISTIC CARE PROVIDERS, LLC	
Lic Expire	1/25/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(314) 598-0268	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KHADIJAH WHITE				
County	HARRIS	Region	06	Date Licensed	10/25/2019	Owner Information	
License #	019754					ENVOY HOSPICE, LLC	
Lic Expire	10/25/2024					500 FAULCONER DRIVE, STE. 200	
Medicare 1:	671649 Hospice					CHARLOTTESVILLE, VA 22903	
Medicare 2:						PHONE:	FAX:
Phone	(281) 583-5455	Fax	(281) 583-5578			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MELISSA MEREDITH				
County	HARRIS	Region	06	Date Licensed	04/30/2014	Owner Information	
License #	016247					KKIRK HOLDINGS, CORPORATION	
Lic Expire	4/30/2022					9225 KATY FREEWAY, SUITE #112	
Medicare 1:						HOUSTON, TX 77024	
Medicare 2:						PHONE:	FAX:
Phone	(832) 460-2000	Fax	(713) 467-6223			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KARENA KIRK				
County	HARRIS	Region	06	Date Licensed	10/31/2016	Owner Information	
License #	017770					CUBELLIS ENTERPRISES, LLC	
Lic Expire	10/31/2022					1104 W 25TH STREET	
Medicare 1:						HOUSTON, TX 77008	
Medicare 2:						PHONE:	FAX:
Phone	(281) 392-1222	Fax	(281) 392-1220			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GUIDO CUBELLIS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/19/2016	<u>Owner Information</u>	
License #	017278					ABCST LLC	
Lic Expire	2/28/2022					20038 CASTLEGREEN DR	
Medicare 1:						SPRING, TX 77388	
Medicare 2:						PHONE:	FAX:
Phone	(832) 704-0462	Fax	(832) 916-2711			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	STUART SPOONEMORE				
County	HARRIS	Region	06	Date Licensed	12/07/2020	<u>Owner Information</u>	
License #	020381					ALWAYS CARE FOR YOU INC OF TX	
Lic Expire	12/7/2022					14702 PAYETTE DR	
Medicare 1:						HOUSTON, TEXAS 77040	
Medicare 2:						PHONE:	FAX:
Phone	(404) 791-5562	Fax	(678) 922-9860			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARILYN WILLIAMS				
County	HARRIS	Region	06	Date Licensed	11/02/2021	<u>Owner Information</u>	
License #	021179					ALWAYS CARE HOME HEALTH LLC	
Lic Expire	11/2/2024					2711 GOLD FLAKE TERRACE ROAD	
Medicare 1:						SPRING, TX 77373	
Medicare 2:						PHONE:	FAX:
Phone	(346) 386-1310	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	YODALIS JOA				
County	HARRIS	Region	06	Date Licensed	02/26/2019	<u>Owner Information</u>	
License #	019279					AMANA HOME CARE LLC	
Lic Expire	2/26/2023					6671 SOUTHWEST FRWY #812D	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:						PHONE:	FAX:
Phone	(832) 469-9395	Fax	(713) 481-0222			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AHMED ABAFITA				
County	HARRIS	Region	06	Date Licensed	06/14/2021	<u>Owner Information</u>	
License #	020828					AMANDI HOSPICE LLC	
Lic Expire	6/14/2024					15022 FM 529 ROAD, BLDG 2, SUITE D	
Medicare 1:	971694					HOUSTON, TX 77095	
Medicare 2:						PHONE:	FAX:
Phone	(832) 723-4436	Fax	(281) 990-6716			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JUDITH ONYEJIAKA				
County	HARRIS	Region	06	Date Licensed	02/04/2020	<u>Owner Information</u>	
License #	019802					AMAREVIDA, LLC	
Lic Expire	2/4/2022					2754 KINGS RETREAT CIR	
Medicare 1:						KINGWOOD, TEXAS 77345	
Medicare 2:						PHONE:	FAX:
Phone	(888) 355-8432	Fax	(888) 355-8432			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RYAN BEALS				
County	HARRIS	Region	06	Date Licensed		<u>Owner Information</u>	
License #	021330					AMARY COMFORT CARE, INC	
Lic Expire	1/13/2025					10518 KIPP WAY DRIVE SUITE B-1	
Medicare 1:						HOUSTON, TEXAS 77099	
Medicare 2:						PHONE:	FAX:
Phone	(281) 495-3900	Fax	(281) 495-3901			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SUSAN SANTOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/09/2020	Owner Information	
License #	019991					AMAYSING GRACE HOME CARE, LLC	
Lic Expire	6/9/2022					7250 WEST GREENS ROAD #1305	
Medicare 1:						HOUSTON, TX 77064	
Medicare 2:							PHONE:
Phone	(936) 444-8659	Fax					FAX:
Type:	Parent Agency	Administrator	SUMORRIA MAYS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	03/23/2006	Owner Information	
License #	010482					AMAZING GRACE NURSING SERVICES INC	
Lic Expire	3/31/2023					8200 WEDNESBURY LANE, #265	
Medicare 1:	673136 HHA-18					HOUSTON, TX 77074	
Medicare 2:							PHONE:
Phone	(713) 484-7555	Fax	(713) 484-6318				FAX:
Type:	Parent Agency	Administrator	SHERI TAJUDEEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	03/13/2019	Owner Information	
License #	019299					AMAZING HANDS HOSPICE LLC	
Lic Expire	3/13/2023					6776 SOUTHWEST FREEWAY STE 631	
Medicare 1:	971648					HOUSTON, TX 77074	
Medicare 2:							PHONE:
Phone	(832) 350-2573	Fax	(832) 350-2573				FAX:
Type:	Parent Agency	Administrator	YAYE KESSEBEH			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	03/15/2019	Owner Information	
License #	019442					AMAZMEETT HOME HEALTH INC	
Lic Expire	6/26/2023					507 NORTH SAM HOUSTON PKWY EAST STE 340	
Medicare 1:						HOUSTON, TX 77060	
Medicare 2:							PHONE:
Phone	(281) 948-3543	Fax	(281) 809-0189				FAX:
Type:	Parent Agency	Administrator	MYESHIA ISALIAH			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/20/2017	Owner Information	
License #	018534					CGN HEALTHCARE SERVICES INC	
Lic Expire	3/1/2022					8700 COMMERCE PARK DR STE # 147	
Medicare 1:	747575 HHA-18					HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(713) 589-9060	Fax	(713) 774-0400				FAX:
Type:	Parent Agency	Administrator	ADA EMELE			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/03/2019	Owner Information	
License #	019172					AMAZON HEALTHCARE SERVICES LLC	
Lic Expire	1/3/2021					8700 COMMERCE PARK DRIVE, SUITE 228E	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(832) 868-7049	Fax	(832) 253-1152				FAX:
Type:	Parent Agency	Administrator	EZE ONUOHA			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/22/2004	Owner Information	
License #	009475					AMBASSADORS LLC	
Lic Expire	12/31/2024					P.O. BOX 301189	
Medicare 1:						HOUSTON, TX 77230	
Medicare 2:							PHONE:
Phone	(713) 521-2221	Fax	(832) 827-3134				FAX:
Type:	Parent Agency	Administrator	VICTORIA BRYANT			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/08/2021	Owner Information	
License #	020518					AMBIENT HOSPICE, INC	
Lic Expire	2/8/2023						
Medicare 1:	971674						
Medicare 2:							
Phone	(713) 440-9979	Fax	(713) 493-7222			PHONE:	FAX:
Type:	Parent Agency	Administrator	EBERE ISIGUZO			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	08/16/2002	Owner Information	
License #	008059					COMPASSIONATE CARE HOSPICE OF HOUSTON, LLC	
Lic Expire	8/31/2022					2040 NORTH LOOP WEST SUITE 320	
Medicare 1:	451735 HOSPICE					HOUSTON, TX 77018	
Medicare 2:							
Phone	(713) 667-3247	Fax	(713) 688-0195			PHONE:	FAX:
Type:	Parent Agency	Administrator	MAURI ERVIN			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/30/2019	Owner Information	
License #	019400					AMENITY HEALTH SERVICES, PLLC	
Lic Expire	5/30/2023						
Medicare 1:							
Medicare 2:							
Phone	(346) 333-2794	Fax	(832) 404-2649			PHONE:	FAX:
Type:	Parent Agency	Administrator	EMMANUEL CASTILLA			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/15/2021	Owner Information	
License #	021132					AMENITY HEALTH SERVICES, PLLC	
Lic Expire	10/15/2024						
Medicare 1:							
Medicare 2:							
Phone	(346) 333-2794	Fax	(832) 404-2649			PHONE:	FAX:
Type:	Parent Agency	Administrator	EMMANUEL CASTILLA			Services: Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	11/21/2002	Owner Information	
License #	008212					AMERI BLUE HEALTH CARE SERVICES LLC	
Lic Expire	11/30/2022					3300 S GESSNER RD SUITE 111	
Medicare 1:	679316 HHA-18					HOUSTON, TX 77063	
Medicare 2:							
Phone	(713) 271-9027	Fax	(713) 271-9067			PHONE:	FAX:
Type:	Parent Agency	Administrator	MARIEVIC GAVIOLA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/14/2018	Owner Information	
License #	019097					AMERICA HOME CARE SERVICES LLC	
Lic Expire	11/14/2022					3423 HARTWICK RD	
Medicare 1:						HOUSTON, TX 77093	
Medicare 2:							
Phone	(281) 836-3417	Fax	(281) 947-0662			PHONE:	FAX:
Type:	Parent Agency	Administrator	MARIANA CERVANTES			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	01/23/2019	Owner Information	
License #	019217					SIDON HEALTHCARE SERVICES, INC	
Lic Expire	1/23/2023					7900 WESTHEIMER RD #144	
Medicare 1:	747991 HHA					HOUSTON, TX 77063	
Medicare 2:							
Phone	(346) 571-6030	Fax	(832) 615-0459			PHONE:	FAX:
Type:	Parent Agency	Administrator	ADAM HIJAZI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/30/1989	Owner Information
License #	001995	AMERICAN HOME HEALTH CARE INC			AMERICAN HOME HEALTH CARE INC	
Lic Expire	1/31/2024	3903 ALMEDA RD			P. O. BOX 14411	
Medicare 1:		HOUSTON, TX 77004			HOUSTON, TX 77221	
Medicare 2:					PHONE:	FAX:
Phone	(713) 521-0053	Fax	(713) 874-1302	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	TONI OVILLE			
County	HARRIS	Region	06	Date Licensed	11/04/2020	Owner Information
License #	020288	AMERICAN PROFESSIONALS HOME HEALTH			AMERICAN HEALTHCARE PROFESSIONALS, LLC	
Lic Expire	11/4/2022	13688 BRETON RIDGE, SUITE CEF			P.O. BOX 682933	
Medicare 1:		HOUSTON, TEXAS 770706097			HOUSTON, TEXAS	
Medicare 2:					PHONE:	FAX:
Phone	(832) 209-2119	Fax	(832) 201-2532	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	BETTY GREEN			
County	HARRIS	Region	06	Date Licensed	01/22/2019	Owner Information
License #	019215	AMERICA'S BEST HEALTH LLC			AMERICA'S BEST HEALTH LLC	
Lic Expire	1/22/2024	6420 CYPRESSWOOD DRIVE			20315 KNIGHTS BRANCH DRIVE	
Medicare 1:		SPRING, TX 77379			CYPRESS, TX 77433	
Medicare 2:					PHONE:	FAX:
Phone	(703) 231-4320	Fax	na	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	FRANCES HEIMRICH			
County	HARRIS	Region	06	Date Licensed	12/21/2006	Owner Information
License #	010955	AMERIPRO HEALTHCARE GROUP LLC			AMERIPRO HEALTHCARE GROUP LLC	
Lic Expire	12/31/2021	929 GRAHAM DR SUITE A			6601 CYPRESSWOOD DRIVE, SUITE #102	
Medicare 1:	747014 HHA-18	TOMBALL, TX 77375			SPRING, TX 77379	
Medicare 2:					PHONE:	FAX:
Phone	(281) 376-0800	Fax	(281) 884-6043	Services: Licensed and Certified Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	NATURE HIGGINBOTHAM			
County	HARRIS	Region	06	Date Licensed	11/30/2018	Owner Information
License #	019126	AMERIPRO HOSPICE CARE, INC			AMERIPRO HOSPICE CARE, LLC	
Lic Expire	11/30/2023	929 GRAHAM DR SUITE A				
Medicare 1:		TOMBALL, TX 77375				
Medicare 2:					PHONE:	FAX:
Phone	(832) 461-1123	Fax	(281) 884-6043	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	NATURE HIGGINBOTHAM			
County	HARRIS	Region	06	Date Licensed	03/18/2019	Owner Information
License #	019330	AMICABLE HEALTHCARE HOSPICE INC			AMICABLE HEALTHCARE CARE HOSPICE INC	
Lic Expire	3/18/2023	6260 WESTPARK DR. SUITE 250			6260 WESTPARK DR SUITE 250	
Medicare 1:	74-1686	HOUSTON, TEXAS 77057			HOUSTON, TX 77057	
Medicare 2:					PHONE:	FAX:
Phone	(832) 231-1679	Fax	(281) 990-6716	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE			
County	HARRIS	Region	06	Date Licensed	12/16/2020	Owner Information
License #	020408	AMOR HOSPICE CARE, INC			AMOR HOSPICE CARE, INC	
Lic Expire	12/16/2022	8303 SOUTHWEST FREEWAY, SUITE 305				
Medicare 1:	971700	HOUSTON, TEXAS 77074				
Medicare 2:					PHONE:	FAX:
Phone	(832) 559-0911	Fax	(877) 577-0009	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	MA CONCEPCION BALDUEZA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/04/2021	Owner Information	
License #	020508					AMORY HOME AND COMPANION CARE LLC	
Lic Expire	2/4/2024						
Medicare 1:							
Medicare 2:							
Phone	Main 8324590371 Alt 28	Fax	(281) 783-2643			PHONE:	FAX:
Type:	Parent Agency	Administrator	SHERIKA AMORY			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/08/2011	Owner Information	
License #	014219					AN ABSOLUTE HEALTH CARE SERVICES, LLC	
Lic Expire	7/31/2023					6250 WESTPARK DRIVE, #238	
Medicare 1:	747698 HHA-18					HOUSTON, TX 77057	
Medicare 2:							
Phone	(281) 974-1917	Fax	(281) 974-1765			PHONE:	FAX:
Type:	Parent Agency	Administrator	MIKE EZIULOH			Services:	Licensed and Certified Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/11/2010	Owner Information	
License #	013629					ANARCARE HOME HEALTH AND HOSPICE AGENCY, INC	
Lic Expire	10/31/2022					13601 WOODFOREST BLVD	
Medicare 1:	741789 HOSPICE					HOUSTON, TX 77015	
Medicare 2:							
Phone	(713) 330-1964	Fax	(713) 451-5587			PHONE:	FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	06/30/2018	Owner Information	
License #	018814					ANCHOR HOSPICE LLC	
Lic Expire	6/30/2022					4611 MONTROSE BLVD., STE A240	
Medicare 1:	741583 HOSPICE					HOUSTON, TX 77006-6176	
Medicare 2:							
Phone	(877) 296-3840	Fax	(877) 297-0294			PHONE:	FAX:
Type:	Parent Agency	Administrator	SARAH BOBEN			Services:	Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	04/02/2019	Owner Information	
License #	019313					ANGEL HANDS HOSPICE INC	
Lic Expire	7/30/2023					11902 HUECO TANKS DR	
Medicare 1:	971681					SUGAR LAND, TX 77498	
Medicare 2:							
Phone	(832) 338-9882	Fax	(281) 983-0325			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALEXANDRA VELA			Services:	Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/15/2020	Owner Information	
License #	020066					ANGEL OF MERCY VILLA LLC	
Lic Expire	7/22/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 540-0019	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	ANGELA OJI			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/05/2020	Owner Information	
License #	019915					ANGELFAITH PEDIATRIC HOME HEALTH CARE, LLC	
Lic Expire	5/5/2022						
Medicare 1:							
Medicare 2:							
Phone	214 861 7534	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	REMIGIUS NWABUEZE			Services:	Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 12/21/2020
License # 020417 ANGELIC HANDS HEALTHCARE SERVICES, LLC
Lic Expire 12/21/2022 24718 FREMONT TRAILS DR
Medicare 1: SPRING, TEXAS 77373
Medicare 2:
Phone (832) 326-2952 Fax
Type: Parent Agency Administrator MARCUS POLLARD

Owner Information
ANGELIC HANDS HEALTHCARE SERVICES
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/26/2019
License # 019278 ANGELICUS HOME CARE LLC
Lic Expire 2/26/2023 13201 NORTHWEST FREEWAY SUITE 800
Medicare 1: HOUSTON, TEXAS 77040
Medicare 2:
Phone (832) 779-0452 Fax (832) 408-9224
Type: Parent Agency Administrator JAHREN SALAZAR-AGTARAP

Owner Information
ANGELICUS HOME CARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/09/2021
License # 021197 ANGELS OF ANNIE HOMECARE
Lic Expire 11/9/2024 11111 KATY FRWY SUITE 910
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 351-0914 Fax (855) 426-3916
Type: Parent Agency Administrator YOLANDA NEELYS

Owner Information
ANGELS OF ANNIE HOME CARE LLC
15000 PHILIPPINE ST UNIT 708
HOUSTON, TEXAS 77040
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/11/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1155 DAIRY ASHFORD ROAD, SUITE 209
Medicare 1: HOUSTON, TEXAS 77079
Medicare 2:
Phone (713) 799-2200 Fax (903) 532-1400
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/02/2018
License # 019472 ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC
Lic Expire 7/9/2021 9896 BISSONNET STREET STE 452
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 999-9131 Fax (713) 999-9131
Type: Parent Agency Administrator BERNICE MOMBEFOR

Owner Information

ANGELS OF CARE PERSONAL HOME HEALTH SERVICES INC
13838 PURPLEMARTIN ST
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/14/2006
License # 010876 ANGELS ON CALL HOME CARE
Lic Expire 11/30/2022 7100 REGENCY SQUARE SUITE 161
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 772-7721 Fax (713) 620-3079
Type: Parent Agency Administrator VANESSA CARTER

Owner Information

ANGELS ON CALL HOME CARE INC
PO BOX 611
SUGAR LAND, TX 77487
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/21/2018
License # 018629 ANGELS OVER US LLC
Lic Expire 6/30/2022 11110 BELLAIRE BLVD. SUITE 250
Medicare 1: HOUSTON, TEXAS 77072
Medicare 2:
Phone (281) 561-8921 Fax (281) 561-8927
Type: Parent Agency Administrator LANI DELEON

Owner Information

ANGELS OVER US, LLC
8323 SOUTHWEST FREEWAY SUITE 561
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2014
License # 015945 ANGELUS HEALTH SERVICES, INC
Lic Expire 12/31/2024 16100 CAIRNWAY SUITE 240
Medicare 1: 679196 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 856-6305 Fax (281) 856-6260
Type: Parent Agency Administrator ROSA MARCELLA

Owner Information

ANGELUS HEALTH SERVICES, INC
17903 TIMBER MIST CT
CYPRESS, TX 77433
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/22/2018
License # 018665 ANGLE HOMECARE CORPORATION
Lic Expire 3/31/2022 10600 BELLAIRE BLVD, STE 112
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (832) 978-2962 Fax (832) 634-4905
Type: Parent Agency Administrator LYNN VO

Owner Information

ANGLE HOMECARE CORPORATION
8215 ALMERA FALLS DRIVE
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 08/20/2009
License # 012960 ANOINTED HOME HEALTH CARE SERVICES INC
Lic Expire 8/31/2019 6776 SOUTHWEST FREEWAY SUITE 220
Medicare 1: 453165 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (832) 242-5907 Fax (832) 251-3374
Type: Parent Agency Administrator STELLA DURU

Owner Information

ANOINTED HOME HEALTH CARE SERVICES INC
6776 SOUTHWEST FREEWAY SUITE 220
HOUSTON, TX 77074
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/24/2021
License # 021071 ANOINTED SERVICES LLC
Lic Expire 9/24/2024 2325 WAVELL STREET
Medicare 1: HOUSTON, TEXAS 77088
Medicare 2:
Phone (346) 212-8045 Fax
Type: Parent Agency Administrator TAMEKA FRAZIER-TAYLOR

Owner Information

ANOINTED SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/21/2002
License # 008211 ANTIOCH HOME HEALTH INC
Lic Expire 11/30/2021 2420 FANNIN ST #1 A
Medicare 1: 679348 HHA-18 HOUSTON, TX 77002
Medicare 2:
Phone (713) 663-7131 Fax (713) 663-7205
Type: Parent Agency Administrator CHARLES BURNETT

Owner Information

ANTIOCH HOME HEALTH, INC
2420 FANNIN ST #1 A
HOUSTON, TX 77002
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/05/2017
License # 018360 ANTODALACARE LLC
Lic Expire 10/31/2021 4614 FIELD MEADOW CT
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (917) 224-6215 Fax (713) 370-1890
Type: Parent Agency Administrator ANTHONY OSAWE

Owner Information

ANTODALACARE LLC
4614 FIELD MEADOW CT
KATY, TX 77449
PHONE: (713) 240-4924 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/27/2020
License # 020269 AP HOSPICE CARE, LLC
Lic Expire 10/27/2022 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone 888 630 3650 Fax 281 564 7326
Type: Parent Agency Administrator JOEL ADA

Owner Information

AP HOSPICE CARE, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/05/2009
License # 012577 APEX CARE HOME HEALTH INC
Lic Expire 5/31/2023 10518 KIPP WAY DRIVE STE A-1
Medicare 1: 747376 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (281) 568-1146 Fax (281) 568-1168
Type: Parent Agency Administrator RAM ANGELO AMPER

Owner Information

APEX CARE HOME HEALTH INC
10518 KIPP WAY DRIVE A-1
HOUSTON, TX 77099
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020152 APEX HEALTH CARE INC
Lic Expire 9/8/2022 9644 COURT GLEN DR
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information

APEX HEALTH CARE INC
13619 TONNOCHY DR
HOUSTON, TX 77083
PHONE:
FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance
Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/07/2010
License # 013617 APEX HOMEHEALTH SERVICES INC
Lic Expire 10/31/2022 6201 BONHOMME ROAD, SUITE 388N
Medicare 1: 748016 HOUSTON, TX 77036
Medicare 2:
Phone (281) 974-5946 Fax (832) 667-8738
Type: Parent Agency Administrator CHINEDU MOKOLO

Owner Information

APEX HOMEHEALTH SERVICES, INC
6201 BONHOMME SUITE 352N
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/07/2011
License # 014334 APPLE HOME HEALTH
Lic Expire 9/30/2024 12000 RICHMOND AVE SUITE 333
Medicare 1: 747776 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (281) 497-3045 Fax (281) 497-3059
Type: Parent Agency Administrator SIMIN NAMDARI

Owner Information

APPLE HOME HEALTH CARE SYSTEMS, INC
12000 RICHMOND AVE SUITE 333
HOUSTON, TX 77082

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/12/1996
License # 005125 APPLIED HOME HEALTH
Lic Expire 12/31/2021 12826 SHILOH CHURCH RD
Medicare 1: 459233 HHA-18 HOUSTON, TEXAS 77066
Medicare 2:
Phone (713) 477-5105 Fax (713) 477-5155
Type: Parent Agency Administrator CHRISTOPHER CHACON

Owner Information

APPLIED HEALTH INC
2208 STRAWBERRY RD
PASADENA, TX 77502

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/04/2020
License # 020285 APTIVA HOSPICE & PALLIATIVE LLC
Lic Expire 11/4/2022 6776 SOUTHWEST FWY. # 631
Medicare 1: HOUSTON, TEXAS 770742107
Medicare 2:
Phone (713) 530-7391 Fax (713) 715-1471
Type: Parent Agency Administrator YANNETH MEJIA

Owner Information

APTIVA HOSPICE & PALLIATIVE LLC
12808 W. AIRPORT BLVD, 325K
SUGAR LAND, TX 77478

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/11/2021
License # 021119 ARDENT HOSPICE CARE LLC
Lic Expire 10/11/2024 13688 BRETON RIDGE ST SUITE H
Medicare 1: HOUSTON, TEXAS 77070
Medicare 2:
Phone (832) 292-6380 Fax
Type: Parent Agency Administrator MARYUM ZOHAIR

Owner Information

ARDENT HOSPICE CARE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/05/2017
License # 017983 ARIES HEALTHCARE AGENCY
Lic Expire 4/30/2021 9850 MEADOWGLEN LANE, #104
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (832) 203-5385 Fax (832) 203-5503
Type: Parent Agency Administrator CLARA JOSEPH

Owner Information

ARIES HEALTHCARE AGENCY
7100 REGENCY SQUARE #280
HOUSTON, TX 77036

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/08/2009
License # 012392 ARISING HEALTHCARE SERVICES INC
Lic Expire 1/31/2023 8833 TALTON ST. STE A
Medicare 1: 747486 HOUSTON, TEXAS 77078
Medicare 2:
Phone (832) 661-7492 Fax (281) 208-0179
Type: Parent Agency Administrator FEFI JAMES

Owner Information

ARISING HEALTHCARE SERVICES INC
8833 TALTON ST A
HOUSTON, TX 77078

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	02/02/2018	Owner Information	
License #	018589					ASCEND HOSPICE CARE INC	
Lic Expire	2/28/2022					PO BOX 645	
Medicare 1:	74-1747					MONT BELVIEU, TX 77580	
Medicare 2:						PHONE:	FAX:
Phone	(281) 918-0676	Fax	(888) 930-2913			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MELINDA BASS				
County	HARRIS	Region	06	Date Licensed	06/09/2016	Owner Information	
License #	017451					ASCENTIA HEALTHCARE LLC	
Lic Expire	6/30/2022					24704 MALCA MANOR DRIVE	
Medicare 1:						KATY, TX 77493	
Medicare 2:						PHONE:	FAX:
Phone	(281) 786-4880	Fax	(281) 786-2084			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRETI JONES				
County	HARRIS	Region	06	Date Licensed	09/13/2021	Owner Information	
License #	021041					ASISTENCIA PALLIATIVE PROGRAM INC	
Lic Expire	9/13/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(800) 631-1429	Fax	(800) 631-1429			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	NNAMDI OFODIKE				
County	HARRIS	Region	06	Date Licensed	02/10/2021	Owner Information	
License #	020528					ASPIRE CARE HOSPICE INC	
Lic Expire	2/10/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 412-6700	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ELIZABETH SANCHEZ				
County	HARRIS	Region	06	Date Licensed	02/26/2021	Owner Information	
License #	020550					ASPIRE HOSPICE LLC	
Lic Expire	2/26/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	713 9036566	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JEFFERY CATES-ELSASSER				
County	HARRIS	Region	06	Date Licensed	01/01/2001	Owner Information	
License #	007603					ASSISTMED INC	
Lic Expire	12/31/2023					SAME AS ABOVE	
Medicare 1:						HOUSTON, TX 77077	
Medicare 2:						PHONE:	FAX:
Phone	(832) 300-3100	Fax	(832) 300-3106			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSA PIZZI				
County	HARRIS	Region	06	Date Licensed	03/18/2008	Owner Information	
License #	011932					TLR ENTERPRISES LLC	
Lic Expire	3/31/2023					55 PLUM GROVE RD	
Medicare 1:						NEW CANEY, TX 77357	
Medicare 2:						PHONE:	FAX:
Phone	(281) 540-7400	Fax	(281) 446-5445			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TERRI ROBBINS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	08/21/2014	Owner Information	
License #	016388	ASSISTING HANDS OF NORTH HOUSTON			GCD ENTERPRISES LLC		
Lic Expire	8/31/2022	3845 CYPRESS CREEK PARKWAY SUITE 317			17148 KNOLL DALE TRAIL		
Medicare 1:		HOUSTON, TX 77068			CONROE, TX 77385		
Medicare 2:					PHONE:		FAX:
Phone	(832) 699-6920	Fax	(877) 755-1470		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	FAITH DANIELS				
County	HARRIS	Region	06	Date Licensed	07/22/2014	Owner Information	
License #	016326	ASSISTING HANDS OF WEST HOUSTON			MAR HEALTH SERVICES LLC		
Lic Expire	7/31/2022	13111 WESTHEIMER RD STE 200			PO BOX 820245		
Medicare 1:		HOUSTON, TX 77077			HOUSTON, TX 77282		
Medicare 2:					PHONE:		FAX:
Phone	(281) 369-5858	Fax	(281) 369-5859		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MARISOL REYES				
County	HARRIS	Region	06	Date Licensed	09/12/1988	Owner Information	
License #	001958	ASSOCIATES HEALTH INC			ASSOCIATES HEALTH INC		
Lic Expire	9/30/2022	4719 LYONS STREET			PO BOX 15735		
Medicare 1:		HOUSTON, TX 77020			HOUSTON, TX 77220-5735		
Medicare 2:					PHONE:		FAX:
Phone	(713) 674-9936	Fax	(713) 674-9939		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	EMMA SMITH				
County	HARRIS	Region	06	Date Licensed	11/04/2020	Owner Information	
License #	020290	ASSURANCE HOME HEALTH			ALL THINGS ENTERPRISE LLC		
Lic Expire	11/4/2022	2901 WILCREST DR #400-17					
Medicare 1:		HOUSTON, TX 77042					
Medicare 2:					PHONE:		FAX:
Phone	(713) 322-6191	Fax	(713) 352-3991		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ASHLEY JONES				
County	HARRIS	Region	06	Date Licensed	12/01/2010	Owner Information	
License #	013884	ASSURANCEJ HOMECARE SERVICES INC			ASSURANCEJ HOMECARE SERVICES INC		
Lic Expire	11/30/2022	11602 BURDINE STREET SUITE B			PO BOX 2236		
Medicare 1:	679518 HHA-18	HOUSTON, TEXAS 77035			ALIEF, TX 77411		
Medicare 2:					PHONE:		FAX:
Phone	(713) 988-2618	Fax	(713) 988-2619		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JUDITH NWOKORIE				
County	HARRIS	Region	06	Date Licensed	01/01/2021	Owner Information	
License #	020399	ASSURED PERSONAL CARE LLC			ASSURED PERSONAL CARE LLC		
Lic Expire	12/14/2022	4606 FM 1960 WEST, SUITE 415			23106 WESTGATE VILLAGE LANE		
Medicare 1:		HOUSTON, TEXAS 77069			SPRING, TX 77373		
Medicare 2:					PHONE:		FAX:
Phone	(832) 258-5258	Fax			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	PAMELA EDWARDS				
County	HARRIS	Region	06	Date Licensed	11/12/2020	Owner Information	
License #	019906	ASSURED PRIMARY CARE GROUP, INC			ASSURED PRIMARY CARE GROUP, INC		
Lic Expire	5/1/2022	10226 BITTERNUT HICKORY LN			PO BOX 682781		
Medicare 1:		TOMBALL, TEXAS 77375			HOUSTON, TEXAS 77032		
Medicare 2:					PHONE:		FAX:
Phone	(832) 298-9095	Fax	(281) 310-6576		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	BRANDY CLARK				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 09/22/2006
License # 010760 ASSURING CARE HOME HEALTH SERVICES INC
Lic Expire 9/30/2022 10103 FONDREN RD STE 420
Medicare 1: 743157 HOUSTON, TX 77096
Medicare 2:
Phone (713) 524-4414 Fax (713) 524-4415
Type: Parent Agency Administrator SLADE NJOKU

Owner Information

ASSURING CARE HOME HEALTH SERVICES INC
3858 WENTWORTH
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/02/2004
License # 008994 ASTROCARE CLASS INC
Lic Expire 1/31/2024 14950 HEATHROW FOREST PARKWAY SUITE 300
Medicare 1: HOUSTON, TX 77032
Medicare 2:
Phone (281) 931-5500 Fax (281) 931-5514
Type: Parent Agency Administrator GLADYS WADE

Owner Information

ASTROCARE CLASS, INC
14950 HEATHROW FOREST PARKWAY SUITE 300
HOUSTON, TX 77032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/02/2004
License # 008951 ASTROCARE VISITING HEALTH PROFESSIONALS INC
Lic Expire 5/31/2022 14950 HEATHROW FOREST PARKWAY SUITE 300
Medicare 1: HOUSTON, TX 77032
Medicare 2:
Phone (281) 931-5500 Fax (281) 931-5514
Type: Parent Agency Administrator GLADYS WADE

Owner Information

ASTROCARE VISITING HEALTH PROFESSIONALS, INC
650 NORTH SAM HOUSTON PARKWAY E, #410
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/16/2019
License # 019646 AT HOME DIALYSIS LLP
Lic Expire 10/16/2021 11411 N SAM HOUSTON PKWY E. SUITE #120
Medicare 1: HUMBLE, TEXAS 77396
Medicare 2:
Phone (832) 526-3338 Fax (281) 966-1844
Type: Parent Agency Administrator BENGIE VELASQUEZ

Owner Information

AT HOME DIALYSIS LLP
PHONE: FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home
Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 10/06/2009
License # 013051 AT HOME QUALITY CARE HOUSTON
Lic Expire 10/31/2023 8300 CYPRESS CREEK PARKWAY SUITE 350
Medicare 1: 679628 HHA-18 HOUSTON, TX 77070
Medicare 2:
Phone (832) 237-5800 Fax (832) 237-5810
Type: Parent Agency Administrator FRANCISCO "FRITZ" LUZ

Owner Information

SIGNATURE HOMECARE SERVICES TEXAS LLC,
15020 SOUTH CICERO AVE 1ST FLOOR
OAK FOREST, IL 60452
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 11/05/2020
License # 020291 AT PEACE HOME CARE LLC
Lic Expire 11/5/2022 7324 SOUTHWEST FWY SUITE 1475
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 730-5479 Fax (832) 626-2791
Type: Parent Agency Administrator AISHAT BASHIR

Owner Information

AT PEACE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/16/2004
License # 008967 AT YOUR SIDE HOME CARE
Lic Expire 3/31/2022 16868 ROYAL CREST DRIVE
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 335-4882 Fax (281) 984-7471
Type: Parent Agency Administrator MARSENE BOLDT

Owner Information

MSB PERSONAL ASSISTANT SERVICES, LLC
16868 ROYAL CREST
HOUSTON, TX 77058
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	02/23/2012	Owner Information
License #	014655	AT YOUR SIDE HOME CARE NORTHWEST METRO HOUSTON			DLLC HOMECARE, LLC	
Lic Expire	2/28/2022	8203 WILLOW PLACE SOUTH SUITE 345			8203 WILLOW PLACE SOUTH, SUITE #555	
Medicare 1:		HOUSTON, TX 77070			HOUSTON, TX 77070	
Medicare 2:					PHONE:	(281) 520-3746
Phone	281 520 3746	Fax	281 520 3743	FAX:		
Type:	Parent Agency	Administrator	DAVID HITTLER			
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County	HARRIS	Region	06	Date Licensed	08/28/2007	Owner Information
License #	011546	AT YOUR SIDE HOME CARE WEST HOUSTON			D&D ASSOCIATES INC	
Lic Expire	8/31/2021	2400 AUGUSTA DR STE 260			2400 AUGUSTA DR STE 260	
Medicare 1:		HOUSTON, TX 77057			HOUSTON, TX 77057	
Medicare 2:					PHONE:	FAX:
Phone	(713) 337-1133	Fax	(713) 337-1136	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	DONNA WRABEL			
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County	HARRIS	Region	06	Date Licensed	12/07/2010	Owner Information
License #	014055	ATWELL HOME HEALTH SERVICES INC			ATWELL HOME HEALTH SERVICES, INC	
Lic Expire	12/31/2022	6915 ATWELL DRIVE			6915 ATWELL DRIVE	
Medicare 1:	747740 HHA-18; 97	HOUSTON, TX 77081			HOUSTON, TX 77081	
Medicare 2:					PHONE:	FAX:
Phone	(713) 664-7800	Fax	(713) 664-7811	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	UCHE MCHENRY			
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County	HARRIS	Region	06	Date Licensed	10/23/2019	Owner Information
License #	019661	ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC			ATWELL HOSPICE & PJ HOME HEALTH SERVICES, INC	
Lic Expire	10/23/2021	6917 ATWELL DRIVE			6917 ATWELL DRIVE	
Medicare 1:		HOUSTON, TEXAS 77081			HOUSTON, TX 77081	
Medicare 2:					PHONE:	FAX:
Phone	(713) 664-7800	Fax	(713) 664-7811	Services: Hospice; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	UCHE MCHENRY			
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County	HARRIS	Region	06	Date Licensed	05/11/2018	Owner Information
License #	018746	AUTHENTIC CARE SERVICES			BL&J GROUP, LLC DBA AUTHENTIC CARE SERVICES	
Lic Expire	5/31/2022	2656 SOUTH LOOP W STE 333			19806 CAMPFIELD DR.	
Medicare 1:		HOUSTON, TX 77054			KATY, TX 77449	
Medicare 2:					PHONE:	FAX:
Phone	(832) 940-2212	Fax	(832) 940-2483	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ROSALIND LEWINGS			
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County	HARRIS	Region	06	Date Licensed	08/13/2019	Owner Information
License #	019522	AVEANNA HEALTHCARE			EPIC HEALTH SERVICES INC	
Lic Expire	8/13/2023	11821 EAST FREEWAY, SUITE 210			1341W MOCKINGBIRD SUITE 220E	
Medicare 1:		HOUSTON, TEXAS 770291975			DALLAS, TX 75247	
Medicare 2:					PHONE:	FAX:
Phone	(832) 460-2140	Fax	(210) 332-6472	Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	RICARDO CAMPUZANO			
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County	HARRIS	Region	06	Date Licensed	12/31/2014	Owner Information
License #	016935	AVEANNA HEALTHCARE			TCGHHA, LLC	
Lic Expire	12/31/2022	9220 KIRBY DRIVE SUITE #1000			400 INTERSTATE NORTH PARKWAY SE, SUITE 1600	
Medicare 1:		HOUSTON, TX 77054			ATLANTA, GA 30339	
Medicare 2:					PHONE:	FAX:
Phone	(713) 383-9700	Fax	(713) 383-9795	Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	RENEE PINA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/02/2012	Owner Information	
License #	014986					EPIC HEALTH SERVICES INC	
Lic Expire	2/28/2024					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(832) 253-1188	Fax	(832) 253-1181			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	HOMER DEL TORO JR				
County	HARRIS	Region	06	Date Licensed	05/26/2011	Owner Information	
License #	014985					EPIC HEALTH SERVICES INC	
Lic Expire	5/31/2024					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(713) 979-3800	Fax	(713) 979-3806			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	AARON BURRIS				
County	HARRIS	Region	06	Date Licensed	03/07/2012	Owner Information	
License #	015026					EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(713) 575-2000	Fax	(713) 575-2031			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	DERRIAN JAMES				
County	HARRIS	Region	06	Date Licensed	04/23/2021	Owner Information	
License #	020716					AVERY HOSPICE LLC	
Lic Expire	4/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 661-3621	Fax	(281) 564-7326			Services: Hospice	
Type:	Parent Agency	Administrator	FEFI JAMES			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	07/24/2015	Owner Information	
License #	016938					GREENDORSEY ENTERPRISES, LLC	
Lic Expire	7/31/2023					5870 HWY 6 N SUITE #315	
Medicare 1:						HOUSTON, TX 77084	
Medicare 2:						PHONE:	FAX:
Phone	(281) 849-1949	Fax	(832) 442-3394			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CANDACE GREEN				
County	HARRIS	Region	06	Date Licensed	11/21/2019	Owner Information	
License #	019712					AVISTACARE HEALTH CARE SERVICES INC	
Lic Expire	11/21/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 520-4960	Fax	(281) 520-4964			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OFONASHA EYO				
County	HARRIS	Region	06	Date Licensed	09/17/2018	Owner Information	
License #	019480					AXCESS HOME HEALTHCARE SERVICES INC	
Lic Expire	7/15/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	713 440 9979	Fax	713 493 7222			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IJEOMA ISIGUZO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/31/2020	Owner Information
License #	019029					AXON HOME HEALTH SERVICES CORP
Lic Expire	10/31/2022					507 N. SAM HOUSTON PKWY E. STE#280
Medicare 1:						HOUSTON, TX 77060
Medicare 2:						PHONE:
Phone	(832) 288-3001	Fax	(713) 485-6008			FAX:
Type:	Parent Agency	Administrator	LAUREANO BALSEIRO			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/20/2014	Owner Information
License #	016491					B & J HEALTHCARE SERVICES INC
Lic Expire	10/31/2022					11725 LOGAN RIDGE DR
Medicare 1:						HOUSTON, TX 77072
Medicare 2:						PHONE:
Phone	(281) 533-3360	Fax	(832) 582-8540			FAX:
Type:	Parent Agency	Administrator	JOY OGU			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/27/2016	Owner Information
License #	017514					BATHFOL HEALTH SERVICES INC
Lic Expire	2/28/2022					10960 STANDIFF ROAD, STE C
Medicare 1:	679798 HHA-18					HOUSTON, TX 77099
Medicare 2:						PHONE:
Phone	(832) 962-8970	Fax	(832) 962-8930			FAX:
Type:	Parent Agency	Administrator	FLORA UCHEA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/14/2011	Owner Information
License #	014078					BEK HEALTH SERVICES, LLC
Lic Expire	4/30/2023					P.O. BOX 262
Medicare 1:	679010 HHA-18					HARDIN, TX 77561
Medicare 2:						PHONE:
Phone	(281) 573-7000	Fax	(888) 522-3080			FAX:
Type:	Parent Agency	Administrator	SEAN KRAJEWSKI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/21/2017	Owner Information
License #	018187					ACCURATE HOSPICE I, LLC
Lic Expire	7/31/2023					1610 BLODGETT, SUITE A
Medicare 1:	741716 HOSPICE					HOUSTON, TX 77004
Medicare 2:						PHONE:
Phone	(713) 527-2727	Fax	(713) 527-2728			FAX:
Type:	Parent Agency	Administrator	GLENN SAMMONS			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	04/15/2021	Owner Information
License #	020704					BAYOU HOSPICE LLC
Lic Expire	4/15/2024					
Medicare 1:	971706 HOSPICE					
Medicare 2:						PHONE:
Phone	(832) 722-7051	Fax	(713) 529-1404			FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	01/20/2021	Owner Information
License #	020473					BCM HEALTH LLC
Lic Expire	1/20/2023					
Medicare 1:	971661					
Medicare 2:						PHONE:
Phone	(346) 379-1541	Fax	(346) 818-2092			FAX:
Type:	Parent Agency	Administrator	CYNTHIA MAHY			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/23/2018
License # 018572 BEE DIVINE CARE PROVIDER SERVICES LLC
Lic Expire 1/31/2022 7123 SUN VILLAGE DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 755-4954 Fax (281) 624-4722
Type: Parent Agency Administrator BRENDA OGBEH

Owner Information
BEE DIVINE CARE PROVIDER SERVICES LLC
7123 SUN VILLAGE DR
HOUSTON, TEXAS 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/20/1998
License # 006638 BELL TECH HOME HEALTHCARE
Lic Expire 3/31/2023 12000 RICHMOND AVE, STE 135
Medicare 1: 679301 HHA-18 HOUSTON, TEXAS 77082
Medicare 2:
Phone (281) 679-0541 Fax (281) 679-0524
Type: Parent Agency Administrator KIKELOMO BELLO

Owner Information
BELL TECH ENTERPRISE
14602 PRESIDIO SQUARE BLVD
HOUSTON, TX 77083
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/12/2008
License # 012342 BELLAIRE HOME HEALTH CARE LLC
Lic Expire 12/31/2022 10786-D BELLAIRE BOULEVARD
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 564-9959 Fax (281) 564-9989
Type: Parent Agency Administrator TRANG DAWN LE

Owner Information
BELLAIRE HOME HEALTH CARE LLC
10786 BELLAIRE BLVD STE D
HOUSTON, TX 77072
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/06/2007
License # 011127 BELOR HOME HEALTH INC
Lic Expire 3/31/2022 11811 NORTH FREEWAY SUITE # 165
Medicare 1: 747115 HOUSTON, TX 77060
Medicare 2:
Phone (713) 534-1486 Fax (713) 774-2082
Type: Parent Agency Administrator CAROLINE VOGT

Owner Information
BELOR HOME HEALTH INC
440 BENMAR DRIVE, SUITE #2255
HOUSTON, TX 77060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/1998
License # 006711 BELOVED HOME HEALTH SERVICES INC
Lic Expire 12/31/2023 9888 BISSONNET SUITE #430
Medicare 1: 458287 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-9333 Fax (713) 776-9382
Type: Parent Agency Administrator AGATHA DURU

Owner Information
BELOVED HOME HEALTH SERVICES INC
P O BOX 36197
HOUSTON, TEXAS 77236
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/16/2020
License # 020179 BENDEL OAKS HEALTHCARE SERVICES INC
Lic Expire 9/16/2022 3727 E TRADITIONS CT
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (281) 638-7654 Fax (281) 372-8716
Type: Parent Agency Administrator MORA OBOH

Owner Information
BENDEL OAKS HEALTHCARE SERVICES INC
3727 E TRADITIONS CT
HOUSTON, TX
PHONE: (281) 638-7654 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/05/2007
License # 011120 BENEVOLENT CARE HEALTH SERVICES INC
Lic Expire 3/31/2023 440 COBIA DRIVE SUITE #403
Medicare 1: 679773 HHA-18 KATY, TX 77494
Medicare 2:
Phone (281) 342-2273 Fax (281) 715-4248
Type: Parent Agency Administrator SUELLEN CARSON

Owner Information
BENEVOLENT CARE HEALTH SERVICES, INC
440 COBIA DRIVE, #403
KATY, TX 77494
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/06/2004
License # 009711 BEST DOMINION HEALTHCARE SERVICES INC
Lic Expire 6/30/2022 9950 WESTPARK DR SUITE 306
Medicare 1: 679410 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 266-0250 Fax (713) 266-0256
Type: Parent Agency Administrator BOLAJI ADEYEMI

Owner Information

BEST DOMINION HEALTHCARE SERVICES INC
9950 WESTPARK DR SUITE 306
HOUSTON, TX 77063
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/18/2002
License # 008207 BESTWAY HOME HEALTH CORPORATION
Lic Expire 3/31/2022 9311 MEADOW BRANCH COURT
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 550-2928 Fax (281) 861-7732
Type: Parent Agency Administrator AUGUSTINA EZIEFULE

Owner Information

BESTWAY HOME HEALTH CORPORATION
9311 MEADOW BRANCH COURT
HOUSTON, TX 77095
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/21/2007
License # 011779 BETHEL HOSPICE OF HOUSTON INC
Lic Expire 4/29/2022 1110 KINGWOOD DRIVE, SUITE 265
Medicare 1: 671672 HOSPICE KINGWOOD, TX 77339
Medicare 2:
Phone (281) 359-9551 Fax (281) 359-9552
Type: Parent Agency Administrator MINTU JOSEPH

Owner Information

BETHEL HOSPICE OF HOUSTON INC
14707 WINSTON FALLS LANE
HUMBLE, TX 77396
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed
License # 021340 BETTER AT HOME CARE EASTERN TEXAS LLC
Lic Expire 1/20/2025 19419 STANTON LAKE DR.
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (810) 449-5187 Fax
Type: Parent Agency Administrator KENNETH LYLE

Owner Information

BETTER AT HOME CARE EASTERN TEXAS LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/08/2021
License # 021115 BETTER AT HOME CARE TEXAS LLC
Lic Expire 10/8/2024 9100 WESTHEIMER RD. UNIT 715
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (810) 875-1222 Fax (810) 875-1222
Type: Parent Agency Administrator SHARITA HUGHES

Owner Information

BETTER AT HOME CARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/06/2020
License # 019916 BILINGUAL COMMUNICATION THERAPY
Lic Expire 5/6/2022 11201 STEEPLE PARK DRIVE
Medicare 1: HOUSTON, TEXAS 77065
Medicare 2:
Phone (832) 604-3112 Fax (832) 604-3139
Type: Parent Agency Administrator KIMBERLEY KELLY

Owner Information

MMD PEDIATRIC SERVICES LLC
PHONE:
FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/18/2010
License # 013719 BLAKES BLESSING HEALTH CARE INC
Lic Expire 11/30/2022 2646 SOUTH LOOP WEST #422
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 539-1999 Fax (713) 432-1701
Type: Parent Agency Administrator CHRISTY JONES- BLAKES

Owner Information

BLAKES BLESSING HEALTH CARE INC
2422 POCO DRIVE
MISSOURI CITY, TX 77489
PHONE:
FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	06/10/2015	Owner Information	
License #	016845					TINA LAVETTE SMITH	
Lic Expire	6/30/2024					PO BOX 62184	
Medicare 1:						HOUSTON, TX 77205	
Medicare 2:						PHONE:	FAX:
Phone	(832) 499-9875	Fax	(866) 593-3931			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TINA SMITH				
County	HARRIS	Region	06	Date Licensed	09/08/2021	Owner Information	
License #	021033					BLESSED HANDS HOME CARE LLC	
Lic Expire	9/8/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 771-2670	Fax	(281) 605-5443			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KENDRA HAMPTON				
County	HARRIS	Region	06	Date Licensed	02/19/2015	Owner Information	
License #	016849					BLESSED HOME HEALTH SERVICES INC	
Lic Expire	2/28/2023					7457 HARWIN DR 105	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 773-0999	Fax	(713) 778-1919			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KERRY AKUKORO				
County	HARRIS	Region	06	Date Licensed	11/12/2020	Owner Information	
License #	020311					BLISS HEALTH SERVICES INC	
Lic Expire	11/12/2022					4715 WESTGARDEN PLACE	
Medicare 1:						KATY, TX 77449	
Medicare 2:						PHONE:	FAX:
Phone	(202) 830-4105	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUFUNMILAYO ROZ-OMOPE				
County	HARRIS	Region	06	Date Licensed	02/01/2019	Owner Information	
License #	019301					BLOSSOM HEALTHCARE INC	
Lic Expire	2/1/2023					5411 GEMSTONE PARK ROAD	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 822-0061	Fax	(281) 822-0060			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	INNOCENT OBETA				
County	HARRIS	Region	06	Date Licensed	12/04/2020	Owner Information	
License #	020376					BLUE BONNET HOSPICE CARE, LLC	
Lic Expire	12/4/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	800 590 5738	Fax	(281) 564-7326			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOEL ADA				
County	HARRIS	Region	06	Date Licensed	03/16/2017	Owner Information	
License #	018167					BLUE STAR HOSPICE, INC	
Lic Expire	7/30/2023					423 MASON PARK STE A-1	
Medicare 1:	741560 HOSPICE					KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(832) 727-9119	Fax	(832) 204-8414			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SONIA ROSSI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/21/2021
License # 020477 BLUE STREAM HOSPICE AND PALLIATIVE CARE INC
Lic Expire 1/21/2023 2646 SOUTH LOOP WEST STE 440
Medicare 1: 971647 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 667-7202 Fax (713) 667-0712
Type: Parent Agency Administrator KUDY ADELAKUN

Owner Information

BLUE STREAM HOSPICE AND PALLIATIVE CARE INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/06/2019
License # 019412 BONAVENTURE HOME CARE INC
Lic Expire 6/6/2023 434 PARK GROVE DR
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone 281 6469546 Fax 281 6469757
Type: Parent Agency Administrator ELIZABETH FITZGERALD

Owner Information

BONAVENTURE HOME CARE INC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/07/2011
License # 014201 BOSCO HEALTH CARE INC
Lic Expire 10/31/2021 6464 SAVOY DR STE 240
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 623-6327 Fax (713) 677-0739
Type: Parent Agency Administrator JAMES MCFRED

Owner Information

BOSCO HEALTH CARE INC
6464 SAVOY DRIVE 240
HOUSTON, TEXAS 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/27/2018
License # 018850 BP OMEGA HOMECARE LLC
Lic Expire 7/31/2022 7111 HARWIN DRIVE SUITE 125 B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 717-4295 Fax (281) 717-4211
Type: Parent Agency Administrator PRINCEPAUL AGBONLAHOR

Owner Information

BP OMEGA HOMECARE, LLC
7111 HARWIN DR. SUITE 125B
HOUSTON, TX 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/20/2021
License # 020765 BREAKING BARRIERS INCORPORATED
Lic Expire 5/20/2024 12326 FAIRMEADOW DR
Medicare 1: HOUSTON, TEXAS 77071
Medicare 2:
Phone (713) 857-2965 Fax
Type: Parent Agency Administrator TAMEKA KEGLER

Owner Information

BREAKING BARRIERS INCORPORATED
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/30/2016
License # 017604 BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC
Lic Expire 8/31/2022 12223 CAMDEN MEADOW DR
Medicare 1: TOMBALL, TX 77375
Medicare 2:
Phone (832) 552-9953 Fax (281) 557-6399
Type: Parent Agency Administrator YANCY PAET

Owner Information

BREAKTHROUGH PERSONAL HOMECARE SERVICES LLC
12223 CAMDEN MEADOW DR
TOMBALL, TX 77375
PHONE:
FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/20/2018
License # 018624 BRIARGATE HEALTHCARE SERVICES INC
Lic Expire 2/28/2022 6260 WESTPARK DR STE 250
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (832) 988-3387 Fax (281) 710-0762
Type: Parent Agency Administrator CLEOPATRA OGBONNAYA

Owner Information

BRIARGATE HEALTHCARE SERVICES INC
4350 TOWN PLAZA DRIVE SUITE 203
HOUSTON, TX 77045
PHONE:
FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	02/07/2007	Owner Information
License #	011063					BRIDGETT MEMORIAL HEALTHCARE INC
Lic Expire	2/28/2022					2500 TANGLEWIDE ST., STE#223
Medicare 1:	747066					HOUSTON, TX 77063
Medicare 2:						PHONE:
Phone	(713) 334-9920	Fax	(713) 334-2527			FAX:
Type:	Parent Agency	Administrator	TONY NWACHAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/12/2020	Owner Information
License #	020309					EARNSTWOOD CORP
Lic Expire	11/12/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 333-2324	Fax	(713) 334-2527			FAX:
Type:	Parent Agency	Administrator	TONY NWACHAN			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/29/2019	Owner Information
License #	019634					BRIGHTLIGHT INFUSION HH AND PALLIATIVE CARE INC
Lic Expire	10/7/2024					6260 WESTPARK DR
Medicare 1:	971624 Hospice					HOUSTON, TEXAS 77057
Medicare 2:						PHONE:
Phone	281 406 3274	Fax	281 406 3689			FAX:
Type:	Parent Agency	Administrator	SEGUN OGUNGBEMI			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	08/24/2018	Owner Information
License #	019702					FRAZIER HEALTH HOLDINGS LLC
Lic Expire	11/15/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 730-1255	Fax	(832) 730-1253			FAX:
Type:	Parent Agency	Administrator	RODERICK FRAZIER			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/01/2019	Owner Information
License #	019344					KC HOME CARE, LLC
Lic Expire	4/1/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	281 6064335	Fax	281 6064337			FAX:
Type:	Parent Agency	Administrator	RANDALL CASEY			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/04/2012	Owner Information
License #	012876					BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	9/30/2024					111 WESTWOOD PLACE, SUITE 400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 932-0400	Fax	(713) 932-9952			FAX:
Type:	Branch Agency	Administrator	TRISHA ALEXANDER			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/04/2012	Owner Information
License #	012876					BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	9/30/2024					111 WESTWOOD PLACE, SUITE 400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 432-7777	Fax	(713) 839-8046			FAX:
Type:	Branch Agency	Administrator	TRISHA ALEXANDER			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/04/2012	Owner Information
License #	012876					BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	9/30/2024					111 WESTWOOD PLACE, SUITE 400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(281) 316-9055	Fax	(281) 316-9066			FAX:
Type:	Branch Agency	Administrator	TRISHA ALEXANDER			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/30/2009	Owner Information
License #	012876					BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	9/30/2024					111 WESTWOOD PLACE, SUITE 400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 993-9999	Fax	(713) 955-0152			FAX:
Type:	Parent Agency	Administrator	TRISHA ALEXANDER			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/05/2008	Owner Information
License #	011954					INNOVATIVE SENIOR CARE HOME HEALTH OF HOUSTON, LLC
Lic Expire	2/28/2024					111 WESTWOOD PLACE
Medicare 1:	679313 HHA-18					BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 623-0291	Fax	(713) 877-0449			FAX:
Type:	Parent Agency	Administrator	LESLIE CITIZEN-GOBERDHAN			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	10/01/2012	Owner Information
License #	015163					BROOKDALE HOSPICE, LLC
Lic Expire	9/30/2022					111 WESTWOOD PLACE, SUITE #400
Medicare 1:	671663 HOSPICE					BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 623-0937	Fax	(713) 623-0938			FAX:
Type:	Parent Agency	Administrator	LARISSA BALDWIN			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed		Owner Information
License #	015163					BROOKDALE HOSPICE, LLC
Lic Expire	9/30/2022					111 WESTWOOD PLACE, SUITE #400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(713) 623-0937	Fax	(713) 623-0938			FAX:
Type:	Alternate Delivery Site	Administrator	LARISSA BALDWIN			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/09/2019	Owner Information
License #	019585					BRYTELYTE HOMECARE LLC
Lic Expire	9/9/2024					6260 WESTPARK DR STE 265
Medicare 1:	971682					HOUSTON, TEXAS 77036
Medicare 2:						PHONE:
Phone	(832) 400-2104	Fax	(832) 400-2105			FAX:
Type:	Parent Agency	Administrator	NINA OLUGU			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	12/20/2019	Owner Information
License #	019752					BUENA VIDA HOSPICE LLC
Lic Expire	12/20/2023					
Medicare 1:	971588					
Medicare 2:						PHONE:
Phone	(281) 888-1499	Fax	(346) 204-4455			FAX:
Type:	Parent Agency	Administrator	PATRICIA BROWN			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 10/15/2018
License # 019794 BUTTERFLY HOSPICE & PALLIATIVE CARE, LLC
Lic Expire 1/27/2022 7322 SOUTHWEST FWY STE 600 RM B
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (346) 278-5445 Fax (346) 278-5450
Type: Parent Agency Administrator VICTOR ARISE

Owner Information
BUTTERFLY HOSPICE & PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/11/2017
License # 018241 BY YOUR SIDE HOSPICE LLC
Lic Expire 6/30/2022 15602 ECHO CANYON DR #B
Medicare 1: 971581 HOSPICE HOUSTON, TX 77074
Medicare 2:
Phone (281) 513-2851 Fax (888) 248-9593
Type: Parent Agency Administrator CHUDI OGADI

Owner Information
BY YOUR SIDE HOSPICE LLC
9950 WESTPARK DR #634
HOUSTON, TX 77074
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/15/2017
License # 018080 C & C ULTRA HEALTHCARE PROVIDERS INC
Lic Expire 2/28/2023 3300 SOUTH GESSNER RD #203
Medicare 1: 677938 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 804-9649 Fax (832) 649-4988
Type: Parent Agency Administrator TOLUWALOPE LAOYE

Owner Information
C&C ULTRA HEALTHCARE PROVIDERS INC
6001 SAVOY DR. SUITE #302
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/06/2021
License # 020435 C & E ANGELS OF LIFE CAREGIVING SERVICE
Lic Expire 1/6/2023 15467 BMMEL OAKS COURT
Medicare 1: HOUSTON, TEXAS 77014
Medicare 2:
Phone (832) 683-1155 Fax (281) 919-2077
Type: Parent Agency Administrator TAWANA BROWN

Owner Information
C & E ANGELS OF LIFE HEALTHCARE LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/25/2009
License # 012464 C & E HOME HEALTH SERVICES INC
Lic Expire 2/28/2024 20127 IVORY VALLEY LANE
Medicare 1: 747545 CYPRESS, TX 77433
Medicare 2:
Phone 281 8461557 Fax 281 8461947
Type: Parent Agency Administrator PIERRE MAMIA

Owner Information
C & E HOME HEALTH SERVICES, INC
20127 IVORY VALLEY LANE
CYPRESS, TEXAS 77433
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 04/17/2017
License # 018207 C & M HEALTH SERVICES
Lic Expire 4/30/2023 9494 SOUTHWEST FWY STE 450-B
Medicare 1: 747195 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (832) 623-6705 Fax (832) 623-6735
Type: Parent Agency Administrator JEREMY ULUOCHA

Owner Information
KAMSCARE INC
9494 SOUTHWEST FWY STE 450-B
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/03/2017
License # 018225 C SUITE HEALTH SERVICES
Lic Expire 8/31/2021 7803 CRYSTAL MOON DRIVE
Medicare 1: HOUSTON, TX 77040
Medicare 2:
Phone (832) 895-9758 Fax (832) 218-0406
Type: Parent Agency Administrator JACQUELINE JOHNSON

Owner Information
CLARK HEALTHCARE SERVICES LLC
7803 CRYSTAL MOON DRIVE
HOUSTON, TX 77040
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	01/26/2005	Owner Information
License #	009550					C & S HEALTHCARE SERVICES INC
Lic Expire	1/31/2023					15430 RIDGE PARK DR
Medicare 1:						HOUSTON, TX 77095
Medicare 2:						PHONE:
Phone	(281) 550-3665	Fax	(281) 550-8449			FAX:
Type:	Parent Agency	Administrator	CINDY HARTMAN			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/15/2011	Owner Information
License #	014529					CAMILLIANS HOME HEALTH SERVICES LLC
Lic Expire	12/31/2023					5909 WEST LOOP SOUTH SUITE #500
Medicare 1:	747820 HHA-18					BELLAIRE, TX 77401
Medicare 2:						PHONE:
Phone	(832) 649-6092	Fax	(800) 658-0781			FAX:
Type:	Parent Agency	Administrator	MAGDALENA TOLLES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/20/2003	Owner Information
License #	008606					CANAAN HEALTH CARE SERVICES INC
Lic Expire	8/31/2024					12602 LALEU LN
Medicare 1:	679457 HHA-18					HOUSTON, TX 77071
Medicare 2:						PHONE:
Phone	(713) 771-7611	Fax	(713) 771-7180			FAX:
Type:	Parent Agency	Administrator	OKWUCHI ARIMONYEOTU			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/27/2012	Owner Information
License #	015282					CAPENO HOME HEALTH INC
Lic Expire	12/31/2022					3226 SOUTH BRIAR KNOLL DRIVE
Medicare 1:						HOUSTON, TX 77082
Medicare 2:						PHONE:
Phone	(281) 979-1372	Fax	(281) 495-3770			FAX:
Type:	Parent Agency	Administrator	FRANCISCA EKWURUKE			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/12/2021	Owner Information
License #	020600					CAPSTONE HOSPICE LLC
Lic Expire	3/12/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 867-7851	Fax				FAX:
Type:	Parent Agency	Administrator	DAVID GOBER			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	02/15/2018	Owner Information
License #	018621					CAPU HEALTH CARE LLC
Lic Expire	2/28/2022					14215 SOUTH POST OAK ROAD
Medicare 1:	74-1779					HOUSTON, TX 77045
Medicare 2:						PHONE:
Phone	(832) 831-4686	Fax	(832) 831-4616			FAX:
Type:	Parent Agency	Administrator	MARCIA JOI HOWARD			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	01/02/2020	Owner Information
License #	019808					CARE & CURE HOME HEALTH INC
Lic Expire	1/2/2025					14200 GULF FREEWAY STE 105
Medicare 1:	67-3130					HOUSTON, TEXAS 77034
Medicare 2:						PHONE:
Phone	281 9229000	Fax	281 9229001			FAX:
Type:	Parent Agency	Administrator	MEDHAT SALEM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/20/2019	Owner Information	
License #	019676					CARE 4 U HOSPICE, INC	
Lic Expire	11/1/2021					6464 SAVOY DRIVE STE 545	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(713) 269-4194	Fax	(281) 860-2030				FAX:
Type:	Parent Agency	Administrator	JESENIA PAREDES				
County	HARRIS	Region	06	Date Licensed	09/05/2019	Owner Information	
License #	019452					COLE LEGACY INC	
Lic Expire	6/27/2023					2107 WILLOW LAKE DRIVE	
Medicare 1:	971594 Hospice					HOUSTON, TEXAS 77077	
Medicare 2:							PHONE:
Phone	(281) 372-6963	Fax	(281) 741-8970				FAX:
Type:	Parent Agency	Administrator	MAY COLE			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	12/03/2021	Owner Information	
License #	021249					CARE FROM THE HEART HOSPICE	
Lic Expire	12/3/2024					9950 WESTPARK DRIVE SUITE 646	
Medicare 1:						HOUSTON, TEXAS 77063	
Medicare 2:							PHONE:
Phone	800 2170017	Fax	281 564 7326				FAX:
Type:	Parent Agency	Administrator	JOEL ADA			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/24/2007	Owner Information	
License #	011353					CARE INNOVATIONS LLC	
Lic Expire	5/31/2022					5850 SAN FELIPE STE # 500	
Medicare 1:						HOUSTON, TX 77057	
Medicare 2:							PHONE:
Phone	(713) 771-1033	Fax	(832) 201-7574				FAX:
Type:	Parent Agency	Administrator	KRIS DIAZ			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/24/2006	Owner Information	
License #	010311					CARE OPTIONS HEALTH SERVICES INC	
Lic Expire	2/28/2025					SAME	
Medicare 1:	677976 HHA-18					HOUSTON, TX 77082	
Medicare 2:							PHONE:
Phone	(713) 977-1222	Fax	(713) 977-1333				FAX:
Type:	Parent Agency	Administrator	GRACE DADA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	01/23/2018	Owner Information	
License #	018570					CARE PLUS HOSPICE INC	
Lic Expire	1/31/2020					9950 WESTPARK SUITE # 644	
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:							PHONE:
Phone	(713) 280-7985	Fax	(281) 564-7326				FAX:
Type:	Parent Agency	Administrator	JOEL S ADA			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	03/29/2013	Owner Information	
License #	019136					CARE SOLUTIONS INC	
Lic Expire	12/6/2022					13111 WESTHEIMER ROAD SUITE 121-C	
Medicare 1:						HOUSTON, TEXAS 77077	
Medicare 2:							PHONE:
Phone	(832) 602-2422	Fax	(713) 541-4002				FAX:
Type:	Parent Agency	Administrator	ROXANA VELAZQUEZ			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/28/1999	Owner Information
License #	007015					DIPSONS INC, INC
Lic Expire	4/30/2022					11938 STROUD DR
Medicare 1:						HOUSTON, TX 77072
Medicare 2:						PHONE:
Phone	281 7601903	Fax	(281) 760-1909			FAX:
Type:	Parent Agency	Administrator	TAIWOU DIPEOLU			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/01/2003	Owner Information
License #	008400					AP CARE UNLIMITED INC
Lic Expire	12/31/2022					6201 BONHOMME STREET SUITE 166 N
Medicare 1:	459431 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 781-4048	Fax	(713) 781-4241			FAX:
Type:	Parent Agency	Administrator	PHYLLOMINA WATURUOCHA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/20/2017	Owner Information
License #	017868					CARE BY KENNEDY, LLC
Lic Expire	1/31/2023					17906 NORWOOD OAKS DR
Medicare 1:						SPRING, TX 77379
Medicare 2:						PHONE:
Phone	(832) 266-1222	Fax	(832) 590-0200			FAX:
Type:	Parent Agency	Administrator	NICOLE KENNEDY			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/05/2018	Owner Information
License #	018773					CAREGIVER 24 SERVICES LLC
Lic Expire	6/30/2022					2727 COMMERCIAL CENTER BLVD SUITE #471
Medicare 1:						KATY, TX 77494
Medicare 2:						PHONE:
Phone	(832) 810-0073	Fax	(832) 460-3744			FAX:
Type:	Parent Agency	Administrator	WILLIAM MARCANO			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/12/2018	Owner Information
License #	018561					CAREKTER LLC
Lic Expire	1/31/2025					17815 PECAN BAYOU LANE
Medicare 1:						CYPRESS, TX 77433
Medicare 2:						PHONE:
Phone	(832) 641-1728	Fax	(832) 848-1223			FAX:
Type:	Parent Agency	Administrator	ANNA ROUBAN			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/07/2007	Owner Information
License #	011317					CAREPOINT HEALTH INC
Lic Expire	5/31/2022					7324 SOUTHWEST FREEWAY SUITE #550
Medicare 1:	747011					HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 771-7990	Fax	(713) 771-7947			FAX:
Type:	Parent Agency	Administrator	MONICA AKOMPI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/22/2018	Owner Information
License #	018756					CARESNAPE INC
Lic Expire	8/5/2022					2020 N LOOP W SUITE 140B
Medicare 1:						HOUSTON, TX 77018
Medicare 2:						PHONE:
Phone	(888) 253-7627	Fax	(888) 253-7627			FAX:
Type:	Parent Agency	Administrator	ERIC MORA			Services: Licensed Home Health Services; Personal Assistance Services

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County **HARRIS** Region 06 Date Licensed 11/04/2005
License # 010117 CAREWORKS
Lic Expire 11/30/2023 12337 JONES ROAD SUITE #200-26
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (832) 237-2273 Fax NA
Type: Parent Agency Administrator WILLIAM HARDY

Owner Information

TRUSTED CARE SERVICES LLC
9514 FENCHURCH DRIVE
SPRING, TX 77379
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/17/2019
License # 019385 CARING ABUNDANTLY HOME & HOSPICE CARE, LLC
Lic Expire 5/17/2021 7206 FOX HALL LN
Medicare 1: HUMBLE, TEXAS 77338
Medicare 2:
Phone (713) 816-9543 Fax (281) 812-0986
Type: Parent Agency Administrator TORINA LANE

Owner Information

CARING ABUNDANTLY HOME & HOSPICE CARE, LLC
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/09/2016
License # 017525 CARING HEALTH SERVICES
Lic Expire 11/30/2019 16151 CAIRNWAY DR STE 200
Medicare 1: 673140 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (832) 683-4355 Fax (832) 427-1382
Type: Parent Agency Administrator VICTORIA JEFFERSON

Owner Information

VICTORIA JEFFERSON
16151 CAIRNWAY DR
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/03/2020
License # 019978 CARING HEART HOSPICE AND PALLIATIVE CARE SERVICES
Lic Expire 6/3/2022 6201 BONHOMME RD #468N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 402-6644 Fax (713) 583-8124
Type: Parent Agency Administrator SHELIA NELSON-MEREDITH

Owner Information

CARING ANGELS GROUP INC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/07/2014
License # 016189 CARING HEARTS 247 LLC
Lic Expire 10/31/2021 3922 CLUB VALLEY DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (832) 279-4452 Fax (832) 781-8766
Type: Parent Agency Administrator NATASHA DAVIS

Owner Information

CARING HEARTS 247 LLC
3922 CLUB VALLEY DRIVE
HOUSTON, TX 77082
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/27/2021
License # 020935 CARING HEARTS PERSONAL CARE SERVICES LLC
Lic Expire 7/27/2024 4600 HIGHWAY 6 N SUITE 335
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone 281 8614576 Fax
Type: Parent Agency Administrator NATASHA MILES

Owner Information

CARING HEARTS PERSONAL CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/17/2002
License # 007827 CARING PROFESSIONAL HEALTH SERVICES INC
Lic Expire 1/31/2025 8300 BISSONNET SUITE #150
Medicare 1: 679152 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 270-9304 Fax (713) 270-9305
Type: Parent Agency Administrator RYAN RIZALDE

Owner Information

CARING PROFESSIONAL HEALTH SERVICES INC
SAME
HOUSTON, TX 77074
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	HARRIS	Region	06	Date Licensed	12/06/2010	Owner Information
License #	013851					RPKC, INC
Lic Expire	12/31/2022					PO BOX 130628
Medicare 1:						THE WOODLANDS, TX 77393
Medicare 2:						PHONE:
Phone	(281) 893-6699	Fax	(281) 893-6698			FAX:
Type:	Parent Agency	Administrator	KATHY CASEY			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/29/2013	Owner Information
License #	015801					CARTER HEALTHCARE OF SOUTHEAST TEXAS, INC
Lic Expire	7/31/2023					3105 S MERIDIAN AVE
Medicare 1:	679510 HHA-18					OKLAHOMA CITY, OK 73119
Medicare 2:						PHONE:
Phone	(281) 379-7052	Fax	(281) 376-4357			FAX:
Type:	Parent Agency	Administrator	BRIAN CARTER			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	07/12/2017	Owner Information
License #	018156					CASA TRINIDAD INHOME CARE LLC
Lic Expire	7/31/2024					SAME AS ABOVE
Medicare 1:						PASADENA, TX 77505-1638
Medicare 2:						PHONE:
Phone	(832) 672-6648	Fax	(832) 672-6312			FAX:
Type:	Parent Agency	Administrator	DAISY ALANIZ			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/17/2001	Owner Information
License #	007673					CASSEL HEALTH SERVICES INC
Lic Expire	7/31/2022					10333 HARWIN DR SUITE 575
Medicare 1:	679085 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 988-9443	Fax	(713) 988-9553			FAX:
Type:	Parent Agency	Administrator	VIRGINIA CASSEL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/03/2021	Owner Information
License #	020950					CASTLE PALLIATIVE CARE LLC
Lic Expire	8/3/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 723-4436	Fax	(281) 990-6716			FAX:
Type:	Parent Agency	Administrator	NINA OLUGU			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/30/2006	Owner Information
License #	011069					CATALYST HEALTH SERVICES INC
Lic Expire	3/10/2022					223 WEST 25TH STREET
Medicare 1:	457896					HOUSTON, TX 77008
Medicare 2:						PHONE:
Phone	(713) 597-5131	Fax	(855) 474-9087			FAX:
Type:	Parent Agency	Administrator	MARIYEH AMIRIAN			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/29/2021	Owner Information
License #	021174					CATALYST HOSPICE LLC
Lic Expire	10/29/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 722-7051	Fax	(713) 529-1404			FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services: Hospice In-Patient Hospice: NO

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County	HARRIS	Region	06	Date Licensed	10/02/2002	Owner Information
License #	008131					CATHY HOME CARE LTD
Lic Expire	10/31/2021					7601 W SAM HOUSTON PKWY SOUTH #818
Medicare 1:	679216 HHA-18					HOUSTON, TX 77072
Medicare 2:						PHONE:
Phone	(713) 779-8998	Fax	(713) 779-8997			FAX:
Type:	Parent Agency	Administrator	CATHERINE PHAM			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/26/1999	Owner Information
License #	007085					CONSOLIDATED COMMUNITY RESOURCES INC
Lic Expire	7/31/2022					1314 COLONY LAKES DRIVE
Medicare 1:						SUGAR LAND, TX 77479
Medicare 2:						PHONE:
Phone	(713) 596-9030	Fax	(713) 596-9031			FAX:
Type:	Parent Agency	Administrator	E. CHINYERE NWANNA			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/12/2019	Owner Information
License #	019621					CECE HOSPICE LLC
Lic Expire	9/30/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 478-4533	Fax	(866) 278-2834			FAX:
Type:	Parent Agency	Administrator	DAVIS EGWIM			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/11/2021	Owner Information
License #	020589					CELESTIAL HOSPICE, INC
Lic Expire	3/11/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 874-1234	Fax	(713) 521-1277			FAX:
Type:	Parent Agency	Administrator	JENNIFER ROY			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	04/12/1993	Owner Information
License #	002522					CENTRAL HOME HEALTH SERVICES OF TEXAS, LLC
Lic Expire	4/30/2023					26515 WEDGEWOOD
Medicare 1:	677668					CYPRESS, TX 77433
Medicare 2:						PHONE:
Phone	(713) 461-5696	Fax	(713) 461-5698			FAX:
Type:	Parent Agency	Administrator	JESSICA IVES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/21/2013	Owner Information
License #	015822					CEST LA VIE PALLIATIVE AND HOSPICE CARE INC
Lic Expire	1/6/2022					9330 LBJ FREEWAY SUITE 900
Medicare 1:	741602 HOSPICE					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(713) 773-2153	Fax	(713) 474-1697			FAX:
Type:	Parent Agency	Administrator	SERGE UKAWILU			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	05/18/2020	Owner Information
License #	019947					CEVACARE HOME & HEALTH SERVICES LLC
Lic Expire	5/18/2022					11111 KATY FREEWAY, #934
Medicare 1:						HOUSTON, TEXAS 77079
Medicare 2:						PHONE:
Phone	(713) 973-5763	Fax	na			FAX:
Type:	Parent Agency	Administrator	CLARA UWAMU			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/02/2004	Owner Information
License #	009191					CHARLTON HOME HEALTH, INC
Lic Expire	1/31/2022					9888 BISSONNET STREET SUITE 268
Medicare 1:	679219 HHA-18					HOUSTON, TEXAS 77036
Medicare 2:						PHONE:
Phone	(713) 271-2533	Fax	(713) 271-3205			FAX:
Type:	Parent Agency	Administrator	CHARLES ANUMNU			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/08/2012	Owner Information
License #	015322					CHILDREN'S HOME CARE LLC
Lic Expire	11/30/2022					14950 HEATHROW FOREST PKWY SUITE 250
Medicare 1:						HOUSTON, TX 77032
Medicare 2:						PHONE:
Phone	(281) 921-2301	Fax	(281) 921-2305			FAX:
Type:	Parent Agency	Administrator	ERIK CASPERSON			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	07/24/2020	Owner Information
License #	020075					CHIVALRY PALLIATIVE CARE SERVICES, INC
Lic Expire	7/24/2022					515 N SAM HOUSTON PKWY E SUITE 430
Medicare 1:						HOUSTON, TEXAS 77060
Medicare 2:						PHONE:
Phone	18003593184	Fax	(281) 564-7326			FAX:
Type:	Parent Agency	Administrator	JOEL ADA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	06/01/2014	Owner Information
License #	016532					CP HOME CARE, LLC
Lic Expire	5/31/2022					6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:	747242 HHA-18					TYLER, TX 75703
Medicare 2:						PHONE:
Phone	844 2700096	Fax	(877) 715-5675			FAX:
Type:	Parent Agency	Administrator	JAMES WALLACE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/06/2017	Owner Information
License #	018147					NEXTGEN HOSPICE CARE, LLC
Lic Expire	7/31/2023					6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:	741699 HOSPICE					TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(713) 485-6940	Fax	(832) 548-1164			FAX:
Type:	Parent Agency	Administrator	GALE PETRY			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	08/05/2021	Owner Information
License #	020964					SPOTLIGHT HOSPICE CARE LLC
Lic Expire	8/5/2024					8303 SOUTHWEST FREEWAY SUITE 547
Medicare 1:						HOUSTON, TEXAS 77074
Medicare 2:						PHONE:
Phone	(713) 485-6940	Fax	(832) 548-1164			FAX:
Type:	Parent Agency	Administrator	TOM KURIAN			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/24/2021	Owner Information
License #	020639					FULL HEARTS HOSPICE LLC
Lic Expire	3/24/2023					8303 SOUTHWEST FREEWAY, SUITE 547
Medicare 1:	971678					HOUSTON, TEXAS 77074
Medicare 2:						PHONE:
Phone	(281) 630-0483	Fax	(832) 548-1164			FAX:
Type:	Parent Agency	Administrator	TOM KURIAN			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/15/2016	Owner Information
License #	017629					HOUSTON CHRISTIAN PERSONAL CARE LLC
Lic Expire	9/30/2022					14526 OLD KATY RD., SUITE 96
Medicare 1:						HOUSTON, TEXAS 77079
Medicare 2:						PHONE:
Phone	(832) 413-3115	Fax	(832) 408-7791			FAX:
Type:	Parent Agency	Administrator	JUSTIN HARDMAN			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/28/2015	Owner Information
License #	016827					CHRISTIAN PROVIDER SERVICE INC
Lic Expire	9/30/2021					7322 SOUTHWEST FREEWAY SUITE 530
Medicare 1:						HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	18008912184	Fax	(281) 988-5391			FAX:
Type:	Parent Agency	Administrator	MICHAEL OKENDU			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/16/2011	Owner Information
License #	013897					FAISON & FAISON, LLC
Lic Expire	2/28/2023					5625 FM 1960 ROAD WEST, SUITE #405
Medicare 1:						HOUSTON, TX 77069
Medicare 2:						PHONE:
Phone	(832) 286-4690	Fax	(832) 286-4691			FAX:
Type:	Parent Agency	Administrator	QUINTIN FAISON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/06/2016	Owner Information
License #	017386					CHRISTMAS CHARITY, INC
Lic Expire						9131 GIANNA CT
Medicare 1:	748018					HOUSTON, TX 77083
Medicare 2:						PHONE:
Phone	(832) 877-6946	Fax	(832) 739-8400			FAX:
Type:	Parent Agency	Administrator	JESSIE FENG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/21/2017	Owner Information
License #	018186					CHRYSALIS SPECTRUM LIMITED LIABILITY COMPANY
Lic Expire	7/31/2024					118 VINTAGE PARK BLVD W449
Medicare 1:						HOUSTON, TX 77070
Medicare 2:						PHONE:
Phone	(281) 407-1662	Fax	18322188761			FAX:
Type:	Parent Agency	Administrator	ALISA ELLIOT			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/15/2016	Owner Information
License #	017883					THE CHRYSOLYTE HEALTH SERVICES INC
Lic Expire	12/30/2022					8700 COMMERCE PARK DR STE 144
Medicare 1:	457888 HHA-18					HOUSTON, TEXAS 77036
Medicare 2:						PHONE:
Phone	(832) 703-0137	Fax	(877) 212-2568			FAX:
Type:	Parent Agency	Administrator	PAUL ROBERTSON			Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	07	Date Licensed	09/17/2013	Owner Information
License #	015904					CTW HOME HEALTH, LLC
Lic Expire	9/30/2024					4553 N LOOP 1604 W STE#1119
Medicare 1:						SAN ANTONIO, TX 78249
Medicare 2:						PHONE:
Phone	(713) 800-9902	Fax	(713) 800-9903			FAX:
Type:	Branch Agency	Administrator	CHARLOTTE CHANDLER			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/31/2000	Owner Information	
License #	007431					CITIZEN CARE HOME HEALTH INC	
Lic Expire	5/31/2022					2626 SOUTH LOOP WEST, SUITE 265	
Medicare 1:						HOUSTON, TX 77054	
Medicare 2:						PHONE:	FAX:
Phone	(713) 667-7202	Fax	(713) 667-0712			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SHAKKY THOMAS				
County	HARRIS	Region	06	Date Licensed	03/03/2021	Owner Information	
License #	020561					CITIZENS PALLIATIVE CARE LLC	
Lic Expire	3/3/2023					2646 SOUTH LOOP WEST #440	
Medicare 1:	971657					HOUSTON, TEXAS 77054	
Medicare 2:						PHONE:	FAX:
Phone	(713) 667-7202	Fax	(713) 667-0712			Services:	Hospice
Type:	Parent Agency	Administrator	KUDY ADELAKUN			In-Patient Hospice:	NO
County	HARRIS	Region	06	Date Licensed	06/29/2007	Owner Information	
License #	011667					CITY CROWN HOME HEALTH AGENCY INC	
Lic Expire	9/30/2022					1560 WEST BAY AREA BLVD	
Medicare 1:	457908 HHA-18					FRIENDSWOOD, TX 77546	
Medicare 2:						PHONE:	FAX:
Phone	(281) 486-2020	Fax	(281) 486-2096			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	VERONICA OKAFOR				
County	HARRIS	Region	06	Date Licensed	09/07/2012	Owner Information	
License #	015055					CITYCARING HEALTHCARE LLC	
Lic Expire	9/30/2022					10039 BISSONNET SUITE #336	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 216-1556	Fax	(832) 242-7919			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	UCHENNA WATSON				
County	HARRIS	Region	06	Date Licensed	07/27/2010	Owner Information	
License #	013493					CMD HOME HEALTH, INC	
Lic Expire	7/31/2022					6666 HARWIN, SUITE #510	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 974-7373	Fax	(713) 532-0538			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ANGEL CHAVEZ				
County	HARRIS	Region	06	Date Licensed	03/13/2007	Owner Information	
License #	011823					CNE HOME HEALTH SERVICES, INC	
Lic Expire	3/31/2022					1880 SOUTH DAIRY ASHFORD RD. STE 537	
Medicare 1:	679456 HHA-18					HOUSTON, TX 77077	
Medicare 2:						PHONE:	FAX:
Phone	(713) 783-6373	Fax	(713) 456-2500			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARTIN MARASIGAN				
County	HARRIS	Region	06	Date Licensed	04/11/2007	Owner Information	
License #	011248					CNJ HOMECARE INC	
Lic Expire	4/30/2023					8700 COMMERCE PARK DR #105	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 685-0838	Fax	(832) 767-2845			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	FRANCES OKAFOR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/31/2012
License # 014775 COASTAL HOME HEALTH CARE
Lic Expire 3/31/2022 1249 B BLALOCK ROAD SUITE 203
Medicare 1: 679000 HHA-18 HOUSTON, TEXAS 77055
Medicare 2:
Phone (713) 772-0035 Fax (713) 973-2097

Type: Parent Agency Administrator SEOUNG RYOU

Owner Information

HAN MA EUM, INC
10122 LONG POINT ROAD, SUITE 116
HOUSTON, TX 77043-4300

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/2006
License # 010926 COLBY D HEALTHCARE INC
Lic Expire 12/31/2022 9888 BISSONNET ST #410
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 563-4970 Fax (713) 774-1842

Type: Parent Agency Administrator BRIDGETTE DAVIS

Owner Information

COLBY HEALTHCARE INC
9888 BISSONNET #410
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/17/2010
License # 013394 COLEMAN HEALTHCARE INC
Lic Expire 6/30/2022 17302 HOUSE HAHN ROAD SUITE 328
Medicare 1: CYPRESS, TX 77433
Medicare 2:
Phone (281) 916-1900 Fax (281) 978-2617

Type: Parent Agency Administrator INNOCENT NNANNA

Owner Information

COLEMAN HEALTHCARE INC
12311 S RAVEN SHORE CT
CYPRESS, TX 77433

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/28/2014
License # 016118 COMFORT CHOICE HOME HEALTH INC
Lic Expire 3/31/2022 16123 TALONCREST DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 875-6037 Fax (832) 917-0675

Type: Parent Agency Administrator ROSALINE ERHUNMWUNSEE

Owner Information

COMFORT CHOICE HOME HEALTH INC
16123 TALONCREST DRIVE
HOUSTON, TX 77083

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 02/09/2015
License # 013951 COMFORT HOSPICE
Lic Expire 9/30/2022 8588 KATY FREEWAY, STE 226C
Medicare 1: 67-1633 HOUSTON, TX 770241829
Medicare 2:
Phone (832) 786-4216 Fax (877) 396-5954

Type: Alternate Delivery Site Administrator CAROL HARDWICK

Owner Information

COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099

PHONE: FAX:

Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HARRIS** Region 03 Date Licensed 02/09/2015
License # 013951 COMFORT HOSPICE
Lic Expire 9/30/2022 8588 KATY FREEWAY, STE 226C
Medicare 1: 67-1633 HOUSTON, TX 770241829
Medicare 2:
Phone (832) 786-4216 Fax (877) 396-5954

Type: Alternate Delivery Site Administrator CAROL HARDWICK

Owner Information

COMFORT HOSPICE OF TEXAS, LLC
PO BOX 99278
TROY, MI 48099

PHONE: FAX:

Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/05/2006
License # 010234 COMFORT KEEPERS
Lic Expire 1/31/2024 6117 RICHMOND AVE STE 150
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 974-6920 Fax (713) 974-6922

Type: Parent Agency Administrator FREDERICK SELBY CLARK

Owner Information

THE LOVING CLARKS INC
2630 FOUNTAIN VIEW DRIVE #226
HOUSTON, TX 77057

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/14/2009	Owner Information	
License #	012958					PAINTER'S HOME CARE LLC	
Lic Expire	9/30/2021					10 MILLWRIGHT PLACE	
Medicare 1:						THE WOODLANDS, TX 77382	
Medicare 2:						PHONE:	FAX:
Phone	(281) 218-7400	Fax	(281) 218-7401			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOETTA WATSON				
County	HARRIS	Region	06	Date Licensed	10/18/2016	Owner Information	
License #	017680					COMFORTCARE HOMEHEALTH SERVICES LLC	
Lic Expire	10/31/2022					2305 HIGHWAY 6 SOUTH SUITE A	
Medicare 1:						HOUSTON, TX 77077	
Medicare 2:						PHONE:	FAX:
Phone	(832) 486-9642	Fax	(832) 486-9732			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KAMRUL ALAM				
County	HARRIS	Region	06	Date Licensed	01/22/2013	Owner Information	
License #	016336					COMFORTHOME HEALTH CARE INC	
Lic Expire	1/31/2023					8700 COMMERCE PARK DRIVE SUITE #125A	
Medicare 1:	679224 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 988-2434	Fax	(713) 988-6247			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BERNARD UGWU				
County	HARRIS	Region	06	Date Licensed	04/18/2019	Owner Information	
License #	019333					COMFORTING HANDS HEALTHCARE LLC	
Lic Expire	4/18/2023					7407 PLEASANT RIDGE DR.	
Medicare 1:						HOUSTON, TEXAS 77095	
Medicare 2:						PHONE:	FAX:
Phone	(813) 335-6895	Fax	(813) 335-0579			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OMOLOLA KOMOLAFE				
County	HARRIS	Region	06	Date Licensed	01/02/2012	Owner Information	
License #	014557					COMMUNICATION ESSENTIALS, LLC	
Lic Expire	1/31/2022					505 N SAM HOUSTON PARKWAY E, SUITE #615	
Medicare 1:						HOUSTON, TX 77060-4098	
Medicare 2:						PHONE:	FAX:
Phone	(832) 484-3756	Fax	(832) 324-7860			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MECA GRANT				
County	HARRIS	Region	06	Date Licensed	11/30/2021	Owner Information	
License #	021234					COMMUNITY CARE COOPERATIVE	
Lic Expire	11/30/2024					2501 HOLMAN STREET	
Medicare 1:						HOUSTON, TEXAS 77004	
Medicare 2:						PHONE:	FAX:
Phone	(281) 972-7565	Fax	(281) 972-7565			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TANISHA HOLMAN				
County	HARRIS	Region	06	Date Licensed	07/27/2020	Owner Information	
License #	020076					COMMUNITY HOSPICE PALLIATIVE, INC	
Lic Expire	7/27/2022					9100 SOUTHWEST FREEWAY SUITE 206	
Medicare 1:						HOUSTON, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	1 866 252 4689	Fax	(281) 564-7326			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOEL ADA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/12/2021	Owner Information	
License #	020692					COMPANION CARE HOME HEALTHCARE LLC	
Lic Expire	4/12/2024					11111 KATY FWY STE 910	
Medicare 1:						HOUSTON, TEXAS 77079	
Medicare 2:							PHONE:
Phone	(832) 626-2933	Fax	(832) 626-2989				FAX:
Type:	Parent Agency	Administrator	FRANK OWENS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/23/2021	Owner Information	
License #	021290					COMPASSITANT COMPANION CARE, LLC	
Lic Expire	12/23/2024					2755 CHESTNUT RIDGE DRIVE SUITE 240	
Medicare 1:						KINGWOOD, TEXAS 77339	
Medicare 2:							PHONE:
Phone	(281) 608-7227	Fax	(281) 608-7227				FAX:
Type:	Parent Agency	Administrator	RACHEAL NGOBIDI			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/13/2021	Owner Information	
License #	021042					COMPELLING PROFESSIONAL HEALTHCARE AGENCY LLC	
Lic Expire	9/13/2024					17774 CYPRESS ROSEHILL SUITE 1700	
Medicare 1:						CYPRESS, TEXAS 77429	
Medicare 2:							PHONE:
Phone	(281) 781-7500	Fax	(832) 286-1646				FAX:
Type:	Parent Agency	Administrator	MARGARITA PATTERSON			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/13/2021	Owner Information	
License #	020452					COMPETENT CARE HOME HEALTH LLC	
Lic Expire	1/13/2023					14631 AUBURN DUSK DR	
Medicare 1:						HOUSTON, TX 770691135	
Medicare 2:							PHONE:
Phone	(615) 429-2767	Fax					FAX:
Type:	Parent Agency	Administrator	FLORENCE AMOAKO			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/09/2019	Owner Information	
License #	019464					COMPLETE HOME HEALTHCARE PLUS LLC	
Lic Expire	7/2/2024					10101 SOUTHWEST FRWY STE. 402	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:							PHONE:
Phone	(713) 637-4876	Fax	(281) 542-3475				FAX:
Type:	Parent Agency	Administrator	TOI MANN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/30/2015	Owner Information	
License #	019913					COMPREHENSIVE PLUS HOME HEALTH INC	
Lic Expire	12/31/2021					14423 CORNERSTONE VILLAGE DR. STE. 119	
Medicare 1:	679274					HOUSTON, TX 77014	
Medicare 2:							PHONE:
Phone	713 3708091	Fax	281 7270015				FAX:
Type:	Parent Agency	Administrator	SIMON ITAMAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/27/2008	Owner Information	
License #	012395					CONCEPT HEALTH SERVICES INC	
Lic Expire	10/31/2022					10333 HARWIN DRIVE SUITE 120F	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(346) 219-5981	Fax	(281) 498-1163				FAX:
Type:	Parent Agency	Administrator	CHINWE OBUKWELU			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/03/2020	Owner Information	
License #	020367					CONCIERGE CLINICIANS OF HOUSTON LLC	
Lic Expire	12/3/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 715-5065	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	TAREK HUSSEIN			Services:	Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/08/2020	Owner Information	
License #	020041					CONCIERGE HOSPICE	
Lic Expire	7/8/2022						
Medicare 1:							
Medicare 2:							
Phone	866 454 6774	Fax	281 564 7326			PHONE:	FAX:
Type:	Parent Agency	Administrator	JOEL ADA			Services:	Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/12/1994	Owner Information	
License #	003258					CONSOLIDATED COMMUNITY RESOURCES INC	
Lic Expire	9/30/2022						
Medicare 1:	458333 HHA-18						
Medicare 2:							
Phone	(713) 596-9030	Fax	(713) 596-9031			PHONE:	FAX:
Type:	Parent Agency	Administrator	E. CHINYERE NWANNA			Services:	Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/15/2017	Owner Information	
License #	018563					CONTACT CARE HEALTH SERVICES INC	
Lic Expire	10/31/2021						
Medicare 1:	747226						
Medicare 2:							
Phone	(832) 831-7042	Fax	(832) 849-0932			PHONE:	FAX:
Type:	Parent Agency	Administrator	OMOTAYO LAWAL			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/24/2007	Owner Information	
License #	011354					CONTINUITY CARE HOME HEALTH AGENCY LLC	
Lic Expire	9/30/2024						
Medicare 1:	679744 HHA-18						
Medicare 2:							
Phone	(281) 348-2328	Fax	(281) 358-2680			PHONE:	FAX:
Type:	Parent Agency	Administrator	JOSE LARA			Services:	Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	11/01/2014	Owner Information	
License #	016510					ALIMED HOME HEALTH CARE, INC	
Lic Expire	10/31/2022						
Medicare 1:	677992 HHA-18						
Medicare 2:							
Phone	(713) 917-0600	Fax	(713) 917-0605			PHONE:	FAX:
Type:	Parent Agency	Administrator	MAE THOMLINSON			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	01/09/1989	Owner Information	
License #	003647					CORAM ALTERNATE SITE SERVICES INC	
Lic Expire	3/31/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 667-4010	Fax	(713) 667-9304			PHONE:	FAX:
Type:	Parent Agency	Administrator	JAMES RANKIN			Services:	Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/17/2004	Owner Information	
License #	008970					CORAZON HOMECARE, INC	
Lic Expire	3/31/2023					4105 CHAPMAN	
Medicare 1:	673112 HHA-18					HOUSTON, TX 77009	
Medicare 2:						PHONE:	FAX:
Phone	(713) 490-3222	Fax	(713) 490-3555			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	ANGELICA VALDEZ				
County	HARRIS	Region	06	Date Licensed	12/07/2020	Owner Information	
License #	020026					KATY TX CAREGIVING LLC	
Lic Expire	7/1/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 915-2250	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	CHAD KELLY				
County	HARRIS	Region	06	Date Licensed	01/24/2008	Owner Information	
License #	011838					CORNERSTONE COMMUNITY HEALTHCARE SERVICES INC	
Lic Expire	1/31/2023					19806 CAMPFIELD DRIVE	
Medicare 1:						KATY, TX 77449	
Medicare 2:						PHONE:	FAX:
Phone	(713) 664-6100	Fax	(713) 664-6103			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ROSALIND LEWINGS				
County	HARRIS	Region	06	Date Licensed	11/03/2011	Owner Information	
License #	014449					CORPUS CHRISITI HEALTH SOLUTIONS INC	
Lic Expire	11/30/2021					9950 WESTPARK DR STE 646	
Medicare 1:	671706 HOSPICE					HOUSTON, TX 77053	
Medicare 2:						PHONE:	FAX:
Phone	(713) 784-2885	Fax	(713) 784-2848			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	JOEL ADA				
County	HARRIS	Region	06	Date Licensed	10/30/2008	Owner Information	
License #	012284					COSMEC HEALTH CARE RESOURCE INC	
Lic Expire	10/31/2022					8202 ASH GARDEN CT	
Medicare 1:	747369 HHA-18					HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 980-2977	Fax	(281) 242-2265			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MONICA CHIOMA IGWE				
County	HARRIS	Region	06	Date Licensed	05/15/2019	Owner Information	
License #	019380					COUNTY HEALTHCARE INCORPORATED	
Lic Expire	5/15/2023					13111 WESTHEIMER RD SUITE 121	
Medicare 1:						HOUSTON, TX 77077	
Medicare 2:						PHONE:	FAX:
Phone	(713) 541-4000	Fax	(713) 541-4002			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ROXANA VELAZQUEZ				
County	HARRIS	Region	06	Date Licensed	07/24/2020	Owner Information	
License #	020072					JEG2 2021 TRUST	
Lic Expire	7/24/2022					TEMP	
Medicare 1:						, TX	
Medicare 2:						PHONE:	FAX:
Phone	800 487 9142	Fax	281 564 7326			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	JOEL ADA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/15/2018	Owner Information	
License #	019034					COWANS HOME CARE LLC	
Lic Expire	11/15/2022					P.O. BOX 841683	
Medicare 1:						HOUSTON, TX 77284	
Medicare 2:						PHONE:	FAX:
Phone	(832) 865-2310	Fax	(281) 463-7693			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RUBY COWANS				
County	HARRIS	Region	06	Date Licensed	11/17/2021	Owner Information	
License #	021210					CREATED TO CARE HOME HEALTHCARE AGENCY, LLC	
Lic Expire	11/17/2024					11302 YORKSHIRE OAKS DR	
Medicare 1:						HOUSTON, TEXAS 77065	
Medicare 2:						PHONE:	FAX:
Phone	(318) 268-0716	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CORTISA MILLER				
County	HARRIS	Region	06	Date Licensed	09/29/2010	Owner Information	
License #	013587					CREATION HEALTH MANAGEMENT INC	
Lic Expire	9/30/2022					9207 COUNTRY CREEK DRIVE, #209A	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 793-9211	Fax	(281) 392-5687			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HOPE ADODO				
County	HARRIS	Region	06	Date Licensed	09/01/1999	Owner Information	
License #	007119					HOPE ADODO	
Lic Expire	8/31/2022					16325 WESTHEIMER RD	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(713) 773-0808	Fax	(713) 773-0941			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HOPE ADODO				
County	HARRIS	Region	06	Date Licensed	05/23/2008	Owner Information	
License #	012025					A+ CRESCENT HOME HEALTH INC	
Lic Expire	5/31/2022					11251 NORTHWEST FREEWAY STE 470	
Medicare 1:	747345 HHA-18					HOUSTON, TEXAS 77092	
Medicare 2:						PHONE:	FAX:
Phone	(713) 414-5837	Fax	(713) 337-5460			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALTAF VISRAM				
County	HARRIS	Region	06	Date Licensed	12/18/2013	Owner Information	
License #	015935					CRISTOS HEALTH CARE SERVICES INC	
Lic Expire	12/31/2021					10998 S WILCREST DR STE 122	
Medicare 1:	747933 HHA-18					HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(832) 672-8194	Fax	(832) 672-8136			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARYANNE OMOREBOKHAE				
County	HARRIS	Region	06	Date Licensed	06/01/2015	Owner Information	
License #	016963					CRITI CARE HEALTH SERVICES, INC	
Lic Expire	5/31/2023					8319 HIDDEN TRAIL LN	
Medicare 1:	459232 HHA-18					SPRING, TX 77379	
Medicare 2:						PHONE:	FAX:
Phone	(281) 547-8395	Fax	(281) 605-6656			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEVIN MCELYA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/15/2015	Owner Information
License #	017178					CROSSROADS HOSPICE INC
Lic Expire	7/31/2023					1900 S. GREGG ST.
Medicare 1:	671604 HOSPICE					BIG SPRING, TX 79720
Medicare 2:						PHONE:
Phone	(888) 791-6770	Fax	(832) 280-6776			FAX:
Type:	Parent Agency	Administrator	ELIZABETH LOPEZ			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	11/21/2005	Owner Information
License #	010231					CUN HEALTH NET INC
Lic Expire	11/30/2021					7207 SKYLIGHT LANE
Medicare 1:	679387 HHA-18					HOUSTON, TX 77095
Medicare 2:						PHONE:
Phone	(281) 859-5937	Fax	(281) 861-6743			FAX:
Type:	Parent Agency	Administrator	UCHE OKEKE			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/11/2021	Owner Information
License #	020593					CUSK PERSONAL CARE HOME LLC
Lic Expire	3/11/2024					11830 GREENSHIRE DR
Medicare 1:						HOUSTON, TEXAS 77048
Medicare 2:						PHONE:
Phone	(713) 584-8745	Fax				FAX:
Type:	Parent Agency	Administrator	SHANNA ANIEKWU			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/17/2019	Owner Information
License #	019652					G, J & K LEGACY ENTERPRISES, INC
Lic Expire	10/17/2021					12302 CARMEL DALE LANE
Medicare 1:						HOUSTON, TX 77089
Medicare 2:						PHONE:
Phone	(832) 871-2105	Fax	1 833 5538065			FAX:
Type:	Parent Agency	Administrator	KRYSTAL HOLMES-LANTIER, M.S. CCC-SLP			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	09/01/2016	Owner Information
License #	017717					CYFAIR HEALTHCARE LLC
Lic Expire	8/31/2022					11119 MCCRACKEN CIRCLE SUITE D
Medicare 1:	677926 HHA-18					CYPRESS, TX 77429-4460
Medicare 2:						PHONE:
Phone	(281) 890-0338	Fax	(832) 518-5258			FAX:
Type:	Parent Agency	Administrator	CHARLES RIDGWAY			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	08/19/2021	Owner Information
License #	020990					CYPRESS HOSPICE & PALLIATIVE CARE LLC
Lic Expire	8/19/2023					14405 WALTERS ROAD SUITE 614
Medicare 1:						HOUSTON, TEXAS 77014
Medicare 2:						PHONE:
Phone	(832) 542-1554	Fax				FAX:
Type:	Parent Agency	Administrator	SUSSIE AKRONG			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	06/03/2004	Owner Information
License #	009130					DLIFE HEALTHCARE SERVICES, INC
Lic Expire	6/30/2023					1820 SOUTH MASON ROAD, SUITE #340
Medicare 1:	457897 HHA-18					KATY, TX 77450
Medicare 2:						PHONE:
Phone	(281) 693-0505	Fax	(281) 693-0509			FAX:
Type:	Parent Agency	Administrator	DICKSON FATUNBI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/02/2015	Owner Information
License #	017020					DAISY CHILDREN'S HOMEHEALTH, LLC
Lic Expire	4/30/2023					17314 SH 249 SUITE 230
Medicare 1:						HOUSTON, TX 77064
Medicare 2:						PHONE:
Phone	(832) 895-3400	Fax	(832) 895-0293			FAX:
Type:	Parent Agency	Administrator	HEATHER COLLIER			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	10/11/2011	Owner Information
License #	014409					DAYSRING HEALTHCARE SERVICES INC
Lic Expire	10/31/2021					10590 WESTOFFICE DR. STE #105A
Medicare 1:						HOUSTON, TX 77042
Medicare 2:						PHONE:
Phone	(281) 881-9131	Fax	(713) 271-2298			FAX:
Type:	Parent Agency	Administrator	OMOYEME OBEAHON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/11/2010	Owner Information
License #	013306					DDF HEALTH SERVICES INC
Lic Expire	5/31/2022					8300 BISSONNET SUITE 460J
Medicare 1:						HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 240-8436	Fax	(281) 815-2123			FAX:
Type:	Parent Agency	Administrator	MARGARET ODUNUGA			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/22/2016	Owner Information
License #	017474					DEAF BLIND SERVICES OF TEXAS LLC
Lic Expire	6/30/2022					1526 KATY GAP ROAD
Medicare 1:						KATY, TEXAS 77494
Medicare 2:						PHONE:
Phone	(832) 526-6617	Fax	(855) 382-6347			FAX:
Type:	Parent Agency	Administrator	HEIDI MAY			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/09/2005	Owner Information
License #	009898					DEBOK HEALTHCARE INC
Lic Expire	8/31/2023					16000 PARK TEN PLACE STE 9021
Medicare 1:	677988					HOUSTON, TX 77084
Medicare 2:						PHONE:
Phone	(713) 954-9500	Fax	(713) 954-9506			FAX:
Type:	Parent Agency	Administrator	OLADELE KOLAPO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/04/2005	Owner Information
License #	010018					DECENCY HOME HEALTHCARE SERVICES, INC
Lic Expire	10/31/2022					8323 SOUTHWEST FREEWAY #270
Medicare 1:	679521 HHA-18					HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(832) 767-0140	Fax	(832) 767-0484			FAX:
Type:	Parent Agency	Administrator	BEATRICE NSOWAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/28/2018	Owner Information
License #	019119					DEDICARE HOME HEALTH LLC
Lic Expire	11/28/2022					5700 NW CENTRAL DR STE #401
Medicare 1:						HOUSTON, TX 77092
Medicare 2:						PHONE:
Phone	(346) 701-7915	Fax	13462231988			FAX:
Type:	Parent Agency	Administrator	ANA REYES			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/09/2018	Owner Information
License #	018552	DEDICATED HEALTHCARE INCORPORATED			DEDICATED HEALTHCARE INCORPORATED	
Lic Expire	5/31/2022	9898 BISSONNET ST STE 670			2608 SUNFISH DR	
Medicare 1:		HOUSTON, TEXAS 77036			PEARLAND, TX 77584	
Medicare 2:					PHONE:	FAX:
Phone	(832) 703-4104	Fax	(281) 786-3946		Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ALEXI MBOGNE			
County	HARRIS	Region	06	Date Licensed	04/24/2015	Owner Information
License #	016766	DEL CIELO HOSPICE & PALLIATIVE CARE			FAMILIA HEALTHCARE SERVICES, INC	
Lic Expire	4/30/2024	9888 BISSONNET STREET SUITE #401-C			9888 BISSONNET STREET SUITE 450-E	
Medicare 1:	741598 HOSPICE	HOUSTON, TX 77036			HOUSTON, TX 77036	
Medicare 2:					PHONE:	FAX:
Phone	(361) 723-0210	Fax	(361) 723-0212		Services: Hospice	
Type:	Parent Agency	Administrator	ANDRES ELIZONDO III			
County	HARRIS	Region	06	Date Licensed	06/01/1999	Owner Information
License #	007134	DENSON HOME HEALTH INC			BHC HOLDCO, LLC	
Lic Expire	5/31/2024	201 FLINT RIDGE ROAD SUITE 200				
Medicare 1:	459480 HHA-18	WEBSTER, TX 77598				
Medicare 2:					PHONE:	FAX:
Phone	(281) 990-7000	Fax	(281) 990-7672		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUZANNE DENSON			
County	HARRIS	Region	06	Date Licensed	06/07/2006	Owner Information
License #	010511	DEROSS HEALTH CARE INC			DE'ROSS HEALTH CARE INC	
Lic Expire	6/30/2022	7442 SAN BENITO DR			7442 SAN BENITO DR	
Medicare 1:	679607 HHA-18	HOUSTON, TX 77083			HOUSTON, TX 77083	
Medicare 2:					PHONE:	FAX:
Phone	(713) 783-2440	Fax	(713) 783-2460		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSELINE OPARA			
County	HARRIS	Region	06	Date Licensed	03/22/2005	Owner Information
License #	009792	DESTINY CARE SERVICES INC			DESTINY CARE SERVICES INC	
Lic Expire	3/31/2021	8515 FONDREN ROAD SUITE 260			8515 FONDREN RD #260	
Medicare 1:	679449	HOUSTON, TX 77074			HOUSTON, TX 77074	
Medicare 2:					PHONE:	FAX:
Phone	(713) 785-4800	Fax	(713) 785-4806		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CALLISTA DAVIS			
County	HARRIS	Region	06	Date Licensed	01/24/2009	Owner Information
License #	013977	DESTINY HEALTH CARE INC			DESTINY HEALTH CARE INC	
Lic Expire	1/31/2023	10101 HARWIN DRIVE SUITE 220			10101 HARWIN DRIVE SUITE 220	
Medicare 1:		HOUSTON, TX 77036			HOUSTON, TX 77036	
Medicare 2:					PHONE:	FAX:
Phone	(713) 541-3877	Fax	(713) 541-3879		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALEXANDER ONYIRIOHA			
County	HARRIS	Region	06	Date Licensed	12/16/2020	Owner Information
License #	020407	DESTINY HOSPICE LLC			DESTINY HOSPICE LLC	
Lic Expire	12/16/2022	3300 S GESSNER RD SUITE 117				
Medicare 1:	971688	HOUSTON, TEXAS 77063				
Medicare 2:					PHONE:	FAX:
Phone	(720) 254-5439	Fax			Services: Hospice	
Type:	Parent Agency	Administrator	KANAYO OKOLO			
					In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/05/2013
License # 015585 DEVINITY HOSPICE
Lic Expire 6/30/2024 9102 ASPEN TRACE LN
Medicare 1: 741532 HOSPICE HUMBLE, TX 77338
Medicare 2:
Phone (281) 570-4072 Fax (281) 570-6234

Type: Parent Agency Administrator GINA OLUBANWO OMISANDE

Owner Information
DEVINITY HOME HEALTH CARE PLLC
9102 ASPEN TRACE LN
HUMBLE, TX 77338
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/22/2021
License # 020626 DEVOTED HOSPICE CARE LLC
Lic Expire 3/22/2024 9894 BISSONNET ST STE 394
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 790-1126 Fax (346) 571-2161

Type: Parent Agency Administrator VIVIAN KIFFA

Owner Information
DEVOTED HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/08/2016
License # 017505 DEVOTED LOVING CARE INC
Lic Expire 7/31/2022 9898 BISSONNET STREET SUITE 394
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 571-2190 Fax (346) 571-2161

Type: Parent Agency Administrator VIVIAN KIFFA

Owner Information
DEVOTED LOVING CARE INC
9898 BISSONNET STREET SUITE 430-O
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/16/2003
License # 008553 DEVOTION HEALTH CARE SERVICES INC
Lic Expire 7/31/2022 8300 BISSONNET SUITE 375
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 723-3600 Fax (713) 723-3622

Type: Parent Agency Administrator TAWAKALITU ADEBISI LAWRENCE

Owner Information
DEVOTION HEALTH CARE SERVICES INC
12802 MIRIAM LANE
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/02/2017
License # 018086 DEVOTION HOSPICE
Lic Expire 6/30/2024 11611 SPRING CYPRESS RD SUITE B
Medicare 1: 741694 HOSPICE TOMBALL, TX 77377
Medicare 2:
Phone (281) 742-1142 Fax (346) 998-1442

Type: Parent Agency Administrator SHAWN STEVENS

Owner Information
DIAMOND HOSPICE LLC
6260 WESTPARK DRIVE, SUITE 250
HOUSTON, TX 77057
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/22/2009
License # 013218 DHS HEALTHCARE INC
Lic Expire 4/29/2022 6464 SAVOY DRIVE, SUITE 104
Medicare 1: 673102 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 784-6400 Fax (713) 784-6426

Type: Parent Agency Administrator JOYCE AGU

Owner Information
DHS HEALTHCARE INC
6001 SAVOY DRIVE, SUITE #201
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/10/2020
License # 020181 DIAMOND HEALTH CARE SOLUTIONS LLC
Lic Expire 8/10/2022 13328 WESTHEIMER ROAD, #1302
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone 832 462 9410 Fax

Type: Parent Agency Administrator NKEIRU OKECHUKWU

Owner Information
DIAMOND HEALTH CARE SOLUTIONS LLC
13328 WESTHEIMER ROAD, #1302
HOUSTON, TEXAS 77077
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/27/2001
License # 007796 DIAMOND HOME HEALTH INC
Lic Expire 11/30/2022 14780 MEMORIAL DRIVE SUITE 202C
Medicare 1: 679112 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 920-9805 Fax (281) 920-9812
Type: Parent Agency Administrator SHANA DUGAS

Owner Information

DIAMOND HOME HEALTH INC
14780 MEMORIAL DRIVE SUITE 202C
HOUSTON, TX 77079
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/05/2012
License # 015117 DIAMOND PERSONAL CAREGIVERS INC
Lic Expire 10/31/2020 11611 SANDSTONE ST
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 605-0781 Fax (888) 510-5291
Type: Parent Agency Administrator CHINYERE TARVER

Owner Information

DIAMOND PERSONAL CAREGIVERS, INC
PO BOX 770366
HOUSTON, TX 77215
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/22/2016
License # 017619 DIGNIFIED NURSING HOME HEALTH CARE AGENCY LLC
Lic Expire 6/30/2022 12000 RICHMOND AVE STE 360
Medicare 1: 747482 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (281) 920-3100 Fax (281) 920-0700
Type: Parent Agency Administrator TELLY ALKHEDER ALKHEDER

Owner Information

DIGNIFIED NURSING HOME HEALTH CARE AGENCY, LLC
12000 RICHMOND AVE, SUITE 360
HOUSTON, TX 77082
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/11/2010
License # 013237 DIMENSION HEALTHCARE SERVICES INC
Lic Expire 2/28/2022 6464 SAVOY DR
Medicare 1: 679212 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 484-6900 Fax (713) 484-6902
Type: Parent Agency Administrator EZIAKONWA MELODY ODUNZE

Owner Information

DIMENSION HEALTHCARE SERVICES, INC
7111 HARWIN DRIVE, SUITE #216
HOUSTON, TX 77036
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/26/2021
License # 020650 DIMPLES HOSPICE LLC
Lic Expire 3/26/2024 8700 COMMERCE PARK DR STE. 208
Medicare 1: 971680 HOUSTON, TEXAS 77036
Medicare 2:
Phone (346) 202-7827 Fax (346) 202-7827
Type: Parent Agency Administrator PATRICK IKEMERE

Owner Information

DIMPLES HOSPICE LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/19/2017
License # 018012 DIRECT HOSPICE CARE INC
Lic Expire 10/31/2023 2020 N LOOP WEST STE 160
Medicare 1: 97-1504 (HOSPICE) HOUSTON, TX 77018
Medicare 2:
Phone (281) 888-6645 Fax (866) 481-4310
Type: Parent Agency Administrator JENNA BECKHAM

Owner Information

DIRECT HOSPICE CARE INC
2855 MANGUM RD STE 563
HOUSTON, TX 77092
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 04/05/2017
License # 017316 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 3/31/2022 3800 BUFFALO SPEEDWAY SUITE 195
Medicare 1: HOUSTON, TX 77098
Medicare 2:
Phone (713) 777-0522 Fax (877) 463-1310
Type: Branch Agency Administrator PHILLEATRO RILES

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	04/15/2003	Owner Information
License #	008421					QUINDIARA CORPORATION
Lic Expire	4/30/2022					8200 WEDNESBURY LANE, #235
Medicare 1:	679397 HHA-18					HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 771-5535	Fax	(713) 771-5516			FAX:
Type:	Parent Agency	Administrator	TONY MORAH			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/22/2019	Owner Information
License #	019289					DIVINE COMFORT CARE HOSPICE, INC
Lic Expire	3/4/2023					7322 SOUTHWEST FWY SUITE 805
Medicare 1:						HOUSTON, TEXAS 77074
Medicare 2:						PHONE:
Phone	(832) 433-7024	Fax	(713) 808-9130			FAX:
Type:	Parent Agency	Administrator	PATRICK ILOANYA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	08/18/2020	Owner Information
License #	020108					DIVINE DIAMOND HOMECARE LLC
Lic Expire	8/18/2022					16903 RED OAK DR. SUITE 276
Medicare 1:						HOUSTON, TEXAS 770903941
Medicare 2:						PHONE:
Phone	281 7817755	Fax	281 7817012			FAX:
Type:	Parent Agency	Administrator	CEDRIC IVEY			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/24/2021	Owner Information
License #	021005					DIVINE GRACE PALLIATIVE CARE
Lic Expire	8/24/2024					515 N SAM HOUSTON PKWY E SUITE 430
Medicare 1:						HOUSTON, TEXAS 77060
Medicare 2:						PHONE:
Phone	877 212 7383	Fax	(281) 564-7326			FAX:
Type:	Parent Agency	Administrator	JOEL ADA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	04/01/2016	Owner Information
License #	017752					DIVINE HANDS HEALTHCARE CORPORATION
Lic Expire	3/31/2022					10101 SOUTHWEST FREEWAY, SUITE #436
Medicare 1:	747127 HHA-18					HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 674-0142	Fax	(713) 674-0326			FAX:
Type:	Parent Agency	Administrator	JOSEPH EGEDE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/24/2017	Owner Information
License #	018193					J DIVINE, LLC
Lic Expire	7/31/2021					5743 FARWELL DRIVE
Medicare 1:						HOUSTON, TX 77035
Medicare 2:						PHONE:
Phone	(832) 207-5272	Fax	(713) 485-0804			FAX:
Type:	Parent Agency	Administrator	GWENDOLYN JACKSON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/10/2006	Owner Information
License #	010672					DIVINE NURSING SERVICES INC
Lic Expire	8/31/2023					16000 PARK TEN PL. STE: 404
Medicare 1:	679634 HHA-18					HOUSTON, TEXAS 77084
Medicare 2:						PHONE:
Phone	(281) 647-2424	Fax	(832) 321-5794			FAX:
Type:	Parent Agency	Administrator	PHILLIP AYODELE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/09/2010
License # 013159 DIVINE PROFESSIONALS HEALTHCARE INC
Lic Expire 3/31/2022 7322 SOUTHWEST FWY SUITE 805
Medicare 1: 747606 HHA-18 HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 987-1984 Fax (832) 539-1952
Type: Parent Agency Administrator PATRICK ILOANYA

Owner Information

DIVINE PROFESSIONALS HEALTHCARE INC
7324 SOUTHWEST FREEWAY, STE 601
HOUSTON, TX 77074
PHONE: (832) 987-1984 FAX: (832) 539-1952
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/17/2016
License # 017747 DIVINITY HOSPICE
Lic Expire 11/30/2022 1100 NASA PARKWAY, SUITE 200
Medicare 1: 741696 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 339-6043 Fax (713) 357-6638
Type: Parent Agency Administrator JASON CAMPBELL

Owner Information

A ASSURE HOSPICE, INC
10518 KIPP WAY DR STE A 1
HOUSTON, TX 77099
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/10/1995
License # 003664 DOCTOR'S CHOICE HOME CARE
Lic Expire 7/31/2024 13100 NORTHWEST FREEWAY SUITE 400
Medicare 1: 678169 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 782-4487 Fax (713) 782-1824
Type: Parent Agency Administrator SHWETA ANNA MITTEN

Owner Information

APPLIED HEALTH CARE NURSING DIVISION, INC
13101 NORTHWEST FREEWAY SUITE 215
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/13/2021
License # 021040 DOLRAC HEALTHCARE SERVICES, INC
Lic Expire 9/13/2024 3839 MISTISSIN LANE
Medicare 1: HOUSTON, TEXAS 77053
Medicare 2:
Phone (832) 875-4149 Fax (713) 469-5686
Type: Parent Agency Administrator CAROLINE OMOTOSO

Owner Information

DOLRAC HEALTHCARE SERVICES, INC
3839 MISTISSIN LANE
HOUSTON, TX 77053-4554
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/28/2017
License # 018283 DOVE HOSPICE LLC
Lic Expire 8/31/2019 21110 ALLENHAM LN
Medicare 1: HUMBLE, TX 77338
Medicare 2:
Phone (281) 706-6428 Fax
Type: Parent Agency Administrator EDDIE TAYLOR

Owner Information

DOVE HOSPICE LLC
21110 ALLENHAM LN
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services; Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/29/2008
License # 011904 DREAMS HOME HEALTHCARE SERVICES INC
Lic Expire 2/28/2023 14780 MEMORIAL DRIVE SUITE 206B
Medicare 1: 747194 HHA-18 HOUSTON, TX 77079
Medicare 2:
Phone (281) 589-8134 Fax (281) 589-8144
Type: Parent Agency Administrator NIKKI MOTAZEDIAN

Owner Information

DREAMS HOME HEALTHCARE SERVICES INC
14780 MEMORIAL DRIVE SUITE 206B
HOUSTON, TX 77079
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/11/2022
License # 021318 DUNKELLY NURSING SERVICES
Lic Expire 1/11/2025 6210 S. DAIRY ASHFORD
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (281) 406-0765 Fax
Type: Parent Agency Administrator KADIAN COX

Owner Information

DUNKELLY NURSING SERVICES
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/19/2011
License # 013836 DURACARE HOME HEALTH SERVICES INC
Lic Expire 1/31/2023 440 BENMAR DR, SUITE 1030
Medicare 1: 747758 HHA-18 HOUSTON, TX 77060
Medicare 2:
Phone (713) 782-0551 Fax (713) 782-0615
Type: Parent Agency Administrator EDUARDO FIERRO VIANA

Owner Information

DURACARE HOME HEALTH SERVICES, INC
440 BENMAR DR SUITE 3052
HOUSTON, TEXAS 77060
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/23/2010
License # 013860 DYNAMIC HOME HEALTH SERVICES
Lic Expire 8/30/2022 8313 SOUTHWEST FWY SUITE 239
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-9010 Fax (713) 271-0843
Type: Parent Agency Administrator MERCY A NIMS

Owner Information

ULTIMATE PEDIATRIC CARE, INC
8313 SOUTHWEST FWY, SUITE #239
HOUSTON, TEXAS 77074
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/19/2019
License # 019264 EAGLE E PERSONAL ASSISTANCE SERVICE
Lic Expire 2/19/2024 2218 ISABELLA STREET #2
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (832) 453-6261 Fax (832) 672-7145
Type: Parent Agency Administrator EYEKA DAVIS

Owner Information

EAGLE E PERSONAL ASSISTANCE SERVICE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/21/2014
License # 016391 EAGLE HOME HEALTH CARE LLC
Lic Expire 8/31/2022 23335 S WARMSTONE WAY
Medicare 1: KATY, TX 77494
Medicare 2:
Phone (281) 686-0849 Fax (713) 583-3981
Type: Parent Agency Administrator LESLIE SHEFFIELD

Owner Information

EAGLE HOME HEALTH CARE LLC
19902 WINDING BRANCH DR
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/07/2006
License # 010856 EAGLES TRACE HOME CARE LLC
Lic Expire 3/31/2023 14703 EAGLE VISTA DRIVE
Medicare 1: HOUSTON, TX 77077
Medicare 2:
Phone (281) 249-7130 Fax (281) 249-7358
Type: Parent Agency Administrator KATHRYN REYES

Owner Information

EAGLE'S TRACE HOME CARE, LLC
14703 EAGLE VISTA DRIVE
HOUSTON, TX 77077
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/31/2006
License # 010365 EDICARE PROFESSIONAL HEALTHCARE SERVICES INC
Lic Expire 3/31/2022 2000 DAIRY ASHFORD STE 305
Medicare 1: 679585 HHA-18 HOUSTON, TX 77077
Medicare 2:
Phone (281) 568-4573 Fax (281) 879-8411
Type: Parent Agency Administrator VERONICA OKERE

Owner Information

EDICARE PROFESSIONAL HEALTHCARE SERVICES, INC
2000 DAIRY ASHFORD, SUITE #305
HOUSTON, TX 77077
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/08/2011
License # 014023 EDIHUMBLE HOME HEALTHCARE INC
Lic Expire 4/30/2023 8303 SOUTHWEST FWY STE 105
Medicare 1: 747833 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 429-4161 Fax (713) 771-1349
Type: Parent Agency Administrator EDITH UHEGWU

Owner Information

EDIHUMBLE HOME HEALTHCARE INCORPORATED
12430 SOUTH GARDEN ST
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	08/21/2017	Owner Information	
License #	018320					EFFICIENT HOME CARE, INC	
Lic Expire	8/31/2023					N/A	
Medicare 1:	459165 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	
Phone	(281) 922-1337	Fax	(281) 922-1399			FAX:	
Type:	Parent Agency	Administrator	ROSA DAVIS				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/09/2006	Owner Information	
License #	010864					EMTOB EDUCATIONAL & CARE SERVICES LLC	
Lic Expire	11/30/2022					1407 LACY DRIVE	
Medicare 1:						BAYTOWN, TX 77520	
Medicare 2:						PHONE:	
Phone	(832) 298-5210	Fax	(281) 422-3716			FAX:	
Type:	Parent Agency	Administrator	OLUFISAYO OLOWE				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/13/2013	Owner Information	
License #	015685					BMR HOME HEALTH, LLC	
Lic Expire	6/30/2024					PO BOX 5610	
Medicare 1:	679786 HHA-18					LONGVIEW, TX 75608	
Medicare 2:						PHONE:	
Phone	(713) 780-2390	Fax	(888) 420-4606			FAX:	
Type:	Parent Agency	Administrator	ALLISON YOUNG				Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/13/1993	Owner Information	
License #	001536					ELDERLY HOME HEALTH CARE INC	
Lic Expire	9/30/2022					PO BOX 41822	
Medicare 1:						HOUSTON, TEXAS	
Medicare 2:						PHONE:	
Phone	(713) 956-8183	Fax	(866) 580-1983			FAX:	
Type:	Parent Agency	Administrator	CLARICE RAY				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/03/2016	Owner Information	
License #	018515					ELIK DIALYSIS HOME THERAPY MEMORIAL INC	
Lic Expire	6/30/2022					1445 NORTH LOOP WEST SUITE #720	
Medicare 1:						HOUSTON, TX 77008	
Medicare 2:						PHONE:	
Phone	(713) 861-7500	Fax	(713) 861-7502			FAX:	
Type:	Parent Agency	Administrator	MONICA BROOKS				Services: Licensed Home Health Services with Dialysis
County	HARRIS	Region	06	Date Licensed	09/28/2017	Owner Information	
License #	018349					ELIK DIALYSIS HOME THERAPY MEMORIAL II LLC	
Lic Expire	9/30/2021					1445 NORTHLOOP W SUITE#740	
Medicare 1:						HOUSTON, TX 77008-1676	
Medicare 2:						PHONE:	
Phone	(713) 861-7500	Fax	(713) 861-7502			FAX:	
Type:	Parent Agency	Administrator	MONICA BROOKS				Services: Licensed Home Health Services with Dialysis
County	HARRIS	Region	06	Date Licensed	03/02/2021	Owner Information	
License #	020558					ELITE EMBRACE HOME HEALTH CARE, LLC	
Lic Expire	3/2/2023						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(346) 390-0000	Fax				FAX:	
Type:	Parent Agency	Administrator	LATASHA KENNARD				Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/22/2021	Owner Information	
License #	020618		ELITE HOSPICE			T D LANE ENTERPRISES LLC	
Lic Expire	3/22/2024		6363 RICHMOND AVE SUITE 316			3627 CIBOLO COURT	
Medicare 1:	971709 Hospice		HOUSTON, TEXAS 77057			PEARLAND, TEXAS	
Medicare 2:						PHONE:	FAX:
Phone	(678) 677-4041		Fax			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TYRONE LANE				
County	HARRIS	Region	06	Date Licensed	02/10/2005	Owner Information	
License #	009581		ELITTE HEALTHCARE AND SERVICE			OKORIE U OKO	
Lic Expire	2/28/2022		9888 BISSONNET SUITE #540			9888 BISSONNET STE 100 F	
Medicare 1:	677970 HHA-18		HOUSTON, TX 77036			HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 776-9399		Fax (713) 776-3994			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OKORIE OKO				
County	HARRIS	Region	06	Date Licensed	11/22/2021	Owner Information	
License #	021222		ELLE BEE CARE LLC			ELLE BEE CARE LLC	
Lic Expire	11/22/2024		12623 SAI BABA DR.				
Medicare 1:			HOUSTON, TEXAS 77038				
Medicare 2:						PHONE:	FAX:
Phone	(281) 901-2584		Fax (346) 312-5241			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRAYLON JEFFERSON				
County	HARRIS	Region	06	Date Licensed	05/15/2020	Owner Information	
License #	019944		ELN ENTERPRISES			EARTHLY ANGELS HOME HEALTHCARE SERVICES LLC	
Lic Expire	5/15/2022		5312 CHEROKEE ST.				
Medicare 1:			HOUSTON, TX 77005				
Medicare 2:						PHONE:	FAX:
Phone	(301) 651-6053		Fax			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NATASHA VARNER				
County	HARRIS	Region	06	Date Licensed	06/11/1999	Owner Information	
License #	007009		ELSHADDAI CARE SERVICES INC			ELSHADDAI CARE SERVICES, INC	
Lic Expire	6/30/2022		7707 FAWN TERRACE DRIVE			7707 FAWN TERRACE	
Medicare 1:			HOUSTON, TX 77071			HOUSTON, TX 77071	
Medicare 2:						PHONE:	FAX:
Phone	(713) 728-2677		Fax (713) 728-8226			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSEPHINE OZOUGWU				
County	HARRIS	Region	06	Date Licensed	05/28/2019	Owner Information	
License #	019394		EMERALD TOTAL CARE			EMERALD TOTAL CARE LLC	
Lic Expire	5/28/2024		10101 SOUTHWEST FREEWAY SUITE 400				
Medicare 1:			HOUSTON, TEXAS 77074				
Medicare 2:						PHONE:	FAX:
Phone	(281) 973-5889		Fax (281) 973-4606			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RONKE ODIGIE				
County	HARRIS	Region	06	Date Licensed	10/25/2002	Owner Information	
License #	008175		EMMACO HOME HEALTH SERVICES INC			EMMACO HOME HEALTH SERVICES INC	
Lic Expire	10/31/2021		8303 SOUTHWEST FRWY SUITE 270			2211 WAR ADMIRAL DRIVE	
Medicare 1:			HOUSTON, TX 77074			STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(713) 777-2376		Fax (713) 777-2333			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOEL ANYANWU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/19/1996	Owner Information
License #	004350	EMMANUEL HEALTH HOMECARE INC			EMMANUEL HEALTH HOMECARE, INC	
Lic Expire	3/31/2023	7676 HILLMONT ST STE 225			7676 HILLMONT ST STE #225	
Medicare 1:		HOUSTON, TX 77040			HOUSTON, TEXAS 77040	
Medicare 2:				PHONE:	FAX:	
Phone	(713) 505-1685	Fax	(832) 516-8325	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JOYCE JONES			
County	HARRIS	Region	06	Date Licensed	02/19/2004	Owner Information
License #	008919	EMPATHY HOME HEALTH SERVICES INC			EMPATHY HOME HEALTH SERVICES INC	
Lic Expire	2/28/2022	8103 BELLAIRE			8103 BELLAIRE BLVD	
Medicare 1:	673147 HHA-18	HOUSTON, TX 77036			HOUSTON, TX 77036	
Medicare 2:				PHONE:	FAX:	
Phone	(713) 774-0490	Fax	(713) 774-0499	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	CHRISTOPHER ORJI			
County	HARRIS	Region	06	Date Licensed	04/15/2015	Owner Information
License #	016939	ENCOMPASS HEALTH HOME HEALTH			DRC HEALTH SYSTEMS, LP	
Lic Expire	4/30/2023	15840 FM 529, SUITE 302			6688 N CENTRAL EXPRESS SUITE 1300	
Medicare 1:	679137 HHA-18	HOUSTON, TEXAS 77095			DALLAS, TX 75206	
Medicare 2:				PHONE:	FAX:	
Phone	281 8616635	Fax	281 8617297	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	LISA HILBURN			
County	HARRIS	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH			DRC HEALTH SYSTEMS, LP	
Lic Expire	8/31/2022	701 NORTH POST OAK ROAD, SUITE 101			6688 N CENTRAL EXPRESS SUITE 1300	
Medicare 1:	673134 HHA-18	HOUSTON, TEXAS 77024			DALLAS, TX 75206	
Medicare 2:				PHONE:	FAX:	
Phone	713 6831021	Fax	713 6831020	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	BOBBIE SOLET-KANGOT			
County	HARRIS	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH			DRC HEALTH SYSTEMS, LP	
Lic Expire	8/31/2022	701 NORTH POST OAK ROAD, SUITE 101			6688 N CENTRAL EXPRESS SUITE 1300	
Medicare 1:	673134 HHA-18	HOUSTON, TEXAS 77024			DALLAS, TX 75206	
Medicare 2:				PHONE:	FAX:	
Phone	713 6831021	Fax	713 6831020	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	BOBBIE SOLET-KANGOT			
County	HARRIS	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH			DRC HEALTH SYSTEMS, LP	
Lic Expire	8/31/2022	701 NORTH POST OAK ROAD, SUITE 101			6688 N CENTRAL EXPRESS SUITE 1300	
Medicare 1:	673134 HHA-18	HOUSTON, TEXAS 77024			DALLAS, TX 75206	
Medicare 2:				PHONE:	FAX:	
Phone	713 6831021	Fax	713 6831020	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	BOBBIE SOLET-KANGOT			
County	HARRIS	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH			DRC HEALTH SYSTEMS, LP	
Lic Expire	8/31/2022	1300 ROLLINGBROOK DRIVE, SUITE 500			6688 N CENTRAL EXPRESS SUITE 1300	
Medicare 1:		BAYTOWN, TEXAS 77521			DALLAS, TX 75206	
Medicare 2:				PHONE:	FAX:	
Phone	281 4228530	Fax	281 4228539	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Branch Agency	Administrator	BOBBIE SOLET-KANGOT			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 8/31/2022 1300 ROLLINGBROOK DRIVE, SUITE 500
Medicare 1: BAYTOWN, TEXAS 77521
Medicare 2:
Phone 281 4228530 Fax 281 4228539
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information

DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/01/2008
License # 012241 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 8/31/2022 1300 ROLLINGBROOK DRIVE, SUITE 500
Medicare 1: BAYTOWN, TEXAS 77521
Medicare 2:
Phone 281 4228530 Fax 281 4228539
Type: Branch Agency Administrator BOBBIE SOLET-KANGOT

Owner Information

DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/01/2005
License # 009508 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 12/31/2022 12727 FEATHERWOOD DRIVE, SUITE 200
Medicare 1: 678260 HHA-18 HOUSTON, TEXAS 77034
Medicare 2:
Phone 281 4847070 Fax 281 4847098
Type: Parent Agency Administrator JOANNA CARPENTER

Owner Information

DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 05/29/2013
License # 015693 ENCOMPASS HEALTH HOSPICE
Lic Expire 5/31/2023 12727 FEATHERWOOD DR, SUITE 295
Medicare 1: 671703 HOSPICE HOUSTON, TEXAS 77034
Medicare 2:
Phone 713 4760270 Fax 713 4760258
Type: Parent Agency Administrator MARIAH GARRETT

Owner Information

DRC HEALTH SYSTEMS, LP
6688 N CENTRAL EXPRESS SUITE 1300
DALLAS, TX 75206
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/21/2009
License # 012553 ENCORE CAREGIVERS
Lic Expire 4/30/2023 7925 KATY FREEWAY SUITE N
Medicare 1: HOUSTON, TX 77024
Medicare 2:
Phone (713) 686-2233 Fax (713) 686-9200
Type: Parent Agency Administrator MILTON SCHOPPER

Owner Information

ENCORE CAREGIVER, LTD
715 HIGHGROVE PARK
HOUSTON, TX 77024
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/11/2017
License # 018499 ENCOUNTER HOME CARE INCORPORATED
Lic Expire 12/31/2023 9950 WESTPARK DRIVE 512
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (713) 530-7391 Fax (713) 715-1471
Type: Parent Agency Administrator BLESSING GABRIEL

Owner Information

ENCOUNTER HOME CARE, INCORPORATED
9950 WESTPARK DRIVE 512
HOUSTON, TEXAS 77063
PHONE:
FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/09/2016
License # 017998 ENHANCE HEALTHCARE SERVICES INC
Lic Expire 12/31/2022 7457 HARWIN DR STE 260-B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 532-0851 Fax (832) 939-8747
Type: Parent Agency Administrator KERRY AKUKORO

Owner Information

ENHANCE HEALTHCARE SERVICES INC
25503 CRESTON MEADOW DR
RICHMOND, TX 77406
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	05	Date Licensed	04/01/2021	Owner Information	
License #	020079					ENTRUSTED PEDIATRIC HOME CARE	
Lic Expire	7/28/2022					7600 CHEVY CHASE DR BLDG 2 STE 300	
Medicare 1:						AUSTIN, TX 78752	
Medicare 2:						PHONE:	FAX:
Phone	(817) 455-7476	Fax	(512) 777-4072			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	NICHOLAS NORWOOD				
County	HARRIS	Region	06	Date Licensed	08/31/2012	Owner Information	
License #	015068					EPRIMETEC, INC	
Lic Expire	8/31/2022					21322 SPRINGBEND LN	
Medicare 1:	679793					KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(281) 599-8406	Fax	(281) 377-8485			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANA MARIA SANTOS-GONZALES				
County	HARRIS	Region	06	Date Licensed	01/30/2004	Owner Information	
License #	008892					ESSENCE HEALTH CARE INC	
Lic Expire	1/31/2023					10101 HARWIN SUITE 190	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 778-0523	Fax	(713) 778-0009			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALEXANDER ONYRIOHA				
County	HARRIS	Region	06	Date Licensed	07/01/2017	Owner Information	
License #	018365					ESSENTIAL HOSPICE AND PALLIATIVE SERVICES LLC	
Lic Expire	6/30/2024					1002 GEMINI STREET, SUITE#116	
Medicare 1:	741572 HOSPICE					HOUSTON, TX 77058-2706	
Medicare 2:						PHONE:	FAX:
Phone	(832) 224-4756	Fax	(832) 284-4145			Services: Hospice	
Type:	Parent Agency	Administrator	JODY JAMES			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	02/10/1997	Owner Information	
License #	005283					ETERNAL HEALTHCARE CENTER INC	
Lic Expire	2/28/2022					7457 HARWIN, SUITE #251	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 783-8507	Fax	(713) 783-8514			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORETTA OKUNGBOWA				
County	HARRIS	Region	06	Date Licensed	03/04/2021	Owner Information	
License #	020570					ETERNAL LIGHT HOSPICE INC	
Lic Expire	3/4/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 874-1234	Fax	(713) 521-1277			Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER ROY			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	06/30/2003	Owner Information	
License #	008533					EVANGEL HEALTHCARE CHARITIES INC	
Lic Expire	6/30/2022					P.O.BOX 35447	
Medicare 1:	679493 HHA-18					HOSTON, TX 77235	
Medicare 2:						PHONE:	FAX:
Phone	(713) 432-7330	Fax	(713) 432-7331			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MERCY IROH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/22/2006	Owner Information	
License #	010477					EVANGEL HEALTHCARE CHARITIES INC	
Lic Expire	5/31/2022					P.O.BOX 35447	
Medicare 1:	671568 HOSPICE					HOUSTON, TX 77235	
Medicare 2:						PHONE:	FAX:
Phone	(713) 923-5765	Fax	(713) 921-0008			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MERCY IROH				
County	HARRIS	Region	06	Date Licensed	11/12/2009	Owner Information	
License #	012997					EVANGEL HEALTHCARE CHARITIES INC	
Lic Expire	3/31/2022					P.O.BOX 35447	
Medicare 1:						HOUSTON, TX 77235	
Medicare 2:						PHONE:	FAX:
Phone	(713) 923-6620	Fax	(713) 921-0008			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MERCY IROH				
County	HARRIS	Region	06	Date Licensed	09/30/2012	Owner Information	
License #	015336					EVANGEL PHC SERVICES, INC	
Lic Expire	9/30/2022					P.O.BOX 35447	
Medicare 1:						HOUSTON, TX 77235	
Medicare 2:						PHONE:	FAX:
Phone	(713) 923-6620	Fax	(713) 921-0008			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MERCY IROH				
County	HARRIS	Region	06	Date Licensed	04/29/2016	Owner Information	
License #	017376					EVERCARE HOSPICE INC	
Lic Expire	4/30/2022					6201 BONHOMME ROAD, SUITE 181N	
Medicare 1:	971541 (HOSPICE)					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 804-9815	Fax	(281) 860-2030			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	EDDIE TAYLOR				
County	HARRIS	Region	06	Date Licensed	06/03/2014	Owner Information	
License #	016349					EVERGREEN HEALTHCARE SERVICES INC	
Lic Expire	6/30/2022					9788 CLAREWOOD DRIVE, SUITE #206	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 777-1991	Fax	(713) 777-1980			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DOLORES CU				
County	HARRIS	Region	06	Date Licensed	11/24/2014	Owner Information	
License #	016541					EVERGREEN PRIVATE CARE OF HOUSTON LLC	
Lic Expire	11/30/2022					16818 N ELDRIDGE PKWY	
Medicare 1:						HOUSTON, TX 77377	
Medicare 2:						PHONE:	FAX:
Phone	(281) 320-1856	Fax	(281) 320-1886			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LAURA COOK				
County	HARRIS	Region	06	Date Licensed	09/07/2021	Owner Information	
License #	021028					EVERMORE HOME CARE LLC	
Lic Expire	9/7/2024					14202 OLD DOCK LANE	
Medicare 1:						HOUSTON, TX 77090	
Medicare 2:						PHONE:	FAX:
Phone	(713) 498-5065	Fax	(515) 500-5025			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY SAY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/18/2010	Owner Information	
License #	013330					EVEROSE HEALTHCARE INC	
Lic Expire	5/31/2022					11200 WESTHEIMER RD SUITE 100	
Medicare 1:						HOUSTON, TX 77042	
Medicare 2:						PHONE:	FAX:
Phone	(713) 783-1511	Fax	(713) 782-1530			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TED DIEP NGUYEN				
County	HARRIS	Region	06	Date Licensed	09/01/2021	Owner Information	
License #	021019					LL EXCLUSIVE, LLC	
Lic Expire	9/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 661-5545	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LIN LUO				
County	HARRIS	Region	06	Date Licensed	10/06/2021	Owner Information	
License #	021105					EVERYDAY LIVING WITH PHIL LLC	
Lic Expire	10/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 687-1581	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VINCENT EHIRIM				
County	HARRIS	Region	06	Date Licensed	06/09/1997	Owner Information	
License #	005652					DEAVRA ARPEGE DAUGHTRY	
Lic Expire	6/30/2023					956 NORTH FREEWAY	
Medicare 1:						HOUSTON, TX 77037	
Medicare 2:						PHONE:	FAX:
Phone	(713) 697-9235	Fax	(713) 697-9406			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DEAVRA DAUGHTRY				
County	HARRIS	Region	06	Date Licensed	06/03/2021	Owner Information	
License #	020809					EXCEL HOME HEALTH CARE SERVICES, LLC	
Lic Expire	6/3/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 592-6365	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GEORGINA ARENAS				
County	HARRIS	Region	06	Date Licensed	04/07/2021	Owner Information	
License #	020680					ELIZABETH EVBUOMWAN	
Lic Expire	4/7/2023					15930 MISTY HEATH LN	
Medicare 1:						HOUSTON, TEXAS 77084	
Medicare 2:						PHONE:	FAX:
Phone	(281) 550-8516	Fax	(281) 463-0283			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIZABETH EVBUOMWAN				
County	HARRIS	Region	06	Date Licensed	03/12/2009	Owner Information	
License #	012502					ABACUS HOME HEALTH INC	
Lic Expire	3/31/2023					1322 SPACE PARK DRIVE SUITE C-136	
Medicare 1:	747576 HHA-18					HOUSTON, TX 77058	
Medicare 2:						PHONE:	FAX:
Phone	(281) 333-0100	Fax	(281) 333-0102			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	BRETT SOUCEK				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/09/2013	Owner Information
License #	015533			EXCELLENCE HOSPICE CARE		ACCORD HOSPICE CARE LLC
Lic Expire	5/31/2023			1322 SPACE PARK DRIVE, STE C-130		1358 PORTA ROSA LANE
Medicare 1:	741595 HOSPICE			HOUSTON, TX 77058		LEAGUE CITY, TX 77573
Medicare 2:						PHONE:
Phone	(281) 476-0436	Fax	(281) 677-4238			FAX:
Type:	Parent Agency	Administrator	BRETT SOUCEK			
County	HARRIS	Region	06	Date Licensed	11/20/2015	Owner Information
License #	017145			EXCELLENT CARE PERSONAL ASSISTANCE SERVICE		GOD IS BEST LLC
Lic Expire	11/30/2019			5204 PALE SAGE LANE		5204 PALE SAGE LANE
Medicare 1:				ROSHARON, TX 77583		ROSHARON, TX 77583
Medicare 2:						PHONE:
Phone	(832) 967-0899	Fax	(281) 817-5914			FAX:
Type:	Parent Agency	Administrator	GOODLUCK ONUCKWUSI			
County	HARRIS	Region	06	Date Licensed	05/12/2021	Owner Information
License #	020747			EXCELLENT LIFE HEALTH SERVICES INC		EXCELLENT LIFE HEALTH SERVICES INC
Lic Expire	5/12/2023			6464 SAVOY DRIVE STE 550		
Medicare 1:				HOUSTON, TEXAS 77036		
Medicare 2:						PHONE:
Phone	(832) 606-0282	Fax	(281) 860-2030			FAX:
Type:	Parent Agency	Administrator	THECLAR OMEH			
County	HARRIS	Region	06	Date Licensed	02/28/2002	Owner Information
License #	007881			EXCELS HEALTH CARE SERVICES INC		EXCELS HEALTH CARE SERVICES INC
Lic Expire	2/28/2022			9898 BISSONNET SUITE #388		9898 BISSONNET #388
Medicare 1:	679068 HHA-18			HOUSTON, TX 77036		HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 771-8826	Fax	(713) 771-8846			FAX:
Type:	Parent Agency	Administrator	SYLVANUS OKON			
County	HARRIS	Region	06	Date Licensed	02/25/2021	Owner Information
License #	020546			EXCEPTIONAL PEDIATRIC THERAPY, LLC		EXCEPTIONAL PEDIATRIC THERAPY, LLC
Lic Expire	2/25/2023			9610 LONG POINT RD STE 355		
Medicare 1:				HOUSTON, TEXAS 77055		
Medicare 2:						PHONE:
Phone	(832) 487-9872	Fax	(888) 512-9220			FAX:
Type:	Parent Agency	Administrator	NEDRA WOODS			
County	HARRIS	Region	06	Date Licensed	08/24/2021	Owner Information
License #	020997			EXCLUSIVE PALLIATIVE HOSPICE LLC		EXCLUSIVE PALLIATIVE HOSPICE LLC
Lic Expire	8/24/2024			6260 WESTPARK DR STE. 265		
Medicare 1:	971714-HOSPICE			HOUSTON, TX 77057		
Medicare 2:						PHONE:
Phone	(832) 723-4436	Fax	(281) 990-6716			FAX:
Type:	Parent Agency	Administrator	NINA OLUGU			
County	HARRIS	Region	06	Date Licensed	01/22/2019	Owner Information
License #	019216			EXQUISITE QUEENS INHOME CARE		EXQUISITE QUEENS INHOME CARE LLC
Lic Expire	4/30/2024			14211 EVENTIDE DRIVE		
Medicare 1:				CYPRESS, TEXAS 77429		
Medicare 2:						PHONE:
Phone	(281) 653-2468	Fax	832 2132412			FAX:
Type:	Parent Agency	Administrator	BETH ANDERSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/15/2005	Owner Information	
License #	009965					EXTENDED HAND HOME HEALTH CARE, INC	
Lic Expire	9/30/2024					6201 BONHOMME RD SUITE #290 NK	
Medicare 1:	677965 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 972-9563					Fax (713) 583-7700	
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	TORSHALLA WARREN				
County	HARRIS	Region	06	Date Licensed	07/08/2014	Owner Information	
License #	016301					EXTENDED HOME HEALTH INC	
Lic Expire	7/31/2020					13619 TONNOCHY DRIVE	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 216-2555					Fax (877) 915-1555	
Type:	Parent Agency					Services: Licensed Home Health Services; Personal Assistance Services	
		Administrator	KENNEDY OBANOR				
County	HARRIS	Region	06	Date Licensed	03/11/2005	Owner Information	
License #	009624					AXER CORPORATION	
Lic Expire	3/31/2024					3427 KENNONVIEW DRIVE	
Medicare 1:	677953 HHA-18					HOUSTON, TX 77068	
Medicare 2:						PHONE:	FAX:
Phone	(832) 484-8203					Fax (832) 484-8204	
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
		Administrator	RONNIE XAVIER				
County	HARRIS	Region	06	Date Licensed	06/21/2019	Owner Information	
License #	019435					EXTRAORDINARY HEALTHCARE SERVICES	
Lic Expire	6/21/2021					3823 WIMBERLEY HOLLOW LN	
Medicare 1:						HOUSTON, TX 77053	
Medicare 2:						PHONE:	FAX:
Phone	(832) 642-9231					Fax (346) 335-1139	
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	LA RHONDA COVIN				
County	HARRIS	Region	06	Date Licensed	12/19/2008	Owner Information	
License #	012360					EYES OF HOPE HOME HEALTH LLC	
Lic Expire	12/31/2023					4304 HARE STREET	
Medicare 1:	747217 HHA-18					HOUSTON, TX 77020	
Medicare 2:						PHONE:	FAX:
Phone	(713) 678-7686					Fax (713) 678-7687	
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
		Administrator	ROSE TURNER				
County	HARRIS	Region	06	Date Licensed	01/08/1998	Owner Information	
License #	006605					F K BOLD HEALTHCARE, INC	
Lic Expire	4/30/2022					10103 FONDREN ROAD, SUITE #310	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 782-3558					Fax (713) 782-3624	
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	OLUKEMI TENNYSON				
County	HARRIS	Region	06	Date Licensed	08/24/2017	Owner Information	
License #	018277					F PLANET HEALTHCARE, LLC	
Lic Expire	3/31/2022					21318 MYSTIC OAK DR	
Medicare 1:						CYPRESS, TEXAS 77433	
Medicare 2:						PHONE:	FAX:
Phone	(713) 480-2224					Fax (844) 358-1424	
Type:	Parent Agency					Services: Personal Assistance Services	
		Administrator	OLUWADARE FADURI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/26/2006
License # 010260 FACE TO FACE HEALTHCARE SERVICES LLC
Lic Expire 1/31/2023 2616 SOUTH LOOP WEST, SUITE 300
Medicare 1: 679763 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 432-7700 Fax (713) 432-7703
Type: Parent Agency Administrator CHUKWUJI UDENKWO

Owner Information

FACE TO FACE HEALTHCARE SERVICES, LLC
2616 SOUTH LOOP WEST SUITE 230
HOUSTON, TX 77054
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/15/2004
License # 009465 FAITH COMMUNITY HOSPICE LLC
Lic Expire 12/31/2021 4721 GARTH RD SUITE H
Medicare 1: 451787 HOSPICE BAYTOWN, TX 77521
Medicare 2:
Phone (281) 422-0414 Fax (281) 422-9605
Type: Parent Agency Administrator CYNTHIA D PATTERSON

Owner Information

FAITH COMMUNITY HOSPICE LLC
4721 GARTH RD SUITE H
BAYTOWN, TX 77521
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/07/2011
License # 014577 FAITH FOUNDATION INC
Lic Expire 11/30/2023 8431 ASHFORD GREEN LANE
Medicare 1: 747184 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (832) 814-3048 Fax (281) 564-1509
Type: Parent Agency Administrator OYEBOLA PATRICK

Owner Information

FAITH FOUNDATION, INC
8431 ASHFORD GREEN LANE
HOUSTON, TX 77072
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 021349 FAITH HOME HEALTH SERVICES LLC
Lic Expire 1/22/2025 6730 LA PUENTE DRIVE
Medicare 1: HOUSTON, TEXAS 770831127
Medicare 2:
Phone 832 2490904 Fax 346 9075640
Type: Parent Agency Administrator RONKE FAKIYESI

Owner Information

FAITH HOME HEALTH SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/13/2009
License # 012705 FAMCARE HOME HEALTH SERVICES INC
Lic Expire 7/31/2024 8230 MISSION ESTATES DR
Medicare 1: 747563 HHA-18 HOUSTON, TX 77083
Medicare 2:
Phone (832) 762-7614 Fax (281) 302-6603
Type: Parent Agency Administrator DORA FAMUYIWA

Owner Information

FAMCARE HOME HEALTH SERVICES INC
8230 MISSION ESTATES
HOUSTON, TX 77083
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/30/2018
License # 018584 FAMILIAR CARE SENIOR CARE LLC
Lic Expire 1/31/2022 9522 ALEX SPRINGS LANE
Medicare 1: HOUSTON, TX 77044
Medicare 2:
Phone (281) 300-8723 Fax (281) 396-4544
Type: Parent Agency Administrator TANGI THIBODEAUX

Owner Information

FAMILIAR CARE SENIOR CARE, LLC
21603 CREST PEAK WAY
KATY, TX 77449
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/02/2021
License # 020807 FAMILY 1ST HOME HEALTH SERVICES LLC
Lic Expire 6/2/2024 5434 CREEKSIDE RIDGE TRAIL
Medicare 1: KATY, TEXAS 77449
Medicare 2:
Phone (219) 588-7387 Fax
Type: Parent Agency Administrator SHALONDA WILLIS

Owner Information

FAMILY 1ST HOME HEALTH SERVICES
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	04/01/2021	Owner Information	
License #	020360					FAMILY FIRST HOMECARE OF TEXAS LLC	
Lic Expire	11/30/2022					2203 N. LOIS AVE, #814	
Medicare 1:						TAMPA, FL 33607	
Medicare 2:						PHONE:	FAX:
Phone	(806) 500-1119	Fax	(813) 850-0043			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAYTON PORTER				
County	HARRIS	Region	06	Date Licensed	03/27/2012	Owner Information	
License #	014707					ABSF, LLC	
Lic Expire	3/31/2022					3600 S GESSNER, SUITE 150	
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(713) 333-9991	Fax	(713) 333-9995			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALEX BONETTI				
County	HARRIS	Region	06	Date Licensed	01/23/2018	Owner Information	
License #	018571					FASHCARES HEALTH SERVICES LLC	
Lic Expire	1/31/2025					SAME AS ABOVE	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	281 760 8904	Fax	281 846 6766			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YINKA USMAN				
County	HARRIS	Region	06	Date Licensed	12/15/2003	Owner Information	
License #	008943					FAVOR HEALTHCARE INC	
Lic Expire	12/31/2023					7457 HARWIN DRIVE SUITE 118	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 974-1981	Fax	(713) 980-6844			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVIS OKPAMEN				
County	HARRIS	Region	06	Date Licensed	01/02/2014	Owner Information	
License #	015944					FAVOR HOME CARE INC	
Lic Expire	1/31/2022					9719 HUNTINGTON WAY DRIVE	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(713) 480-7759	Fax	(832) 529-2695			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADAEZE IFEANYI				
County	HARRIS	Region	06	Date Licensed	03/05/2008	Owner Information	
License #	011911					FAVOR COMMUNITY CARE OF TEXAS INC	
Lic Expire	3/31/2022					10333 HARWIN DRIVE SUITE #512	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 545-9900	Fax	(281) 545-9901			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HENRY NWAKAEGO				
County	HARRIS	Region	06	Date Licensed	03/15/2014	Owner Information	
License #	016271					FEATHERLAND HOSPICE INC	
Lic Expire	3/31/2022					8200 WEDNESBURY LANE SUITE#317	
Medicare 1:	741549 HOSPICE					HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(281) 751-8333	Fax	(281) 860-2030			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	JESENIA PAREDES			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 02/18/2004
License # 008913 FIDELITY CARE HOME HEALTH
Lic Expire 2/28/2022 6023 COVENTRY FALLS
Medicare 1: 453170 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 550-0053 Fax (281) 550-3150
Type: Parent Agency Administrator DELOISE WILSON

Owner Information

L I N S INC
6023 COVENTRY FALLS
HOUSTON, TX 77084
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/15/2021
License # 020602 FIDELITY HOME HEALTH CARE AGENCY LLC
Lic Expire 3/15/2023 20247 CREEKDALE BEND DR
Medicare 1: CYPRESS, TX 774337475
Medicare 2:
Phone (281) 213-2944 Fax (281) 213-2944
Type: Parent Agency Administrator SIMON NDFON

Owner Information

FIDELITY HOME HEALTH CARE AGENCY LLC
15050 COPPER GROVE BLVD APT 814
HOUSTON, TX
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/28/2006
License # 011357 FIDELITY HOME HEALTH SERVICES LLC
Lic Expire 12/31/2021 9894 BISSONNET SUITE 585
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 771-5277 Fax (713) 771-5278
Type: Parent Agency Administrator JOHN NOSIKE

Owner Information

FIDELITY HOME HEALTH SERVICES LLC
9207 COUNTRY CREEK DRIVE SUITE #201
HOUSTON, TX 77036
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/23/2014
License # 016440 FINE TOUCH HEALTHCARE SERVICES LLC
Lic Expire 12/30/2022 14206 ALMOND BAY LN
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone 2814165838832858624 Fax (832) 486-9687
Type: Parent Agency Administrator CLARA ADODO

Owner Information

FINE TOUCH HEALTHCARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 07 Date Licensed
License # 014081 FIRST CHOICE INHOME CARE LLC
Lic Expire 5/31/2023 1233 MORRIS ST (REAR)
Medicare 1: HOUSTON, TEXAS 77009
Medicare 2:
Phone (713) 499-0418 Fax (832) 487-9740
Type: Branch Agency Administrator MARIA C. RODRIGUEZ

Owner Information

FIRST CHOICE INHOME CARE LLC
2301 EAST BUSINESS HWY 83 LOT A
HIDALGO, TX 78537
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/08/2021
License # 021110 FIRST CHOICE STAFFING AGENCY
Lic Expire 10/8/2024 440 LOUISIANA ST SUITE 900
Medicare 1: HOUSTON, TEXAS 77002
Medicare 2:
Phone (989) 890-1659 Fax
Type: Parent Agency Administrator LAKISHA ADAMS

Owner Information

ADAMS & PARKS ENTERPRISES INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/07/2020
License # 020217 FIRST TRINITY CARE LLC
Lic Expire 10/7/2022 24515 FLORA MEADOW DR
Medicare 1: SPRING, TEXAS 77373
Medicare 2:
Phone (346) 355-0021 Fax (346) 355-0021
Type: Parent Agency Administrator NOSA OSAIKHUIWU

Owner Information

FIRST TRINITY CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	06/01/2020	Owner Information	
License #	020326				FIRSTLIGHT HOME CARE KINGWOOD	MADJAK HOME CARE LLC	
Lic Expire	6/1/2022				6807 CHAMPION VILLAGE CT		
Medicare 1:					HOUSTON, TX 77069		
Medicare 2:						PHONE:	FAX:
Phone	(832) 978-5749	Fax	na			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WENDY OWENS				
County	HARRIS	Region	06	Date Licensed	12/08/2016	Owner Information	
License #	017773				FIRSTLIGHT HOMECARE	INTEGRATED ADULT DAY HEALTH & INHOME SERVICES LLC	
Lic Expire	12/31/2022				5433 WESTHEIMER ROAD SUITE 403	13019 ORCHARD GLEN DRIVE	
Medicare 1:					HOUSTON, TX 77056	RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(713) 714-5625	Fax	(832) 835-2110			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NAMITA SHAH				
County	HARRIS	Region	06	Date Licensed	02/27/2013	Owner Information	
License #	015399				FIRSTLIGHT HOMECARE OF THE WOODLANDS	BRANDKAST SOLUTIONS, LP	
Lic Expire	2/28/2023				14011 PARK DR SUITE #205	PO BOX 1138	
Medicare 1:					TOMBALL, TX 77377	TOMBALL, TX 77375	
Medicare 2:						PHONE:	FAX:
Phone	(832) 380-8265	Fax	(832) 380-8255			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WAYNE ARRINGTON				
County	HARRIS	Region	06	Date Licensed	03/25/2003	Owner Information	
License #	008382				FIVE STAR HEALTHCARE SERVICE INC	FIVE STAR HEALTHCARE SERVICE INC	
Lic Expire	3/31/2023				8306 BALLINA RIDGE COURT	8306 BALLINA RIDGE CT	
Medicare 1:	679356 HHA-18				HOUSTON, TX 77083	HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 313-0508	Fax	(281) 313-0504			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REGINA IKEGBUNAM				
County	HARRIS	Region	06	Date Licensed	03/09/2006	Owner Information	
License #	010335				FLAGSTAR HEALTHCARE SERVICES	VICTOR ADIUKU	
Lic Expire	3/31/2022				9888 BISSONNET ST SUITE #450D	9888 BISSONNET ST SUITE 450#D	
Medicare 1:					HOUSTON, TX 77036	HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 777-3434	Fax	(713) 777-3593			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR ADIUKU				
County	HARRIS	Region	06	Date Licensed	11/13/2019	Owner Information	
License #	019698				FLEX CARE, LLC	FLEX CARE, LLC	
Lic Expire	4/29/2022				19790 SAUMS ROAD	17811 FOLLY POINT DRIVE	
Medicare 1:					HOUSTON, TEXAS 77084	CYPRESS, TEXAS 77429	
Medicare 2:						PHONE:	FAX:
Phone	(281) 935-4618	Fax	(832) 550-2345			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADELOLA ORUNDAMI				
County	HARRIS	Region	06	Date Licensed	07/01/2009	Owner Information	
License #	012678				FLORAC HEALTH CARE SERVICES	GLORIA BOATENG	
Lic Expire	6/30/2023				8300 BISSONNET ST. STE 460 B	8300 BISSONNET ST. STE 460B	
Medicare 1:					HOUSTON, TX 77074	HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(281) 495-7078	Fax	(281) 988-5390			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GLORIA BOATENG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	08/16/2021	Owner Information
License #	020982	FLORAC HEALTHCARE SERVICES, INC			FLORAC HEALTHCARE SERVICES, INC	
Lic Expire	8/16/2024	8300 BISSONNET STREET, STE 460-B				
Medicare 1:		HOUSTON, TEXAS 77074				
Medicare 2:					PHONE:	FAX:
Phone	346 381 7648	Fax	832 940 2934	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	HEAMIA AKA			
County	HARRIS	Region	06	Date Licensed	10/29/2008	Owner Information
License #	012282	FLOURISH HOMEHEALTH CARE INC			FLOURISH HOME HEALTH CARE INC	
Lic Expire	10/31/2022	10103 FONDREN SUITE 464			7918 ARBOR MEADOW STREET	
Medicare 1:	747315 HHA-18	HOUSTON, TX 77096			HOUSTON, TX 77071	
Medicare 2:					PHONE:	FAX:
Phone	(713) 981-6755	Fax	(713) 726-0330	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	KENNETH EMORDI			
County	HARRIS	Region	06	Date Licensed	12/10/2020	Owner Information
License #	020393	FLOXY HOME HEALTH CARE SERVICES INC			FLOXY HOME HEALTH CARE SERVICES INC	
Lic Expire	12/10/2022	13543 PASA ROBLES LN				
Medicare 1:		HOUSTON, TEXAS 77083				
Medicare 2:					PHONE:	FAX:
Phone	(602) 486-7604	Fax	(602) 486-7604	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	FLORENCE EDI			
County	HARRIS	Region	06	Date Licensed	01/08/2020	Owner Information
License #	019764	FORTUNE HEALTHCARE INC			FORTUNE HEALTHCARE INC	
Lic Expire	1/8/2022	2825 WILCREST DR #312			2825 WILCREST DRIVE, SUITE #312	
Medicare 1:		HOUSTON, TX 77042			HOUSTON, TX 77042	
Medicare 2:					PHONE:	FAX:
Phone	(713) 771-0032	Fax	(713) 771-0039	Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	ATIF FATTAH			
County	HARRIS	Region	06	Date Licensed	03/14/2009	Owner Information
License #	012517	FORTUNE HEALTHCARE INC			FORTUNE HEALTHCARE INC	
Lic Expire	3/31/2023	2825 WILCREST SUITE 312			2825 WILCREST DRIVE, SUITE #312	
Medicare 1:	679727 HHA-18;74	HOUSTON, TX 77042			HOUSTON, TX 77042	
Medicare 2:					PHONE:	FAX:
Phone	(713) 771-0032	Fax	(832) 771-0039	Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	ATIF FATTAH			
County	HARRIS	Region	06	Date Licensed	11/14/2003	Owner Information
License #	008744	FOUNTAIN HOME HEALTH			FOUNTAIN CARE INC	
Lic Expire	11/30/2022	9127 MAGNOLIA VIEW			11926 DAVIS MOUNTAIN DRIVE	
Medicare 1:	679479	HOUSTON, TX 77099			SUGAR LAND, TX 77478	
Medicare 2:					PHONE:	FAX:
Phone	(281) 575-9505	Fax	(281) 495-0462	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	MUTIAT LAWAL			
County	HARRIS	Region	06	Date Licensed	05/15/2020	Owner Information
License #	019942	FRANCISNICEY HEALTH SERVICES LLC			FRANCISNICEY HEALTH SERVICES LLC	
Lic Expire	5/15/2022	6206 LONE PRAIRIE WAY				
Medicare 1:		KATY, TEXAS 77449				
Medicare 2:					PHONE:	FAX:
Phone	713 474 7460	Fax		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	OLUYEMI AKINBOBOLA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/27/2016	Owner Information
License #	017817					FRANK FAMILY ENTERPRISES LLC
Lic Expire	12/31/2022					3926 OAKSIDE DRIVE STE B
Medicare 1:						HOUSTON, TX 77053
Medicare 2:						PHONE: FAX:
Phone	(713) 993-6156	Fax	(713) 969-4843			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SHIRLEY RAY			
County	HARRIS	Region	06	Date Licensed	12/01/2021	Owner Information
License #	021242					FREELANCE HOSPICE LLC
Lic Expire	12/1/2024					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(346) 874-0052	Fax	(833) 346-8740			Services: Hospice; Personal Assistance Services
Type:	Parent Agency	Administrator	NINA OLOGU			In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	08/03/2011	Owner Information
License #	014247					FRIENDSHIP CARE HOME ENTERPRISES, LLC
Lic Expire	8/31/2023					7457 HARWIN DRIVE STE #303K
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE: FAX:
Phone	(713) 781-1270	Fax	(713) 781-1275			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MARIAM ALAGA			
County	HARRIS	Region	06	Date Licensed	01/08/2010	Owner Information
License #	013231					FT BEND HOME HEALTH CARE INC
Lic Expire	5/31/2022					22503 KATY FREEWAY SUITE 65
Medicare 1:						KATY, TX 77450
Medicare 2:						PHONE: FAX:
Phone	(281) 206-7912	Fax	(281) 206-7914			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KEHINDE ALLI			
County	HARRIS	Region	06	Date Licensed	06/23/2014	Owner Information
License #	016276					FULLCARE HOME HEALTH, INC
Lic Expire	6/30/2022					13446 QUEENSLAND WAY
Medicare 1:						HOUSTON, TX 77083
Medicare 2:						PHONE: FAX:
Phone	(281) 885-8799	Fax	(979) 488-2042			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	FOLASADE ADEYEYE			
County	HARRIS	Region	06	Date Licensed	10/09/2015	Owner Information
License #	017071					FUSION ONE INC
Lic Expire	10/31/2021					14601 BELLAIRE BLVD SUITE 152
Medicare 1:						HOUSTON, TEXAS 77083
Medicare 2:						PHONE: FAX:
Phone	(281) 712-2273	Fax	(281) 712-2274			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTIANA EDEM			
County	HARRIS	Region	06	Date Licensed	01/27/2006	Owner Information
License #	010426					GABLINK INC
Lic Expire	1/31/2023					7457 HARWIN DRIVE, SUITE #102
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE: FAX:
Phone	(713) 333-6090	Fax	(713) 333-6091			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ARLENE QUIJADA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 10/12/2000
License # 007455 GABRIEL HOME HEALTH CARE
Lic Expire 10/31/2021 7100 REGENCY SQUARE SUITE #222
Medicare 1: 679094 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 334-2881 Fax (713) 334-2886
Type: Parent Agency Administrator TIMOTHY ODEBUNMI

Owner Information

GABRIEL HOME CARE, SAMSON ODEBUNMI
6363 BEVERLY HILL #122
HOUSTON, TX 77057
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2013
License # 015455 GARDEN HEALTHCARE SERVICES CORPORATION
Lic Expire 3/31/2021 4930 RIDGE HARBOR DR
Medicare 1: HOUSTON, TX 77053
Medicare 2:
Phone (281) 724-2321 Fax (832) 327-7535
Type: Parent Agency Administrator ROBERT WILLIAMS

Owner Information

GARDEN HEALTHCARE SERVICES CORPORATION
3218 HOLMAN ST
HOUSTON, TX 77004
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/06/2006
License # 010510 GARDEN OF HOPE SERVICES INC
Lic Expire 6/30/2021 15627 LOMA VERDE DRIVE
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone 2815300982 832788038 Fax (281) 530-1303
Type: Parent Agency Administrator KATE IGBOKWE

Owner Information

GARDEN OF HOPE SERVICES INC
15627 LOMA VERDE DRIVE
HOUSTON, TX 77083
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/27/2005
License # 009885 GASPYP HOME HEALTHCARE INC
Lic Expire 7/31/2022 1919 N LOOP WEST STE 400
Medicare 1: 677994 HHA-18 HOUSTON, TX 77008
Medicare 2:
Phone (713) 742-0615 Fax (713) 695-0323
Type: Parent Agency Administrator MARY CORIA-GUTIERREZ

Owner Information

GASPYP HOME HEALTHCARE INC
1919 N LOOP WEST STE 400
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/28/2021
License # 020795 GATEWAY QUALITY HOME CARE LLC
Lic Expire 5/28/2024 5090 RICHMOND AVE., SUITE 601
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 940-7777 Fax (832) 834-3144
Type: Parent Agency Administrator BRITTNEY ANDERSON

Owner Information

GATEWAY QUALITY HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/1998
License # 006617 GC HEALTH SERVICES INC
Lic Expire 12/31/2023 9898 BISSONNET SUITE 426
Medicare 1: 459068 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 776-3309 Fax (713) 776-3346
Type: Parent Agency Administrator IHUOMA ANYANWUEZE

Owner Information

GC HEALTH SERVICES INC
9898 BISSONNET STE 426
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/06/2021
License # 021255 GENERATIONS HOSPICE AND PALLIATIVE CARE
Lic Expire 12/6/2024 9100 SOUTHWEST FREEWAY SUITE 105-A
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (281) 667-9409 Fax
Type: Parent Agency Administrator FEFI JAMES

Owner Information

GENERATIONS HOSPICE AND PALLIATIVE CARE INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 07/13/2017
License # 018160 GENTLE EMBRACE HOME HEALTH SERVICES LLC
Lic Expire 7/31/2023 6300 WEST LOOP SOUTH STE 690
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (832) 986-5002 Fax (844) 879-5144
Type: Parent Agency Administrator LEFTERI PAPAVALIOU

Owner Information

GENTLE EMBRACE HOME HEALTH SERVICES LLC
7600 KIRBY DR #464
HOUSTON, TX 77030
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/03/2013
License # 015412 GENUS PATRIS HOSPICE
Lic Expire 1/31/2023 5315 BISSONNET STREET SUITE A
Medicare 1: 671682 HOSPICE BELLAIRE, TX 77401
Medicare 2:
Phone (713) 665-8200 Fax (713) 665-6176
Type: Parent Agency Administrator MERRIDINE V. MAO

Owner Information

ACARE HOME HEALTH SERVICES OF EAST HOUSTON, INC
5313 BISSONNET ST.
BELLAIRE, TEXAS 77401
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/03/2020
License # 020283 GET WELL AT HOME CARE AGENCY LLC
Lic Expire 11/3/2022 11411 N SAM HOUSTON PKWY E STE 146
Medicare 1: HUMBLE, TX 773965903
Medicare 2:
Phone (832) 781-4340 Fax
Type: Parent Agency Administrator JOUVONNA GRAY

Owner Information

GET WELL AT HOME CARE AGENCY LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/24/2007
License # 011655 GET WELL HOME HEALTH SERVICES OF HOUSTON INC
Lic Expire 10/31/2021 10134 OBOE DR.
Medicare 1: 747661 HHA-18 HOUSTON, TX 77025
Medicare 2:
Phone (713) 662-2275 Fax (713) 662-2295
Type: Parent Agency Administrator BETTY DANCEL

Owner Information

GET WELL HOME HEALTH SERVICES OF HOUSTON INC
10134 OBOE DR.
HOUSTON, TX 77025
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/26/2021
License # 021154 GHP HEALTHCARE SOLUTIONS, LLC
Lic Expire 10/26/2024 1523 WICHITA ST.
Medicare 1: HOUSTON, TEXAS 770045748
Medicare 2:
Phone (281) 703-8014 Fax
Type: Parent Agency Administrator GINA SE

Owner Information

GHP HEALTHCARE SOLUTIONS, LLC
P.O.BOX 16158
SUGAR LAND, TEXAS 77496
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/30/2007
License # 011918 GILGAL HEALTHCARE SERVICES INC
Lic Expire 2/26/2023 15160 C BELLAIRE BLVD
Medicare 1: 747155 HOUSTON, TX 77083
Medicare 2:
Phone (281) 232-3555 Fax (281) 232-7595
Type: Parent Agency Administrator OYINLOLA ZINSOU

Owner Information

GILGAL HEALTHCARE SERVICES INC
19310 CHRISTINE CROSSING DRIVE
RICHMOND, TX 77407
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/30/2007
License # 011753 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2024 6800 WEST LOOP SOUTH #300
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (713) 780-1248 Fax (713) 782-9441
Type: Parent Agency Administrator MELLONIE SIMON

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	11/04/2013	Owner Information	
License #	015853					HOME STAY SENIOR CARE, INC	
Lic Expire	11/30/2023					9555 WEST SAM HOUSTON PKWY SOUTH #310	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(832) 767-3465	Fax	(832) 767-3763			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FRANCOISE ARREY				
County	HARRIS	Region	06	Date Licensed	10/25/2021	Owner Information	
License #	021151					GLORIOUS PALLIATIVE CARE LLC	
Lic Expire	10/25/2024					11965 BISSONNET STREET	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(713) 724-1168	Fax	(713) 541-6001			Services: Hospice	
Type:	Parent Agency	Administrator	GLORIA EGBUCHUNAM			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/01/2010	Owner Information	
License #	013279					GLORYLAND HEALTH SERVICES INC	
Lic Expire	4/30/2022					9806 DARBY MILL LN	
Medicare 1:	747697					HOUSTON, TX 77095	
Medicare 2:						PHONE:	FAX:
Phone	(713) 231-4877	Fax	(281) 859-4402			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	EDITH UGBOAJA			Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	07/21/2021	Owner Information	
License #	020920					GO NACO CARE LLC	
Lic Expire	7/21/2024					11811 EAST FWY SUITE 331	
Medicare 1:						HOUSTON, TEXAS 77029	
Medicare 2:						PHONE:	FAX:
Phone	18337482273	Fax	832 7773475			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DUANE OCH				
County	HARRIS	Region	06	Date Licensed	09/22/2014	Owner Information	
License #	016439					GODLY HEART HOME HEALTHCARE AGENCY LLC	
Lic Expire	9/30/2022					6 VALLEY COTTAGE PLACE	
Medicare 1:						THE WOODANDS, TX 77389	
Medicare 2:						PHONE:	FAX:
Phone	(713) 485-4354	Fax	(866) 583-8731			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARK AFRIYIE				
County	HARRIS	Region	06	Date Licensed	03/09/2012	Owner Information	
License #	014855					GOLDEN ACRES HEALTHCARE SERVICES INC	
Lic Expire	3/31/2022					6430 RICHMOND AVE SUITE #130	
Medicare 1:	747083 HHA-18					HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(832) 962-4948	Fax	(832) 962-4950			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	HASSAN BARMADA			Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	06/21/2017	Owner Information	
License #	018115					GOLDEN AGE HEALTHCARE LLC	
Lic Expire	6/30/2024					14007 RIVER KEG DR	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(713) 540-8723	Fax	(832) 328-5924			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROL ETOAMA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020802					GOLDEN CREEK ENTERPRISES LLC	
Lic Expire	6/1/2024						
Medicare 1:							
Medicare 2:							
Phone	(281) 509-3924	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/08/2020	Owner Information	
License #	019919					GOLDEN STEP HOME HEALTH CARE, LTD	
Lic Expire	5/8/2022						
Medicare 1:							
Medicare 2:							
Phone	(505) 712-9948	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	OMOBOLA OLORUNSIWA			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/01/2015	Owner Information	
License #	017005					GOLDEN YEARS HOME HEALTH CARE, LLC	
Lic Expire	1/31/2024					11169 BEECHNUT STE D	
Medicare 1:						HOUSTON, TX 77072	
Medicare 2:							
Phone	(832) 850-6253	Fax	(713) 758-0109			PHONE:	FAX:
Type:	Parent Agency	Administrator	THIEU NGUYEN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/30/2020	Owner Information	
License #	020355					GOOD LIFE FOREVER INC	
Lic Expire	11/30/2022						
Medicare 1:							
Medicare 2:							
Phone	(203) 706-6914	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	ADIJAT OLAWALE			Services: Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	11/21/2014	Owner Information	
License #	016534					GOOD LIFE HOME CARE SERVICES CORPORATION	
Lic Expire	2/28/2023					2290 W. PIKE BLVD SUITE 201-A	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:							
Phone	(713) 965-6501	Fax	(832) 240-5697			PHONE:	FAX:
Type:	Parent Agency	Administrator	ODERA CHIDOKA			Services: Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	08/28/2012	Owner Information	
License #	015099					GS HOME HEALTH MANAGEMENT LLC	
Lic Expire	8/31/2022					15330 WILLOW RIVER DRIVE	
Medicare 1:	743110 HHA-18					HOUSTON, TX 77095-1713	
Medicare 2:							
Phone	(281) 861-9146	Fax	(877) 860-8137			PHONE:	FAX:
Type:	Parent Agency	Administrator	MARGO CRUZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/26/2012	Owner Information	
License #	015161					GOOD SHEPHERD HOSPICE OF HOUSTON LLC	
Lic Expire	10/31/2022					4350 WILL ROGERS PARKWAY, STE 400	
Medicare 1:	671783 HOSPICE					OKLAHOMA CITY, OK	
Medicare 2:							
Phone	(713) 664-4447	Fax	(713) 664-4311			PHONE:	FAX:
Type:	Parent Agency	Administrator	KIM CODR			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/03/2021	Owner Information	
License #	020503					GOAAJ LIVING SOLUTIONS INC	
Lic Expire	2/3/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(240) 342-1766	Fax	(281) 710-0966			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACE AMOO				
County	HARRIS	Region	06	Date Licensed	11/01/2017	Owner Information	
License #	018504					GRACE PROVIDER SERVICE INC	
Lic Expire	4/12/2022					7322 SOUTHWEST FREEWAY SUITE 660	
Medicare 1:						HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 429-4516	Fax	(281) 988-5391			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHAEL OKENDU				
County	HARRIS	Region	06	Date Licensed	08/19/2019	Owner Information	
License #	019203					GRACE RACE PALLIATIVE HOSPICE LLC	
Lic Expire	1/16/2023						
Medicare 1:	971601 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(713) 513-0095	Fax	(832) 350-2573			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	JESTINA BANGURA			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/11/2017	Owner Information	
License #	017851					GRACE SPECIALTY CARE, INC	
Lic Expire	9/10/2023					8700 COMMERCE PARK DR, SUITE 208	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	346 278 5445	Fax	713 588 8863			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADEJUMOKE OSHINUGA				
County	HARRIS	Region	06	Date Licensed	10/11/2005	Owner Information	
License #	010040					GRACEFULL HOME HEALTH INC	
Lic Expire	10/31/2022					9894 BISSONNET SUITE #100B	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 541-0101	Fax	(281) 657-6219			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUFUNKE ADENOLA				
County	HARRIS	Region	06	Date Licensed	10/21/2016	Owner Information	
License #	017696					GRACE SPRINGS HEALTHCARE SERVICES LLC	
Lic Expire	10/31/2020					27 GRIFFIN HILL CT	
Medicare 1:						THE WOODLANDS, TX 77382	
Medicare 2:						PHONE:	FAX:
Phone	(832) 585-1108	Fax	(832) 585-1240			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KUNBI ALABI				
County	HARRIS	Region	06	Date Licensed	02/22/2021	Owner Information	
License #	019993					GRAFFITI HOME CARE LLC	
Lic Expire	6/11/2022					11201 VETERANS MEMORIAL DRIVE APT#13206	
Medicare 1:						HOUSTON, TEXAS 77067	
Medicare 2:						PHONE:	FAX:
Phone	(832) 756-9095	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TYTEILA ROACH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	021354					GRAND HOSPICE, INC	
Lic Expire	1/24/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	713874=1234	Fax	(713) 521-1277			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JENNIFER ROY				
County	HARRIS	Region	06	Date Licensed	12/01/2020	Owner Information	
License #	020057					GREATER ELEVATIONS LLC	
Lic Expire	7/16/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 296-7709	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JACQUELYN BHONES				
County	HARRIS	Region	06	Date Licensed	01/13/2021	Owner Information	
License #	020451					GREEN PASTURES HEALTH SERVICES LLC	
Lic Expire	1/13/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832 892 8719	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AKINTADE AKINOKUN				
County	HARRIS	Region	06	Date Licensed	04/09/2020	Owner Information	
License #	019871					GREENLEAF HOME HEALTH CARE SERVICES, LLC	
Lic Expire	4/9/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 683-4790	Fax	(281) 656-8574			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHAMSA ALI				
County	HARRIS	Region	06	Date Licensed	04/21/2020	Owner Information	
License #	019888					GREENLIGHT HEALTHCARE CORPORATION	
Lic Expire	4/21/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 533-6888	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	HELEN AKPAN				
County	HARRIS	Region	06	Date Licensed	03/31/2021	Owner Information	
License #	020615					SHUMAN HOME HEALTH, LLC	
Lic Expire	3/31/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 978-4244	Fax	(877) 468-7075			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CALLA SPATZ				
County	HARRIS	Region	06	Date Licensed	12/12/2013	Owner Information	
License #	015915					BREMA INVESTMENTS LLC	
Lic Expire	12/31/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 568-4488	Fax	(888) 662-5898			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRENDA GROSS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/07/2021	Owner Information	
License #	020743				GRISWOLD HOME CARE OF WEST HOUSTON	VB CAPITAL VENTURES, INC	
Lic Expire	5/7/2024				1011 S. TEXAS 6, SUITE 305		
Medicare 1:					HOUSTON, TX 77077		
Medicare 2:						PHONE:	FAX:
Phone	(832) 598-4131				Fax		
Type:	Parent Agency				Administrator	VIKING DIETRICH	Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/25/2014	Owner Information	
License #	016520				GRISWOLD HOME CARE SOUTHWEST AND GREATER SOUTH HOUSTON	TO THE TOP MANAGEMENT SERVICES LLC	
Lic Expire	10/31/2022				10998 WILCREST DR SUITE 297	1910 CHATHAM TRAILS COURT	
Medicare 1:					HOUSTON, TX 77099	SUGAR LAND, TX 77479	
Medicare 2:						PHONE:	FAX:
Phone	(281) 250-9993				Fax (877) 468-7075		
Type:	Parent Agency				Administrator	JAMES VONDERHAAR	Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/11/2019	Owner Information	
License #	019323				GS HEALTH SERVICES LLC	GS HEALTHCARE SERVICES LLC	
Lic Expire	4/11/2023				9207 COUNTRY CREEK DR# 204	9207 COUNTRY CREEK DR #204	
Medicare 1:					HOUSTON, TX 77036	HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(346) 383-0669				Fax (713) 271-0229		
Type:	Parent Agency				Administrator	ONYEGBULE OKONKO	Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/17/2020	Owner Information	
License #	020105				GUARDIAN ANGELS FOR SENIORS LLC	GUARDIAN ANGELS FOR SENIORS LLC	
Lic Expire	8/17/2022				4415 UPLAND STREAM LANE	2614 WINDY VALE TRAIL	
Medicare 1:					KATY, TEXAS 77493	FRESNO, TEXAS 77545	
Medicare 2:						PHONE:	FAX:
Phone	(512) 720-9855				Fax		
Type:	Parent Agency				Administrator	MUKOSOLU EGWIM	Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/24/2008	Owner Information	
License #	012038				GUARDIAN HEALTHCARE	HEALTH PRIORITY HOME CARE INC	
Lic Expire	1/31/2023				6565 WEST LOOP SOUTH SUITE 780	13737 NOEL ROAD SUITE 1400	
Medicare 1:	678166 HHA-18				BELLAIRE, TX 77401	DALLAS, TX 75340	
Medicare 2:						PHONE:	FAX:
Phone	(281) 481-2974				Fax (281) 481-2978		
Type:	Parent Agency				Administrator	CRYSTAL CALLAHAM	Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	10/27/2016	Owner Information	
License #	017799				GUJI HEALTH CARE INC	GUJI HEALTH CARE INC	
Lic Expire	10/31/2022				11203 CYPRESS WAY DR	6100 CORPORATE DR., STE. 330	
Medicare 1:					HOUSTON, TX 77065	HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 780-8030				Fax (281) 919-7378		
Type:	Parent Agency				Administrator	CLEMENTINA IKWUEZUNMA	Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/25/1997	Owner Information	
License #	006529				GULF COAST COMMUNITY HEALTH SERVICES INC	GULF COAST COMMUNITY HEALTH SERVICES INC	
Lic Expire	9/30/2023				17223 MERCURY DRIVE	17223 MERCURY DRIVE	
Medicare 1:	459448 HHA-18				HOUSTON, TX 77058	HOUSTON, TX 77058	
Medicare 2:						PHONE:	FAX:
Phone	(281) 484-2727				Fax (281) 464-7090		
Type:	Parent Agency				Administrator	COMFORT AGBOR	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/13/2021	Owner Information	
License #	021271					GVA HOME HEALTH CARE SERVICES LLC	
Lic Expire	12/13/2024					915 AMSRYLLIS RD	
Medicare 1:						BAYTOWN, TX 77521	
Medicare 2:						PHONE:	FAX:
Phone	(832) 344-3582	Fax	NA			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ELVINA THOMAS				
County	HARRIS	Region	06	Date Licensed	10/13/2020	Owner Information	
License #	020226					HALO VISIONZ LLC	
Lic Expire	10/13/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 353-5693	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA CLARK				
County	HARRIS	Region	06	Date Licensed	05/17/2017	Owner Information	
License #	018061					HALO HOMECARE SERVICES INC	
Lic Expire	5/31/2023					8506 VOGUE LANE	
Medicare 1:						HOUSTON, TX 77055	
Medicare 2:						PHONE:	FAX:
Phone	(713) 703-8188	Fax	(713) 730-8188			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSAURA MARTINEZ-VISRAM				
County	HARRIS	Region	06	Date Licensed	05/14/2020	Owner Information	
License #	019937					HANDS WITH A HEART, PAS, LLC	
Lic Expire	5/14/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 267-2241	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CATINA ERWIN				
County	HARRIS	Region	06	Date Licensed	05/12/2020	Owner Information	
License #	019929					CJP ENCORE, INC	
Lic Expire	5/12/2022					8765 SPRING CYPRESS RD, STE L-228	
Medicare 1:						SPRING, TX 77379	
Medicare 2:						PHONE:	FAX:
Phone	281 9369036	Fax	346 3522122			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTOPHER PARMETER				
County	HARRIS	Region	06	Date Licensed	02/08/2021	Owner Information	
License #	020517					HAPPY HEARTS HOME HEALTHCARE, INC	
Lic Expire	2/8/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 767-7114	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA WAMAH				
County	HARRIS	Region	06	Date Licensed	12/29/2010	Owner Information	
License #	013794					HARBOR HOME HEALTH LP	
Lic Expire	12/31/2022					3406 COLLEGE STREET	
Medicare 1:	747816					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(713) 413-5292	Fax	(281) 929-0678			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	JON GARNER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 11/13/2012
License # 015201 HARBOR HOSPICE
Lic Expire 11/30/2022 11990 KIRBY DRIVE
Medicare 1: 671774 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 413-5200 Fax (713) 413-5299

Type: Parent Agency Administrator ROKISHIA MORRIS

Owner Information
HARBOR HOSPICE OF SOUTHEAST HOUSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **HARRIS** Region 06 Date Licensed 02/28/2013
License # 015403 HARBOR HOSPICE MEDICAL CENTER HOUSTON LP
Lic Expire 2/28/2023 11980 KIRBY DR SUITE 240
Medicare 1: 671792 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 777-5290 Fax (713) 358-8927

Type: Parent Agency Administrator CHALICE MILLER

Owner Information
HARBOR HOSPICE MEDICAL CENTER HOUSTON LP
SAME
BEAUMONT, TX 77701-4612
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/15/2011
License # 014160 HARBOR HOSPICE OF CENTRAL HOUSTON LP
Lic Expire 6/30/2023 11980 KIRBY DRIVE SUITE 220
Medicare 1: 671711 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 777-5290 Fax (713) 583-8927

Type: Parent Agency Administrator ELISHA SULTZER

Owner Information
HARBOR HOSPICE OF CENTRAL HOUSTON, LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/05/2012
License # 015257 HARBOR HOSPICE OF EAST HOUSTON LP
Lic Expire 12/31/2022 2330 TIMBER SHADOWS DRIVE, SUITE 200
Medicare 1: 741526 HOSPICE KINGWOOD, TEXAS 77339
Medicare 2:
Phone (281) 973-8410 Fax (832) 644-5682

Type: Parent Agency Administrator CRISTINA WALL

Owner Information
HARBOR HOSPICE OF EAST HOUSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/04/2011
License # 014077 HARBOR HOSPICE OF HOUSTON LP
Lic Expire 5/31/2023 1322 SPACE PARK DRIVE SUITE A-194
Medicare 1: 671745 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (281) 461-6109 Fax (281) 754-4602

Type: Parent Agency Administrator DAN KENNEDY

Owner Information
HARBOR HOSPICE OF HOUSTON, LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/30/2012
License # 015042 HARBOR HOSPICE OF RICHMOND LP
Lic Expire 8/31/2022 12808 WEST AIRPOT BLVD., SUITE 235
Medicare 1: 671764 HOSPICE SUGARLAND, TEXAS 77478
Medicare 2:
Phone (281) 762-0444 Fax (281) 762-7024

Type: Parent Agency Administrator JESSICA JOHNSTONBAUGH

Owner Information
HARBOR HOSPICE OF RICHMOND LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/08/2012
License # 014992 HARBOR HOSPICE OF SOUTH HOUSTON LP
Lic Expire 8/31/2022 12808 WEST AIRPOT BLVD., SUITE 235A
Medicare 1: 741501 HOSPICE SUGAR LAND, TEXAS 77478
Medicare 2:
Phone (281) 762-0444 Fax (281) 762-7024

Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF SOUTH HOUSTON, LP
3406 COLLEGE STREET SUITE 200
BEAUMONT, TX 77701-4612
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 10/05/2010
License # 013609 HARBOR HOSPICE OF TEXAS LP
Lic Expire 10/31/2022 425 HOLDERREITH ST STE 205A
Medicare 1: 671685 HOSPICE TOMBALL, TX 77375
Medicare 2:
Phone (281) 659-0303 Fax (281) 659-0306
Type: Parent Agency Administrator THERESA COUSINS

Owner Information
HARBOR HOSPICE OF TEXAS LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/13/2012
License # 015199 HARBOR HOSPICE OF WEST HOUSTON LP
Lic Expire 11/30/2022 11980 KIRBY DR SUITE 210
Medicare 1: 741505 HOSPICE HOUSTON, TX 77045
Medicare 2:
Phone (713) 777-5290 Fax (713) 777-5214
Type: Parent Agency Administrator ELISHA SULTZER

Owner Information
HARBOR HOSPICE OF WEST HOUSTON LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/05/2009
License # 012378 HARBORHOSPICE OF BAYTOWN LP
Lic Expire 1/31/2023 1600 JAMES BOWIE SUITE D-111
Medicare 1: 671645 HOSPICE BAYTOWN, TX 77520
Medicare 2:
Phone (281) 427-3800 Fax (281) 427-3855
Type: Parent Agency Administrator SHAWN HOWELL

Owner Information
HARBOR HOSPICE OF BAYTOWN LP
3406 COLLEGE STREET
BEAUMONT, TX 77701
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/01/2017
License # 017901 HARMONY COMPLETE CARE LLC
Lic Expire 1/31/2023 7807 LONGPOINT ROAD SUITE #445
Medicare 1: 457967 HHA-18 HOUSTON, TX 77055
Medicare 2:
Phone (713) 668-3883 Fax (713) 961-1248
Type: Parent Agency Administrator SHEILA GARDINER

Owner Information
HARMONY COMPLETE CARE, LLC
4747 RESEARCH FOREST DRIVE, 180-292
THE WOODLANDS, TX 77381-4912
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/13/2019
License # 019700 HARMONY HEALTHCARE SERVICES INC
Lic Expire 11/13/2021 6464 SAVOY DRIVE STE 850
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 501-2001 Fax (281) 860-2030
Type: Parent Agency Administrator JESENIA PAREDES

Owner Information
HARMONY HEALTHCARE SERVICES INC
6464 SAVOY DRIVE STE 850
HOUSTON, TEXAS 77036
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/31/2016
License # 018059 HARMONY HOSPICE INC
Lic Expire 8/31/2022 7322 SOUTHWEST FWY SUITE 645 ROOM B
Medicare 1: 671737 HOSPICE HOUSTON, TX 77074
Medicare 2:
Phone (281) 888-1602 Fax (281) 888-1025
Type: Parent Agency Administrator OLAKUNLE OMIYALE

Owner Information
HARMONY HOSPICE INC
2620 TANGLEWILDE ST SUITE 104
HOUSTON, TX 77063
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/04/2021
License # 020569 HARRIS COUNTY HOSPICE INC
Lic Expire 3/4/2024 2922 ROSEDALE ST STE 1230
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information
HARRIS COUNTY HOSPICE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	06/21/2002	Owner Information	
License #	007981					HAVEN HEALTHCARE SYSTEMS INC	
Lic Expire	6/30/2022					4615 SOUTHWEST FREEWAY SUITE 740	
Medicare 1:	679178 HHA-18					HOUSTON, TX 77027	
Medicare 2:							
Phone	(713) 464-1342	Fax	(713) 464-1638			PHONE:	FAX:
Type:	Parent Agency	Administrator	YOLANDA BAYONNE			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	09/30/2021	Owner Information	
License #	021090					HD HOME HEALTHCARE AGENCY LLC	
Lic Expire	9/30/2024					440 BENMAR STE 3332	
Medicare 1:						HOUSTON, TEXAS 77060	
Medicare 2:							
Phone	(281) 529-6453	Fax	NA			PHONE:	FAX:
Type:	Parent Agency	Administrator	LISA WILSON			Services:	Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	09/14/2007	Owner Information	
License #	011584					HEALING HOME HEALTH INC	
Lic Expire	9/30/2022					17024 BUTTE CREEK RD SUITE 101	
Medicare 1:	747085 HHA-18					HOUSTON, TX 77090	
Medicare 2:							
Phone	(281) 580-1540	Fax	(281) 580-1580			PHONE:	FAX:
Type:	Parent Agency	Administrator	KERRY POYSER			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	11/17/2016	Owner Information	
License #	017749					HEALING THROUGH CARING HOMECARE, LLC	
Lic Expire	11/30/2022					4608 LOUETTA RD	
Medicare 1:						SPRING, TX 77388	
Medicare 2:							
Phone	(832) 504-9709	Fax	(832) 504-9710			PHONE:	FAX:
Type:	Parent Agency	Administrator	SHONTEL YOUNGBLOOD			Services:	Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/04/1984	Owner Information	
License #	000527					HEALTH CARE TEMPORARIES INC	
Lic Expire	6/30/2022					8926 SHERBOURNE SUITE D	
Medicare 1:						HOUSTON, TX 77016	
Medicare 2:							
Phone	(713) 631-7106	Fax	(713) 631-9158			PHONE:	FAX:
Type:	Parent Agency	Administrator	BONITA WOODS, RN			Services:	Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/02/2019	Owner Information	
License #	019445					HEALTH FIRST INC	
Lic Expire	6/26/2021					7400 BELLERIVE DRIVE #1106	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							
Phone	(713) 480-4617	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	JOHN EZIEVUO			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/03/2020	Owner Information	
License #	020146					HEALTH HEROES HOME CARE LLC	
Lic Expire	9/3/2022					3131 W BELLFORT AVE APT 1111	
Medicare 1:						HOUSTON, TX 770545048	
Medicare 2:							
Phone	(832) 436-7914	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	OLGA WILLIAMS			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/08/2021	Owner Information	
License #	021193					KIND HEARTED SOLUTIONS LLC	
Lic Expire	11/8/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(267) 467-3450	Fax	NA			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	REINALDO SANTOS				
County	HARRIS	Region	06	Date Licensed	03/14/2007	Owner Information	
License #	011150					HEALTH VISION HOME HEALTH SERVICES INC	
Lic Expire	3/31/2023					10707 FUQUA GLEN LANE	
Medicare 1:	747313 HHA-18					HOUSTON, TX 77075	
Medicare 2:						PHONE:	FAX:
Phone	(281) 484-3325	Fax	(281) 484-3336			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TERESA WENCES				
County	HARRIS	Region	06	Date Licensed	07/30/2010	Owner Information	
License #	013619					HEALTHCARE PROVIDERS OF AMERICA, INC	
Lic Expire	7/31/2022					10801 HAMMERLY BLVD., SUITE #120	
Medicare 1:	677921 HHA-18					HOUSTON, TX 77043	
Medicare 2:						PHONE:	FAX:
Phone	(713) 468-2100	Fax	(713) 468-2400			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	IFTIKHAR SHEIKH				
County	HARRIS	Region	06	Date Licensed	03/16/2004	Owner Information	
License #	009005					JASCAM INC	
Lic Expire	3/31/2022					PO BOX 711126	
Medicare 1:						HOUSTON, TX 77271	
Medicare 2:						PHONE:	FAX:
Phone	(713) 771-3512	Fax	(713) 771-0232			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARY WHITE				
County	HARRIS	Region	06	Date Licensed	02/26/2018	Owner Information	
License #	018638					HEALTHQUEST THERAPEUTICS LLC	
Lic Expire	6/30/2022					2600 CORDES DR SUITE E	
Medicare 1:						SUGAR LAND, TX 77479	
Medicare 2:						PHONE:	FAX:
Phone	(832) 612-3500	Fax	(866) 612-3437			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	SHAUKAT ZAKARIA				
County	HARRIS	Region	06	Date Licensed	04/13/2000	Owner Information	
License #	007443					HEALTHSOURCE HOME CARE INC	
Lic Expire	4/30/2022					5709 DOLORES STREET	
Medicare 1:	678376 HHA-18					HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(713) 592-5364	Fax	(713) 592-5324			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TEKLE TESFAYE			In-Patient Hospice:	NO
County	HARRIS	Region	06	Date Licensed	06/16/2021	Owner Information	
License #	020834					HEART AT HOME NURSING PROVIDERS LLC	
Lic Expire	6/16/2024					4701 FM 2920, UNIT D	
Medicare 1:						SPRING, TX 77388	
Medicare 2:						PHONE:	FAX:
Phone	(832) 823-5098	Fax	(346) 351-2847			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	MACCRIANNA COLEMAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 12/11/2015
License # 017303 HEART HOME HEALTH CARE INC
Lic Expire 12/31/2023 7545 SOUTH FREEWAY
Medicare 1: 678220 HHA-18 HOUSTON, TEXAS 77021
Medicare 2:
Phone (713) 654-8825 Fax (713) 571-6040

Type: Parent Agency Administrator CARL JENKINS

Owner Information

HEART HOME HEALTH CARE INC
P.O. BOX 331249
HOUSTON, TEXAS 77233
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/11/2020
License # 019851 HEART OF HOUSTON HOSPICE CARE, INC
Lic Expire 3/11/2022 5322 WEST BELLFORT ST SUITE 215
Medicare 1: 971592 Hospice HOUSTON, TX 77035
Medicare 2:
Phone 281 9623400 Fax 281 9624739

Type: Parent Agency Administrator SHERRIA BELL

Owner Information

BRIGHTSTAR HOSPICE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/25/2013
License # 016100 HEART TO HEART HOSPICE OF GREATER HOUSTON LLC
Lic Expire 10/31/2023 16441 SPACE CENTER BOULEVARD SUITE C-300
Medicare 1: 671542 HOSPICE HOUSTON, TX 77058
Medicare 2:
Phone (713) 984-2100 Fax (713) 984-2171

Type: Parent Agency Administrator KRISTIN FOSTER

Owner Information

HEART TO HEART HOSPICE OF GREATER HOUSTON, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/28/2013
License # 015926 HEART TO HEART HOSPICE OF HOUSTON, LLC
Lic Expire 10/31/2024 2930 CYPRESS GROVE MEADOWS DRIVE
Medicare 1: HOUSTON, TX 77014
Medicare 2:
Phone (346) 355-2281 Fax (346) 231-7997

Type: Alternate Delivery Site Administrator CLAUDIA THOMAS

Owner Information

HEART TO HEART HOSPICE OF HOUSTON, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: YES

County **HARRIS** Region 06 Date Licensed 05/16/2017
License # 018137 HEART TO HEART HOSPICE OF WEST HOUSTON LLC
Lic Expire 5/31/2023 12345 JONES ROAD SUITE 190
Medicare 1: 741624 HOSPICE HOUSTON, TX 77070
Medicare 2:
Phone (832) 478-5534 Fax (832) 478-5592

Type: Parent Agency Administrator CAROLINE ROSE

Owner Information

HEART TO HEART HOSPICE OF WEST HOUSTON LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/30/2017
License # 018477 HEARTFUL SENIOR CARE LLC
Lic Expire 11/30/2023 537 VILLA DRIVE
Medicare 1: SEABROOK, TX 77586
Medicare 2:
Phone (281) 942-3131 Fax (281) 215-5243

Type: Parent Agency Administrator JEANNIE BERWANGER

Owner Information

HEARTFUL SENIOR CARE, LLC
537 VILLA DRIVE
HOUSTON, TX 77586
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/05/2016
License # 017380 HEARTS OF HOPE HOME CARE LLC
Lic Expire 5/31/2022 12337 JONES ROAD SUITE 200-7
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (281) 653-2040 Fax (281) 890-5787

Type: Parent Agency Administrator KIYOKO AUGUSTUS

Owner Information

HEARTS OF HOPE HOME CARE LLC
20423 KNIGHTS BRANCH DRIVE
CYPRESS, TX 77433
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	08/27/2021	Owner Information	
License #	021012					HEARTS PALLIATIVE & HOSPICE CARE, LLC	
Lic Expire	8/27/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 775-8143	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOHNSON AMBROISE				
County	HARRIS	Region	06	Date Licensed	09/09/2021	Owner Information	
License #	021037					HEAVENLY HANDS HOME CARE AGENCY LC	
Lic Expire							
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(313) 236-7587	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TORIANA FONTENO				
County	HARRIS	Region	06	Date Licensed	01/15/2008	Owner Information	
License #	011822					HEAVENLY HOME HEALTH SERVICES INC	
Lic Expire	1/31/2023					13210 RICHMOND AVE	
Medicare 1:						HOUSTON, TX 77082	
Medicare 2:						PHONE:	FAX:
Phone	(832) 439-3365	Fax	(281) 679-7212			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA OYEKU				
County	HARRIS	Region	06	Date Licensed	06/28/2019	Owner Information	
License #	019454					HEFLIN IMPERIAL CAREGIVERS, LLC	
Lic Expire	6/28/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 687-0715	Fax	(713) 588-8972			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DENISE HEFLIN				
County	HARRIS	Region	06	Date Licensed	08/25/2014	Owner Information	
License #	016397					HEIGHT OF HOPE HOME CARE	
Lic Expire	8/31/2022					9950 WESTPARK DR. STE 532	
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(832) 572-0861	Fax	(281) 988-6049			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RITSVY MEJIA				
County	HARRIS	Region	06	Date Licensed	08/08/2019	Owner Information	
License #	019517					HEIGHT'S HOSPICE CARE, LLC	
Lic Expire	8/8/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 372-0447	Fax	(713) 647-9358			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	RODPA TUBLE				
County	HARRIS	Region	06	Date Licensed	07/24/2020	Owner Information	
License #	020074					HELPING HAND HOME HEALTH LLC	
Lic Expire	7/24/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 331-9343	Fax	(713) 324-0554			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	RAMON GARCIA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/21/2017	Owner Information	
License #	018116					HERITAGE DEVELOPMENTAL CARE LLC	
Lic Expire	6/30/2021					13538 CABRERA LN	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(832) 866-5264	Fax	(832) 534-1122			Services: Hospice; Licensed Home Health Services; Personal Assistance Services	
						In-Patient Hospice: YES	
Type:	Parent Agency	Administrator	EMMANUEL ERIMIDE				
County	HARRIS	Region	06	Date Licensed	09/17/2021	Owner Information	
License #	021056					HERSTEL CARE CORPORATION	
Lic Expire	9/17/2024					18204 CHISHOLM TRAIL #711	
Medicare 1:						HOUSTON, TEXAS 77060	
Medicare 2:						PHONE:	FAX:
Phone	(619) 577-8595	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KEYAIRA SILER				
County	HARRIS	Region	06	Date Licensed	07/07/2016	Owner Information	
License #	017502					HEURISTIC HOME HEALTH CARE LLC	
Lic Expire	7/31/2022					7155 OLD KATY RD STE N262	
Medicare 1:						HOUSTON, TX 77024	
Medicare 2:						PHONE:	FAX:
Phone	(832) 582-7730	Fax	(281) 783-2667			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LINDA WALKER				
County	HARRIS	Region	06	Date Licensed	02/07/2016	Owner Information	
License #	017432					NORTH AMERICAN HOSPICE INC	
Lic Expire	2/28/2022					1350 E NASA PARKWAY SUITE 200	
Medicare 1:	671664 HOSPICE					HOUSTON, TX 77058	
Medicare 2:						PHONE:	FAX:
Phone	(832) 306-3105	Fax	(832) 306-3106			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHANNA ASHBERRY				
County	HARRIS	Region	06	Date Licensed	12/07/2021	Owner Information	
License #	021258					HIGHLAND HOSPICE CARE, LLC	
Lic Expire	12/7/2024					9898 BISSONNET ST	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 234-7735	Fax	(281) 982-1810			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHERRIA BELL				
County	HARRIS	Region	06	Date Licensed	12/08/2020	Owner Information	
License #	020389					HILLSCOPE HOME CARE	
Lic Expire	12/8/2022					8700 COMMERCE PARK, SUITE 214	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 670-9645	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MOJISOLA MICAH				
County	HARRIS	Region	06	Date Licensed	12/11/2020	Owner Information	
License #	020394					HIS SHADOW SERVICES LLC	
Lic Expire	12/11/2022					3007 ROSE TRACE DR	
Medicare 1:						SPRINGS, TEXAS 77386	
Medicare 2:						PHONE:	FAX:
Phone	(432) 305-8090	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EZE OWUNNA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 11/15/2002
License # 008198 HITECH MEDICAL SERVICES
Lic Expire 11/30/2022 6335 GULFTON STREET SUITE #101
Medicare 1: 679315 HHA-18 HOUSTON, TX 77081
Medicare 2:
Phone (713) 457-4373 Fax (713) 457-4376
Type: Parent Agency Administrator LATONYA CURVEY

Owner Information

KINGHAVEN INVESTMENTS INC
POST OFFICE BOX 740038
HOUSTON, TX 77274

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/17/1995
License # 003266 HOLISTIC HOME CARE NURSING INC
Lic Expire 2/28/2023 2909 HILLCROFT AVE, SUITE 670
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 956-9841 Fax (713) 956-9843
Type: Parent Agency Administrator JEWELLEAN MANGAROO

Owner Information

HOLISTIC HOME CARE NURSING INC
7457 HARWIN DRIVE, SUITE #100
HOUSTON, TX 77036

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/07/2022
License # 021313 HOLISTIC HOSPICE CARE LLC
Lic Expire 1/7/2025 2646 S LOOP W STE 440B
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone 800 2940117 Fax 800 2940117
Type: Parent Agency Administrator KUDY ADELAKUN

Owner Information

HOLISTIC HOSPICE CARE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/16/2020
License # 020178 HOLISTIC PALLIATIVE HOSPICE, INC
Lic Expire 9/16/2022 9100 SOUTHWEST FREEWAY SUITE 206
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone 866 2583457 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information

HOLISTIC PALLIATIVE HOSPICE, INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/26/2020
License # 020124 HOLY FAMILY HOME CARE SERVICES LLC
Lic Expire 8/26/2022 1120 NASA PARKWAY SUITE 220L
Medicare 1: HOUSTON, TEXAS 77058
Medicare 2:
Phone (832) 400-4342 Fax
Type: Parent Agency Administrator MAYLENE SANTIAGO

Owner Information

HOLY FAMILY HOME CARE SERVICES LLC

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/06/2020
License # 019917 HOME CARE 4 YOU
Lic Expire 5/6/2022 3100 TIMMONS LN. STE 311
Medicare 1: HOUSTON, TX 77027
Medicare 2:
Phone (713) 930-1060 Fax
Type: Parent Agency Administrator SHARON TORAN

Owner Information

NANNIES N TUTORS 4 YOU ENTERPRISES, LLC
518 WELLINGTON PT.
HOUSTON, TX 77094

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/16/2010
License # 014051 HOME CARE ASSISTANCE
Lic Expire 12/31/2022 11173 WESTHEIMER ROAD
Medicare 1: HOUSTON, TX 77042
Medicare 2:
Phone (713) 960-9988 Fax (713) 814-3878
Type: Parent Agency Administrator CHERRY GATTIS

Owner Information

HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
1255 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085

PHONE: FAX:

Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	11/16/2020	Owner Information	
License #	020320					AT HOME HEALTHCARE GROUP LLC	
Lic Expire	11/16/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	281 8880380	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RICHARD TATE				
County	HARRIS	Region	06	Date Licensed	05/14/2021	Owner Information	
License #	020753					HOME CARE OF HOUSTON LLC	
Lic Expire	5/14/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 499-9627	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADEOLA OTOKITI				
County	HARRIS	Region	06	Date Licensed	09/12/2016	Owner Information	
License #	017725					LIFETIME HEALTHCARE INC	
Lic Expire	9/30/2022					1910 TIMBER CREEK DRIVE	
Medicare 1:	673186 HHA-18					MISSOURI CITY, TX 77459	
Medicare 2:						PHONE:	FAX:
Phone	(281) 602-0800	Fax	(281) 602-0806			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NOE PEREZ				
County	HARRIS	Region	06	Date Licensed	08/11/2000	Owner Information	
License #	007403					DANGLIN INC	
Lic Expire	8/31/2022					1100 E. NASA PKWY SUITE 500	
Medicare 1:	679008 HHA-18					HOUSTON, TX 77058	
Medicare 2:						PHONE:	FAX:
Phone	(281) 957-9516	Fax	(281) 309-0109			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CAROLYN WALDREP				
County	HARRIS	Region	06	Date Licensed	01/25/1991	Owner Information	
License #	002174					HOME CARE PROFESSIONAL SERVICES INC	
Lic Expire	1/31/2024					8319 HIDDEN TRAIL LN	
Medicare 1:	677299					SPRING, TX 77379	
Medicare 2:						PHONE:	FAX:
Phone	(281) 547-8395	Fax	(281) 605-6656			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GNNANASRIBALA MUKKAMALA				
County	HARRIS	Region	06	Date Licensed	06/11/2009	Owner Information	
License #	012651					HOME CARE SENIOR SERVICES INC	
Lic Expire	6/30/2023					9839 WHITHORN DRIVE SUITE #A	
Medicare 1:	747584 HHA-18					HOUSTON, TX 77095-5460	
Medicare 2:						PHONE:	FAX:
Phone	(832) 524-0712	Fax	(281) 256-4925			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	AXEL BALANDRANO				
County	HARRIS	Region	06	Date Licensed	11/03/2005	Owner Information	
License #	010111					HOUSTON HOME DIALYSIS, LP	
Lic Expire	11/30/2023					11463 REGENCY GREEN DRIVE	
Medicare 1:						CYPRESS, TX 77429	
Medicare 2:						PHONE:	FAX:
Phone	(713) 690-2200	Fax	(713) 690-2204			Services: Licensed Home Health Services with Dialysis	
Type:	Parent Agency	Administrator	AKIHIRO MOCHIZUKI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/10/2013	Owner Information
License #	015631					RENAL TREATMENT CENTERS SOUTHEAST LP
Lic Expire	7/31/2021					2000 16TH STREET
Medicare 1:						DENVER, CO 80204
Medicare 2:						PHONE:
Phone	(713) 790-1983	Fax	(713) 795-5931			FAX:
Type:	Parent Agency	Administrator	DEBBIE ALLEN			Services: Licensed Home Health Services with Dialysis
County	HARRIS	Region	06	Date Licensed	10/12/1994	Owner Information
License #	003393					J & S HEALTH CARE NETWORK INC
Lic Expire	10/31/2021					12732 MCSWAIN RD
Medicare 1:	458380 HHA-18					CYPRESS, TX 77429
Medicare 2:						PHONE:
Phone	(713) 783-8049	Fax	(713) 783-6941			FAX:
Type:	Parent Agency	Administrator	PATRICIA FLORES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/09/2020	Owner Information
License #	020391					HOME HEALTH CARE NETWORK INC
Lic Expire	12/9/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 483-4898	Fax	(346) 248-4511			FAX:
Type:	Parent Agency	Administrator	HILARION JOHNSON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/30/2006	Owner Information
License #	010845					SHULTS INDUSTRIES INC
Lic Expire	10/31/2024					4635 SW FREEWAY #540
Medicare 1:	679660 HHA-18					HOUSTON, TX 77027
Medicare 2:						PHONE:
Phone	(713) 942-0100	Fax	(713) 942-0103			(713) 942-0100
Type:	Parent Agency	Administrator	KELLEN SANDOZ			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	05/03/1999	Owner Information
License #	006965					HHR HEALTH SERVICES INC
Lic Expire	5/31/2022					18338 KINGSLAND BLVD STE 102
Medicare 1:						HOUSTON, TX 77094
Medicare 2:						PHONE:
Phone	(281) 398-0500	Fax	(281) 398-9070			FAX:
Type:	Parent Agency	Administrator	CAROLYN FRANCO			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/11/1996	Owner Information
License #	004378					HOME HEALTH RESOURCES INC
Lic Expire	3/31/2023					18338 KINGSLAND BLVD SUITE #100
Medicare 1:	678279 HHA-18					HOUSTON, TX 77094
Medicare 2:						PHONE:
Phone	(281) 398-3444	Fax	(281) 398-6830			FAX:
Type:	Parent Agency	Administrator	SUSAN SMITH			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	01/01/1997	Owner Information
License #	005440					HOME HEALTH UNLIMITED INC
Lic Expire	12/30/2022					10101 FONDREN ROAD, SUITE #134
Medicare 1:	458091					HOUSTON, TX 77096
Medicare 2:						PHONE:
Phone	(713) 981-1466	Fax	(713) 981-1546			FAX:
Type:	Parent Agency	Administrator	MARY MOSS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/30/2020	Owner Information	
License #	019554		HOME HELPERS			EM&E INDUSTRIES INCORPORATED	
Lic Expire	8/27/2021		5118 KENDALIA CLOUD LANE				
Medicare 1:			FULSHEAR, TEXAS 77441				
Medicare 2:						PHONE: (713) 203-2178	FAX:
Phone	(832) 303-1011		Fax			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	EMILY RING			
County	HARRIS	Region	06	Date Licensed	07/12/2016	Owner Information	
License #	017513		HOME HELPERS OF GREATER KATY			HOPKINS DEVELOPMENT GROUP LLC	
Lic Expire	7/31/2022		1706 KENT FALLS CT			1706 KENT FALLS CT	
Medicare 1:			KATY, TX 77450			KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(832) 437-2228		Fax (832) 437-2228			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	ADAM HOPKINS			
County	HARRIS	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020824		HOME INSTEAD			THE FLORENCES, LLC	
Lic Expire	6/1/2024		13105 NORTHWEST FWY, S				
Medicare 1:			HOUSTON, TEXAS 77040				
Medicare 2:						PHONE:	FAX:
Phone	(281) 440-5160		Fax			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	CHRISTI FLORENCE			
County	HARRIS	Region	06	Date Licensed	01/01/2013	Owner Information	
License #	015352		HOME INSTEAD SENIOR CARE			1212 SENIOR CARE, INC	
Lic Expire	12/31/2022		3210 STRAWBERRY RD			14200 GULF FREEWAY STE 222	
Medicare 1:			PASADENA, TEXAS 77504			HOUSTON, TX 77546	
Medicare 2:						PHONE:	FAX:
Phone	(281) 484-0200		Fax (281) 484-0222			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	HAROLD CORKRAN			
County	HARRIS	Region	06	Date Licensed	02/01/2013	Owner Information	
License #	015374		HOME INSTEAD SENIOR CARE			SPACE CITY SENIOR CARE, LLC	
Lic Expire	1/31/2023		8303 SOUTHWEST FRWY SUITE #705			8313 SOUTHWEST FREEWAY, #109	
Medicare 1:			HOUSTON, TX 77074			HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 774-2215		Fax (713) 774-9407			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	GREGORY GOMEZ-MIRA			
County	HARRIS	Region	06	Date Licensed	03/01/2013	Owner Information	
License #	015563		HOME INSTEAD SENIOR CARE			MD SERVICES INC	
Lic Expire	2/28/2023		2656 SOUTH LOOP WEST SUITE #565			2656 SOUTH LOOP WEST, SUITE # 565	
Medicare 1:			HOUSTON, TX 77054			HOUSTON, TEXAS 77054	
Medicare 2:						PHONE:	FAX:
Phone	(713) 403-2273		Fax (713) 626-2226			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	MECHELLE MINTER			
County	HARRIS	Region	06	Date Licensed	11/13/2003	Owner Information	
License #	008740		HOME INSTEAD SENIOR CARE			HOUSTON SENIOR SERVICES INC	
Lic Expire	11/30/2020		11201 RICHMOND AVE BLDG A SUITE 110			11201 RICHMOND AVE BLDG A STE 110	
Medicare 1:			HOUSTON, TX 77082			HOUSTON, TX 77082	
Medicare 2:						PHONE:	FAX:
Phone	(832) 379-4700		Fax (832) 379-4704			Services: Personal Assistance Services	
Type:	Parent Agency		Administrator	SUSAN JOHNSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/14/2020	Owner Information	
License #	020263					HOUSTON HOME CARE, LLC	
Lic Expire	9/14/2022					14410 LAKEPOINTE BEND LN	
Medicare 1:						CYPRESS, TEXAS 77429	
Medicare 2:						PHONE:	FAX:
Phone	(832) 379-4700	Fax	(832) 379-4704			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IBRAHIM ABOUSAWAN				
County	HARRIS	Region	06	Date Licensed	10/20/2015	Owner Information	
License #	017087					HOME SWEET HOME PROVIDER SERVICES, LLC	
Lic Expire	10/31/2023					10103 FONDREN RD STE. 438	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 305-7053	Fax	(832) 426-4018			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA WILLIAMS				
County	HARRIS	Region	06	Date Licensed	12/08/2004	Owner Information	
License #	009448					VITALITY RESOURCES INC	
Lic Expire	12/31/2022					6783 LEMPIRA CT	
Medicare 1:						HOUSTON, TX 77069-1798	
Medicare 2:						PHONE:	FAX:
Phone	(281) 580-9955	Fax	12817498111			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GAIL EISSLER				
County	HARRIS	Region	06	Date Licensed	08/21/2019	Owner Information	
License #	019543					HEMOCARE CONSULTING AND STAFFING, LLC	
Lic Expire	8/21/2023					419 N. FOREST BLVD.	
Medicare 1:						HOUSTON, TX 77090	
Medicare 2:						PHONE:	FAX:
Phone	(281) 570-8574	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTINA JOSEPH				
County	HARRIS	Region	07	Date Licensed		Owner Information	
License #	017971					HEMOCARE DIMENSIONS, INC	
Lic Expire	2/28/2023					12500 NETWORK BLVD SUITE 210	
Medicare 1:	678191					SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(210) 696-2626	Fax	(210) 694-7800			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	ASHLEIGH STRICKLAND				
County	HARRIS	Region	06	Date Licensed	09/01/2014	Owner Information	
License #	016625					HEMOCARE HORIZONS, INC	
Lic Expire	8/31/2022					7457 HARWIN DR STE 224	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 910-9400	Fax	(713) 910-9477			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ASHANTI FOBBS DORSEY				
County	HARRIS	Region	06	Date Licensed	12/17/2021	Owner Information	
License #	021281					DAYA SERVICES INC	
Lic Expire	12/17/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 868-7191	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARANJIT SIHOTA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/29/2017	Owner Information	
License #	018472					MORETON CARES INC	
Lic Expire	11/30/2023					1800 AUGUSTA DRIVE SUITE 210	
Medicare 1:						HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(713) 781-1448	Fax	(832) 937-7646			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMUEL MORETON				
County	HARRIS	Region	06	Date Licensed	11/09/2020	Owner Information	
License #	020300					TETRAD LEGACY	
Lic Expire	11/9/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 904-5416	Fax	(346) 818-2016			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELYSA COLEMAN				
County	HARRIS	Region	06	Date Licensed	08/23/2013	Owner Information	
License #	015728					WILBURN HEALTHCARE MANAGEMENT SERVICES, LLC	
Lic Expire	8/31/2023					6708 APOLLO ST	
Medicare 1:						HOUSTON, TX 77091	
Medicare 2:						PHONE:	FAX:
Phone	(832) 292-4830	Fax	(713) 583-9934			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JENICE HACKADAY				
County	HARRIS	Region	06	Date Licensed	06/14/2021	Owner Information	
License #	020827					HONOUR STAFFING AGENCY LLC	
Lic Expire	6/14/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 856-8004	Fax	(281) 869-4643			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRENDA TANNER				
County	HARRIS	Region	06	Date Licensed	04/14/2004	Owner Information	
License #	009032					HOPE HEALTH CARE, INC	
Lic Expire	4/30/2023					10103 FONDREN ROAD #285	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 783-7849	Fax	(281) 436-7079			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ENO OKON				
County	HARRIS	Region	06	Date Licensed	06/08/2021	Owner Information	
License #	020820					HOPE HOSPICE PALLIATIVE CARE LLC	
Lic Expire	6/8/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(240) 413-8560	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	LILIAN BAIYE			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	09/16/2019	Owner Information	
License #	019600					HOPE HEALTHCARE SYSTEM INTERNATIONAL LLC	
Lic Expire	9/16/2021					14601 BELLAIRE BLVD # 351	
Medicare 1:						HOUSTON, TEXAS 77083	
Medicare 2:						PHONE:	FAX:
Phone	713 9078785	Fax	281 2777727			Services: Hospice	
Type:	Parent Agency	Administrator	AYO ALAKA-BRIGHT			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/18/2003
License # 008510 HOPE PERSONAL ASSISTANCE SERVICES
Lic Expire 6/30/2023 10101 FONDREN RD SUITE 327
Medicare 1: HOUSTON, TEXAS 77096
Medicare 2:
Phone (713) 995-9296 Fax (713) 995-9291
Type: Parent Agency Administrator JEKAL PATEL

Owner Information

RADIANCE SERVICES INC
14503 STONE PARK LANE
MISSOURI CITY, TX 77489
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/02/2020
License # 020281 HOPEVILLE HEALTHCARE CONCEPTS INC
Lic Expire 11/2/2022 5850 SAN FELIPE STREET, SUITE 500
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 768-2089 Fax (713) 400-7801
Type: Parent Agency Administrator IBIRONKE KAYODE

Owner Information

HOPEVILLE HEALTHCARE CONCEPTS INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/19/2003
License # 008940 HORIZON CARE HOME HEALTH SERVICES INC
Lic Expire 12/31/2022 22028 HIGHLAND KNOLLS DRIVE, BLDG C
Medicare 1: 679054 HHA-18 KATY, TX 77450
Medicare 2:
Phone (713) 688-0752 Fax (713) 688-0842
Type: Parent Agency Administrator ENITAN BEAZER

Owner Information

HORIZON CARE HOME HEALTH SERVICES INC
22028 HIGHLAND KNOLLS< BLDG C
KATY, TEXAS 77450
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/08/2002
License # 007865 HORIZON HOME HEALTH CARE
Lic Expire 3/31/2020 712 SUNNYSIDE STREET
Medicare 1: HOUSTON, TX 77076
Medicare 2:
Phone (713) 694-0051 Fax (713) 694-4711
Type: Parent Agency Administrator HYACINTH M CHIEDU

Owner Information

HEALTHLINE REHAB & MEDICAL CLINIC INC
4615 N FREEWAY SUITE #204
HOUSTON, TX 77022
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/15/2016
License # 017527 HORIZONS HOSPICE
Lic Expire 7/31/2022 140 CYPRESS STATION STE 214
Medicare 1: 741646 HOSPICE HOUSTON, TX 77090
Medicare 2:
Phone (281) 689-5350 Fax (281) 689-5396
Type: Parent Agency Administrator MICHELLE PRIMEAUX-DAVIS

Owner Information

TEXAS ELITE HOSPICE, LLC
23010 GABRIEL SUITE 109
NEW CANEY, TEXAS 77357
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/04/2021
License # 020812 HOSPICE CARE AMERICA
Lic Expire 6/4/2024 21733 PROVINCIAL BLVD STE 920
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (832) 408-7999 Fax (866) 708-0821
Type: Parent Agency Administrator JERRY MOSBACHER

Owner Information

HPC AMERICA LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/03/2005
License # 009895 HOSPICE COMPASSUS THE WOODLANDS
Lic Expire 8/31/2022 1770 ST JAMES PLACE SUITE 330
Medicare 1: 671537 HOSPICE HOUSTON, TX 77056
Medicare 2:
Phone (713) 850-8853 Fax (713) 850-8850
Type: Parent Agency Administrator MARY GEORGE

Owner Information

ASPERION HOSPICE OF HOUSTON COMPANY, LP
12 CADILLAC DRIVE SUITE #360
BRENTWOOD, TX 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	009895				HOSPICE COMPASSUS THE WOODLANDS	ASPERION HOSPICE OF HOUSTON COMPANY, LP	
Lic Expire	8/31/2022				11550 FUQUA STREET, SUITE 125	12 CADILLAC DRIVE SUITE #360	
Medicare 1:	671537 Hospice				HOUSTON, TX 77034	BRENTWOOD, TX 37027	
Medicare 2:						PHONE:	
Phone	(281) 487-3453	Fax	(281) 991-1184			FAX:	
Type:	Alternate Delivery Site	Administrator	CATHLEEN CAREY-HAMLIN				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				12777 JONES ROAD SUITE 105	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					HOUSTON, TX 77070	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(346) 206-2985	Fax	(844) 826-4626			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				1525 LAKEVILLE DRIVE STE 218	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					KINGWOOD, TX 77339	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(281) 312-2570	Fax	(844) 810-7028			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				12777 JONES ROAD SUITE 105	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					HOUSTON, TX 77070	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(346) 206-2985	Fax	(844) 826-4626			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				12777 JONES ROAD SUITE 105	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					HOUSTON, TX 77070	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(346) 206-2985	Fax	(844) 826-4626			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				12777 JONES ROAD SUITE 105	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					HOUSTON, TX 77070	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(346) 206-2985	Fax	(844) 826-4626			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	04	Date Licensed	07/29/2015	Owner Information	
License #	015346				HOSPICE PLUS HOUSTON	HERITAGE HEALTH & HOSPICE CARE, LLC	
Lic Expire	8/31/2022				1525 LAKEVILLE DRIVE STE 218	655 BRAWLEY SCHOOL ROAD, STE: 200	
Medicare 1:					KINGWOOD, TX 77339	MORRESVILLE, NC 28117	
Medicare 2:						PHONE:	
Phone	(281) 312-2570	Fax	(844) 810-7028			FAX:	
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS				Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 18333 EGRET BAY STE 148
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 532-6498 Fax (832) 864-3928
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 18333 EGRET BAY STE 148
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 532-6498 Fax (832) 864-3928
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 1525 LAKEVILLE DRIVE STE 218
Medicare 1: KINGWOOD, TX 77339
Medicare 2:
Phone (281) 312-2570 Fax (844) 810-7028
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 18333 EGRET BAY STE 148
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 532-6498 Fax (832) 864-3928
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 18333 EGRET BAY STE 148
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 532-6498 Fax (832) 864-3928
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information
HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/11/2017
License # 018310 HOU CARE LLC
Lic Expire 9/30/2019 6164 W AIRPORT
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (345) 901-3607 Fax (832) 547-2232
Type: Parent Agency Administrator LINDA BONNER

Owner Information
HOU CARE LLC
6164 W AIRPORT
HOUSTON, TX 77035
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/04/2010	Owner Information	
License #	001994		HOUSTON HOSPICE			HOUSTON HOSPICE	
Lic Expire	10/31/2022		7600 BEECHNUT			1905 HOLCOMBE	
Medicare 1:			HOUSTON, TEXAS 77074			HOUSTON, TX 77030-4123	
Medicare 2:						PHONE:	FAX:
Phone	(713) 467-7423	Fax	(713) 677-7177			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	RANA MCCLELLAND				
County	HARRIS	Region	06	Date Licensed	03/12/2003	Owner Information	
License #	001994		HOUSTON HOSPICE			HOUSTON HOSPICE	
Lic Expire	10/31/2022		7906 N. SAM HOUSTON PKWY WEST, SUITE 200			1905 HOLCOMBE	
Medicare 1:			HOUSTON, TEXAS 77064			HOUSTON, TX 77030-4123	
Medicare 2:						PHONE:	FAX:
Phone	(713) 468-2441	Fax	(281) 970-6977			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	RANA MCCLELLAND				
County	HARRIS	Region	06	Date Licensed	10/28/1988	Owner Information	
License #	001994		HOUSTON HOSPICE			HOUSTON HOSPICE	
Lic Expire	10/31/2022		1905 HOLCOMBE BLVD			1905 HOLCOMBE	
Medicare 1:	451530 HOSPICE		HOUSTON, TX 77030			HOUSTON, TX 77030-4123	
Medicare 2:						PHONE:	FAX:
Phone	(713) 467-7423	Fax	(713) 677-7177			Services: Hospice	
						In-Patient Hospice: YES	
Type:	Parent Agency	Administrator	RANA MCCLELLAND				
County	HARRIS	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020803		HOUSTON HOSPICE AND PALLIATIVE CARE			ACCREDITED GROUP IV LLC	
Lic Expire	6/1/2024		21733 PROVINCIAL BLVD, STE 920				
Medicare 1:			KATY, TX 77450				
Medicare 2:						PHONE:	FAX:
Phone	(832) 408-7999	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JERRY MOSBACHER				
County	HARRIS	Region	06	Date Licensed	03/04/2015	Owner Information	
License #	016674		HOUSTON THERAPY CONSULT PLLC			HOUSTON THERAPY CONSULT PLLC	
Lic Expire	3/31/2024		3600 S GESSNER RD SUITE 215			1211 E HOUSTON STREET, #C	
Medicare 1:			HOUSTON, TX 77063			BEEVILLE, TX 78102	
Medicare 2:						PHONE:	FAX:
Phone	(713) 784-2781	Fax	(713) 784-2780			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	VICTOR DIMKPA				
County	HARRIS	Region	06	Date Licensed	10/01/2013	Owner Information	
License #	015785		HOUSTON TOTAL HOME CARE INC			HOUSTON TOTAL HOME CARE, INC	
Lic Expire	9/30/2024		6250 WESTPARK DRIVE SUITE #237			6250 WESTPARK DRIVE, SUITE #237	
Medicare 1:	679195 HHA-18		HOUSTON, TX 77057			HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(713) 980-3787	Fax	(713) 980-2686			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ABDUL ISHAQ				
County	HARRIS	Region	06	Date Licensed	10/16/2020	Owner Information	
License #	020240		HOUSTON TOTAL HOSPICE CARE LLC			HOUSTON TOTAL HOSPICE CARE LLC	
Lic Expire	10/16/2022		6250 WESTPARK DRIVE SUITE 237				
Medicare 1:			HOUSTON, TX 77057				
Medicare 2:						PHONE:	FAX:
Phone	(713) 980-3787	Fax	(713) 980-2686			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MOHAMMED ISHAQ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020805					HOUSTON'S CHOICE SENIOR CARE LLC	
Lic Expire	6/1/2024					8302 ROLAND CANYON DR	
Medicare 1:						CYPRESS, TEXAS 77433	
Medicare 2:							PHONE:
Phone	(281) 224-5351	Fax	(832) 408-5523				FAX:
Type:	Parent Agency	Administrator	MICHAEL STOMA			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/02/2019	Owner Information	
License #	019670					HTOWN HOSPICE, LLC	
Lic Expire	10/29/2023					10440 WESTOFFICE DR #300	
Medicare 1:	971589					HOUSTON, TEXAS 77042	
Medicare 2:							PHONE:
Phone	(832) 740-4360	Fax	(346) 227-2150				FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	08/26/2021	Owner Information	
License #	021010					HUDSON PALLIATIVE & HOSPICE CARE, LLC	
Lic Expire	8/26/2024					9896 BISSONNET STREET SUITE 220	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(832) 775-8143	Fax					FAX:
Type:	Parent Agency	Administrator	JOHNSON AMBROISE			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	06/02/2004	Owner Information	
License #	009128					HUMANE HEALTH CARE INC	
Lic Expire	6/30/2023					7457 HARWIN DRIVE, SUITE #185	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(713) 771-7277	Fax	(713) 771-7233				FAX:
Type:	Parent Agency	Administrator	ELIZABETH OKPAMEN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	06/20/2016	Owner Information	
License #	017468					HUMBLE HEALTHCARE INC	
Lic Expire	6/30/2022					9894 BISSONNET STREET SUITE #100-I	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(832) 367-8828	Fax	(346) 444-6531				FAX:
Type:	Parent Agency	Administrator	EVALONIA BANKS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/27/1996	Owner Information	
License #	005097					I CARE SYSTEMS INC	
Lic Expire	11/30/2021					10103 FONDREN STE 370	
Medicare 1:	459164 HHA-18					HOUSTON, TX 77096	
Medicare 2:							PHONE:
Phone	(713) 779-7992	Fax	(713) 779-7399				FAX:
Type:	Parent Agency	Administrator	VICTOR ANSAH			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	07/17/2017	Owner Information	
License #	018170					ICARE HOSPICE	
Lic Expire	7/31/2023					8538 HAMMERLY BLVD	
Medicare 1:	74-1742					HOUSTON, TX 77055	
Medicare 2:							PHONE:
Phone	(832) 566-8280	Fax	18667364323				FAX:
Type:	Parent Agency	Administrator	PAUL NGUYEN			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/29/2016	Owner Information
License #	017831	ICON HEALTH SERVICES LLC			ICON HEALTH SERVICES LLC	
Lic Expire	4/30/2022	5829 W SAM HOUSTON PKWY N SUITE 1109			5829 W SAM HOUSTON PKWY N SUITE 1109	
Medicare 1:		HOUSTON, TX 77041			HOUSTON, TX 77041	
Medicare 2:					PHONE:	FAX:
Phone	(832) 930-9500	Fax	(832) 930-9397		Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	FARAHLEE MCCRAKEN			
County	HARRIS	Region	06	Date Licensed	11/01/2014	Owner Information
License #	016558	ICON HOME HEALTH			ICON COMMUNITY HEALTH SERVICES LLC	
Lic Expire	10/31/2022	10909 SABO ROAD SUITE # 118			10909 SABO ROAD SUITE 118	
Medicare 1:	747514 HHA-18	HOUSTON, TX 77089			HOUSTON, TX 77089	
Medicare 2:					PHONE:	FAX:
Phone	(713) 436-8400	Fax	(713) 436-8408		Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	RAJIV CHACKO			
County	HARRIS	Region	06	Date Licensed	02/11/2011	Owner Information
License #	013883	ICONIC HEALTHCARE SERVICES CO			ICONIC HEALTHCARE SERVICES, CO	
Lic Expire	2/28/2023	17045 EL CAMINO REAL SUITE #218			14115 IVY BLUFF CT	
Medicare 1:		HOUSTON, TX 77058			HOUSTON, TX 77062-8062	
Medicare 2:					PHONE:	FAX:
Phone	(281) 901-8950	Fax	(281) 204-9040		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WILFRED AJAYI			
County	HARRIS	Region	06	Date Licensed	12/15/2011	Owner Information
License #	014509	IJ HEALTHCARE SERVICES INC			IJ HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2023	9555 W SAM HOUSTON PKWY SOUTH STE 425			24818 PLEASANT SHORES COURT	
Medicare 1:		HOUSTON, TX 77099			RICHMOND, TEXAS 77406	
Medicare 2:					PHONE:	FAX:
Phone	(713) 779-4849	Fax	(713) 779-1252		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IJEOMA NWANNA			
County	HARRIS	Region	06	Date Licensed	08/16/2012	Owner Information
License #	015018	IMMACULATE HOME CARE			IMMACULATE INC	
Lic Expire	8/31/2022	9102 KNIGHTSLAND TRAIL			9102 KNIGHTSLAND TRAIL	
Medicare 1:		HOUSTON, TX 77083			HOUSTON, TEXAS 77083	
Medicare 2:					PHONE:	FAX:
Phone	832 2902544	Fax	281 5618964		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FOLUSO AKEYE			
County	HARRIS	Region	06	Date Licensed	04/21/2020	Owner Information
License #	019886	IMPACT HOME CARE AND STAFFING, LLC			IMPACT HOME CARE AND STAFFING, LLC	
Lic Expire	4/21/2022	6401 BINGLE RD STE 202				
Medicare 1:		HOUSTON, TEXAS 77092				
Medicare 2:					PHONE:	FAX:
Phone	(713) 662-9760	Fax	(832) 827-3993		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PATRICIA ROCK-STARLING			
County	HARRIS	Region	06	Date Licensed	01/01/2005	Owner Information
License #	009505	IN HOME ATTENDANT SERVICES LTD			INHOME ATTENDANT SERVICES, LTD	
Lic Expire	12/31/2024	2990 RICHMOND AVE SUITE 325			P O BOX 131245	
Medicare 1:		HOUSTON, TEXAS 77098			HOUSTON, TEXAS 77219	
Medicare 2:					PHONE:	FAX:
Phone	(713) 528-6499	Fax	(713) 529-5810		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YADIRA LOERA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/29/2020	Owner Information	
License #	020085					GRN ENDEAVORS, LLC	
Lic Expire	7/29/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 312-1339					Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GILDA VASQUEZ				
County	HARRIS	Region	06	Date Licensed	03/18/1985	Owner Information	
License #	001663					INDEPENDENT HOME HEALTH CARE, INC	
Lic Expire	3/31/2022					P.O.BOX 8466	
Medicare 1:						HOUSTON, TEXAS	
Medicare 2:						PHONE:	FAX:
Phone	(713) 520-6864	Fax	(713) 520-6865			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY SMITH				
County	HARRIS	Region	06	Date Licensed	11/15/2017	Owner Information	
License #	018450					INFINITY ELITE HOMECARE SERVICES LLC	
Lic Expire	8/31/2020					9518 GENTRY SHADOWS LN	
Medicare 1:						HUMBLE, TX 77396	
Medicare 2:						PHONE:	FAX:
Phone	(832) 428-9062	Fax	(877) 834-4148			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARA FONTAINE				
County	HARRIS	Region	06	Date Licensed	02/19/2016	Owner Information	
License #	017454					INFINITY HEALTHCARE SERVICES INC	
Lic Expire	2/28/2022					6260 WESTPARK DR SUITE 266	
Medicare 1:	747622					HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(281) 576-1380	Fax	(281) 990-6716			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE				
County	HARRIS	Region	06	Date Licensed	07/25/2011	Owner Information	
License #	014232					INFUSION XPERS, PLLC	
Lic Expire	7/31/2021					3845 CYPRESS CREEK PARKWAY SUITE 254	
Medicare 1:						HOUSTON, TX 77068	
Medicare 2:						PHONE:	FAX:
Phone	(713) 446-6755	Fax	(713) 583-9009			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ARTHUR HARRISON JR				
County	HARRIS	Region	06	Date Licensed	02/07/2020	Owner Information	
License #	019811					CCRC OPCO GLEANNLOCH FARMS LLC	
Lic Expire	2/7/2022					1920 MAIN STREET	
Medicare 1:						IRVINE, CA 92614	
Medicare 2:						PHONE:	FAX:
Phone	(281) 569-2999	Fax	(281) 569-2998			Services: Personal Assistance Services	(414) 208-2118
Type:	Parent Agency	Administrator	MAURISHA YARBRO				
County	HARRIS	Region	06	Date Licensed	06/30/2014	Owner Information	
License #	016543					INNOVISION HOME HEALTH CARE INC	
Lic Expire	6/30/2022					9900 WEST PARK DRIVE, #275	
Medicare 1:	747543 HHA-18					HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(832) 582-8980	Fax	(832) 582-8649			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	SALEEM SHAKOOR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/07/2021	Owner Information	
License #	021259					INSIGHTS HOSPICE CARE INC	
Lic Expire	12/7/2024					15020 FM 529 ROAD STE. 202	
Medicare 1:						HOUSTON, TX 77095	
Medicare 2:							PHONE:
Phone	(346) 395-0480	Fax	(281) 990-6716				FAX:
Type:	Parent Agency	Administrator	NINA OLUGU			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	11/10/2020	Owner Information	
License #	020307					INSPIRED ATTENTIVE CARE, LLC	
Lic Expire	11/10/2022					4606 FM 1960 RD WEST STE 416	
Medicare 1:						HOUSTON, TEXAS 77069	
Medicare 2:							PHONE:
Phone	832 4666950	Fax					FAX:
Type:	Parent Agency	Administrator	LEONA THOMAS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/01/2010	Owner Information	
License #	013733					INTEGRATED HOME HEALTH CARE INC	
Lic Expire	8/31/2022					P.O. BOX 722346	
Medicare 1:						HOUSTON, TX 77272	
Medicare 2:							PHONE:
Phone	(713) 271-5599	Fax	(281) 561-8200				FAX:
Type:	Parent Agency	Administrator	MAY HENDRIX			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	08/25/1997	Owner Information	
License #	005969					INTERACTIVE HEALTH CARE, INC	
Lic Expire	8/31/2022					4677 TECHNIPLER DRIVE	
Medicare 1:						STAFFORD, TX 77477	
Medicare 2:							PHONE:
Phone	(281) 892-2000	Fax	(281) 892-2015				FAX:
Type:	Parent Agency	Administrator	LEIGH NARVACAN			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	04/30/2019	Owner Information	
License #	019354					AGESPACE CARE, LLC	
Lic Expire	4/30/2024					1100 NASA PARKWAY STE 500	
Medicare 1:						HOUSTON, TEXAS 77058	
Medicare 2:							PHONE:
Phone	(832) 404-2006	Fax	(832) 404-2336				FAX:
Type:	Parent Agency	Administrator	DAWN BLOOMER			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/02/2015	Owner Information	
License #	017115					INTRA HOME HEALTH CARE AGENCY LLC	
Lic Expire	11/30/2021					10101 FONDREN RD. STE #255	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:							PHONE:
Phone	(346) 571-0963	Fax	(346) 571-0148				FAX:
Type:	Parent Agency	Administrator	JEAN KELLEY			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/19/2017	Owner Information	
License #	018519					IPR HEALTHCARE SYSTEMS INC	
Lic Expire	4/29/2022					8830 INTERCHANGE DRIVE	
Medicare 1:	74-1755					HOUSTON, TX 77054	
Medicare 2:							PHONE:
Phone	(713) 592-6776	Fax	(713) 592-6780				FAX:
Type:	Parent Agency	Administrator	PABLITO CALUSCOS			Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/14/2007
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 1/31/2023 23966 HIGHWAY 59 N
Medicare 1: 45Q8306002 KINGWOOD, TX 77339
Medicare 2:
Phone (281) 358-5970 Fax (281) 358-5157

Type: Branch Agency Administrator PABLITO CALUSCOS

Owner Information

IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/13/2006
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 1/31/2023 3419 GARTH ROAD
Medicare 1: 45Q8306001 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-2200 Fax (281) 420-2257

Type: Branch Agency Administrator PABLITO CALUSCOS

Owner Information

IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/09/1996
License # 004688 IPR HEALTHCARE SYSTEM INC
Lic Expire 1/31/2023 1328 S LOOP W, SUITE 100
Medicare 1: 458306 HHA-18 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 592-6776 Fax (713) 592-6780

Type: Parent Agency Administrator PABLITO CALUSCOS

Owner Information

IPR HEALTHCARE SYSTEMS INC
8830 INTERCHANGE DRIVE
HOUSTON, TX 77054

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/09/2021
License # 021195 J & J ANGELS CARE LLC
Lic Expire 2/2/2025 10 HAROLD LN SUITE #2
Medicare 1: BAYTOWN, TEXAS 77520
Medicare 2:
Phone (713) 913-4649 Fax (713) 513-5069

Type: Parent Agency Administrator MARQUITTA BANKHEAD

Owner Information

J & J ANGELS CARE LLC
408 W NAZRO SR.
BAYTOWN, TX. 77520

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/17/2012
License # 014880 JADALIA HOME HEALTH AGENCY INC
Lic Expire 4/30/2020 14315 STONEBURY TRAIL LANE
Medicare 1: HOUSTON, TX 77044
Medicare 2:
Phone (281) 454-2077 Fax (281) 454-2089

Type: Parent Agency Administrator MOLANDA SAULSBERRY

Owner Information

JADALIA HOME HEALTH AGENCY, INC
14651 LEACREST DR
HOUSTON, TX 77049

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/12/2017
License # 017979 JAEG BRIGHT MEDICAL SERVICES INC
Lic Expire 1/31/2023 9894 BISSONNET STREET SUITE 525
Medicare 1: 679229 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 779-7042 Fax (713) 779-7093

Type: Parent Agency Administrator LATIFAT ADEBAYO

Owner Information

JAEG BRIGHT MEDICAL SERVICES INC
9894 BISSONNET STREET SUITE 525
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/31/2008
License # 012039 JAIMEL HEALTH CARE SERVICES LLC
Lic Expire 5/31/2022 9950 WESTPARK DRIVE SUITE 404
Medicare 1: 743198 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (713) 780-2968 Fax (713) 780-2936

Type: Parent Agency Administrator JAMES DIALA

Owner Information

JAIMEL HEALTH CARE SERVICES LLC
9950 WESTPARK DRIVE SUITE 404
HOUSTON, TX 77063

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	11/13/2019	Owner Information
License #	019253					OLUSEYI IDOWU
Lic Expire	7/31/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	202 7061734	Fax				FAX:
Type:	Parent Agency	Administrator	ABIOLA AWOJODU			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/15/2016	Owner Information
License #	017383					JALSTAD VENTURES INCORPORATED
Lic Expire	2/28/2022					18910 ELRINGTON CREEK COURT
Medicare 1:	677826 HHA-18					RICHMOND, TX 77407
Medicare 2:						PHONE:
Phone	(713) 271-2967	Fax	(713) 271-3031			FAX:
Type:	Parent Agency	Administrator	KOLAWOLE LADIPO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/17/2017	Owner Information
License #	018334					JAMEN HOME HEALTH SERVICES INC
Lic Expire	7/31/2024					10101 FONDREN RD SUITE 226
Medicare 1:	747862 HHA-18					HOUSTON, TX 77096
Medicare 2:						PHONE:
Phone	(281) 879-6485	Fax	(281) 520-4641			FAX:
Type:	Parent Agency	Administrator	CHRISTIANA EDEM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/02/2021	Owner Information
License #	020949					CYNTHIA A EJIMADU
Lic Expire	8/2/2024					9896 BISSONNET ST. SUITE 155
Medicare 1:						HOUSTON, TEXAS 77036
Medicare 2:						PHONE:
Phone	(281) 948-4250	Fax	(281) 929-0811			FAX:
Type:	Parent Agency	Administrator	CYNTHIA EJIMADU			Services: Personal Assistance Services
County	HARRIS	Region	04	Date Licensed	02/04/2019	Owner Information
License #	019238					JARVIC HEALTHCARE INC
Lic Expire	2/4/2023					21514 BOWCREEK LANE
Medicare 1:						KATY, TX 77449
Medicare 2:						PHONE:
Phone	(832) 867-8447	Fax	(346) 770-1714			FAX:
Type:	Parent Agency	Administrator	CHIMDIKE VICTOR OGBONNAYA			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/30/2014	Owner Information
License #	016506					JB HEALTH SERVICES, LLC
Lic Expire	10/31/2022					7903 LOBERA DRIVE
Medicare 1:						HOUSTON, TEXAS 77083
Medicare 2:						PHONE:
Phone	(832) 982-8593	Fax	(832) 886-4536			FAX:
Type:	Parent Agency	Administrator	MODUPEOLA AKANDE			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/16/2013	Owner Information
License #	015924					JC HOME HEALTH CARE INC
Lic Expire	12/31/2019					21110 BROOKROCK CIRCLE
Medicare 1:						KATY, TX 77449
Medicare 2:						PHONE:
Phone	(281) 829-7211	Fax	(281) 717-4050			FAX:
Type:	Parent Agency	Administrator	GRISELDA CASTILLO			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	021353					JEFFERSON HOSPICE, INC	
Lic Expire	1/24/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 874-1234	Fax	(713) 521-1277			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JENNIFER ROY				
County	HARRIS	Region	06	Date Licensed	12/22/2011	Owner Information	
License #	014548					JEKS HEALTHCARE SERVICES INC	
Lic Expire	12/31/2023					14111 RENN ROAD	
Medicare 1:	747870					HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(832) 379-3635	Fax	(281) 495-7070			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	EDITH EZEKWE				
County	HARRIS	Region	06	Date Licensed	05/11/2018	Owner Information	
License #	018749					JIBOP HOME CARE LLC	
Lic Expire	5/31/2022					9730 TOWN PARK DR SUITE 107	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 640-7779	Fax	(713) 773-2968			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PRINCESS IDOWU SUNMOLAR				
County	HARRIS	Region	06	Date Licensed	09/23/2021	Owner Information	
License #	021067					JM HOME HEALTH LLC	
Lic Expire	9/23/2024					10910 MOSSY HOLLOW LANE	
Medicare 1:						HOUSTON, TEXAS 77075	
Medicare 2:						PHONE:	FAX:
Phone	(281) 630-8020	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RONALD MILTON JR.				
County	HARRIS	Region	06	Date Licensed	05/12/2020	Owner Information	
License #	019928					JMK SOLUTIONS, INC	
Lic Expire	5/12/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 689-6321	Fax	(713) 800-4999			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLAJUMOKE AJAYI				
County	HARRIS	Region	06	Date Licensed	05/27/2014	Owner Information	
License #	016231					JODACA HOMEBRIDGE CARE LLC	
Lic Expire	5/31/2022					21324 PROVINCIAL BLVD	
Medicare 1:						KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	713 444 3455	Fax	(713) 484-5005			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	THOMAS ADEYEMI				
County	HARRIS	Region	06	Date Licensed	10/09/2017	Owner Information	
License #	018378					JOGOO HEALTHCARE SERVICES LLC	
Lic Expire	10/31/2023					7910 BEECH MEADOW LN	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 933-2471	Fax	(832) 328-5823			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MELYN OGETO-OMWEGA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/20/2020
License # 020122 JOINT HEALTH CARE SERVICES INC
Lic Expire 3/20/2022 6430 EVENING ROSE LN
Medicare 1: 457815 HHA KATY, TEXAS 77449
Medicare 2:
Phone (713) 592-8955 Fax (713) 592-8978

Owner Information

JOINT HEALTH CARE SERVICES INC
2600 SOUTH LOOP WEST SUITE 560
HOUSTON, TX 77054

PHONE: (973) 517-1922 FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator CYNTHIA ADDO

County **HARRIS** Region 06 Date Licensed 12/19/2017
License # 018628 JOY HOME HEALTH CARE
Lic Expire 12/31/2023 9894 BISSONNET ST STE725
Medicare 1: 679247 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (832) 288-4928 Fax (832) 288-4844

Owner Information

GREENFIELD CARE LLC
10518 KIPP WAY DR STE B-1
HOUSTON, TX 77099

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator ANITA ARCE

County **HARRIS** Region 06 Date Licensed 05/16/2019
License # 019383 JOYOUS UNIQUE CARE LLC
Lic Expire 5/16/2021 618 1ST ST E #C
Medicare 1: HUMBLE, TEXAS 77338
Medicare 2:
Phone (281) 883-4921 Fax (281) 883-4916

Owner Information

JOYOUS UNIQUE CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator RONEISHA FOSTER

County **HARRIS** Region 06 Date Licensed 12/18/2017
License # 018517 JP CARING HANDS
Lic Expire 12/31/2019 19811 CYPRESSWOOD SPRING
Medicare 1: SPRING, TX 77373
Medicare 2:
Phone (281) 881-6230 Fax (281) 881-6230

Owner Information

JP CARING HANDS, LLC
19811 CYPRESSWOOD SPRING
SPRING, TX 77373

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator PERRY JAMES

County **HARRIS** Region 06 Date Licensed 10/12/2017
License # 018456 JUBILEE HEALTH CARE INC
Lic Expire 3/31/2024 9644 COURT GLEN DRIVE
Medicare 1: 679787 HHA-18 HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555

Owner Information

JUBILEE HEALTH CARE INC
13619 TONNOCHY DR
HOUSTON, TX 77083

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator KENNEDY OBANOR

County **HARRIS** Region 06 Date Licensed 09/24/2021
License # 021073 JUST LIKE FAMILY HOME CARE SERVICES LLC
Lic Expire 9/24/2024 24624 INTERSTATE 45 NORTH, SUITE 200
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (225) 610-5558 Fax

Owner Information

JUST LIKE FAMILY HOME CARE SERVICES LLC
24624 INTERSTATE 45 NORTH, SUITE 200
SPRING, TX 77386

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator XAVIER WINTERS

County **HARRIS** Region 06 Date Licensed 05/14/2008
License # 012008 JUST REAL KARE
Lic Expire 5/31/2023 9900 WESTPARK DRIVE SUITE #220
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 266-2604 Fax (713) 266-2611

Owner Information

JUST REAL KARE INC
9900 WESTPARK DR., SUITE 220
HOUSTON, TEXAS 77063

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator ROSIE WILSON

County	HARRIS	Region	06	Date Licensed	11/22/2019	Owner Information	
License #	019714					JV COMPASSIONATE CARE LLC	
Lic Expire	11/22/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 413-1756	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AGUIRRE JORGE				
County	HARRIS	Region	06	Date Licensed	08/17/2021	Owner Information	
License #	020984					KALEIDOSCOPE CARE SOLUTIONS HOME CARE LLC	
Lic Expire	8/17/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 424-9238	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAKAIRA ADAMS				
County	HARRIS	Region	06	Date Licensed	10/11/2021	Owner Information	
License #	021118					KARDINAL HOME CARE LLC	
Lic Expire	10/11/2024					11200 WESTHIEMER RD STE 1050	
Medicare 1:						HOUSTON, TEXAS 77042	
Medicare 2:						PHONE:	FAX:
Phone	(713) 261-0754	Fax	(281) 988-5391			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHAEL OKENDU				
County	HARRIS	Region	06	Date Licensed	01/19/2010	Owner Information	
License #	013078					KATY DREAMWEAVER HOME HEALTH SERVICES LLC	
Lic Expire	1/31/2022					24110 COURTLAND OAKS	
Medicare 1:						KATY, TX. 77494	
Medicare 2:						PHONE:	FAX:
Phone	(713) 294-7999	Fax	(281) 391-9372			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	NICHOLAUS OSBORNE				
County	HARRIS	Region	06	Date Licensed	08/11/2020	Owner Information	
License #	020098					KATY HOSPICE, LLC	
Lic Expire	8/11/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 785-4019	Fax	(346) 307-7603			Services: Hospice	
Type:	Parent Agency	Administrator	CHRISTINA HENSON			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	11/24/2020	Owner Information	
License #	020350					KATY LAKES HOME CARE LLC	
Lic Expire	11/24/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 348-6011	Fax	(832) 557-3422			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HARRIET EVBUOMWAN				
County	HARRIS	Region	06	Date Licensed	03/20/2014	Owner Information	
License #	016102					KAYCEE INTEGRITY HEALTH SERVICES INC	
Lic Expire	3/31/2022					9050 COOK ROAD STE 206	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(281) 564-1349	Fax	(281) 564-1573			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STELLA UBI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/02/2020	Owner Information	
License #	019759					KAYLA'S LOVING HANDS, LLC	
Lic Expire	1/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 602-5144	Fax	(713) 561-3662			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRANDY OLIVER				
County	HARRIS	Region	06	Date Licensed	12/11/2015	Owner Information	
License #	017171					KBC HOME HEALTHCARE INC	
Lic Expire	12/31/2023					PO BOX 496	
Medicare 1:						ALIEF, TX 77411	
Medicare 2:						PHONE:	FAX:
Phone	(346) 207-8232	Fax	(281) 417-0747			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NATHAN PHAM				
County	HARRIS	Region	06	Date Licensed	05/31/2012	Owner Information	
License #	014835					KELLIE'S SITTING SERVICES, INC	
Lic Expire	5/31/2022					2646 SOUTH LOOP W, #115	
Medicare 1:						HOUSTON, TX 77054	
Medicare 2:						PHONE:	FAX:
Phone	(281) 888-5252	Fax	(832) 301-3994			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GLENDA WASHINGTON				
County	HARRIS	Region	06	Date Licensed	03/15/2007	Owner Information	
License #	011156					KESWOOD HOME HEALTH SERVICES	
Lic Expire	3/31/2024					10998 SOUTH WILCREST # 204	
Medicare 1:	747055 HHA-18					HOUSTON, TX 77099	
Medicare 2:						PHONE:	FAX:
Phone	(281) 416-4663	Fax	(281) 416-4878			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KINGSLEY OKEKE				
County	HARRIS	Region	06	Date Licensed	04/08/2016	Owner Information	
License #	017348					KID ADVENTURES PEDIATRIC THERAPY PLLC	
Lic Expire	4/30/2022					3027 WESTWOOD MANOR LN	
Medicare 1:						HOUSTON, TX 77047	
Medicare 2:						PHONE:	FAX:
Phone	(713) 661-5400	Fax	(832) 202-2375			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LATOYA MITCHELL				
County	HARRIS	Region	06	Date Licensed	02/20/2006	Owner Information	
License #	010371					KDT LLC	
Lic Expire	2/28/2025					6109 MAPLE	
Medicare 1:	679075					HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 668-6690	Fax	(713) 668-6563			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	STACY GRAZAK				
County	HARRIS	Region	06	Date Licensed	02/14/2007	Owner Information	
License #	011337					KINA HEALTHCARE SERVICES INC	
Lic Expire	2/28/2021					6666 HARWIN DRIVE SUITE 290	
Medicare 1:	679398 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 776-2551	Fax	(713) 776-2553			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	INNOCENT ABAKWUE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/13/2009	Owner Information
License #	013003					ROSE C NWANNA
Lic Expire	11/30/2023					9506 LERIN LANE
Medicare 1:						SUGAR LAND, TEXAS 77498
Medicare 2:						PHONE:
Phone	(713) 397-0696	Fax	(281) 561-7325			FAX:
Type:	Parent Agency	Administrator	JAMES NWANNA			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/01/2015	Owner Information
License #	017092					KINDLE HOSPICE, LLC
Lic Expire	6/30/2021					1981 MARCUS AVENUE, SUITE #C129
Medicare 1:	671719 HOSPICE					NEW HYDE PARK, NY 11042
Medicare 2:						PHONE:
Phone	(832) 558-8000	Fax	(832) 558-8001			FAX:
Type:	Parent Agency	Administrator	CALLISTA DAVIS			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	11/30/2007	Owner Information
License #	011738					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2022					12900 FOSTER
Medicare 1:	457222 HHA-18					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(713) 781-6691	Fax	(713) 839-0966			FAX:
Type:	Parent Agency	Administrator	TONI BROOKS-GROWE			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	11/22/1982	Owner Information
License #	003072					GENTIVA CERTIFIED HEALTHCARE CORP
Lic Expire	11/30/2022					12900 FOSTER SUITE 400
Medicare 1:	457264 HHA-18					OVERLAND PARK, KS 66213-2696
Medicare 2:						PHONE:
Phone	(281) 446-5366	Fax	(281) 446-4361			FAX:
Type:	Parent Agency	Administrator	TONI BROOKS-GROWE			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	10/13/2015	Owner Information
License #	017074					NP PLUS, LLC
Lic Expire	10/31/2024					12900 FOSTER SUITE 400
Medicare 1:						OVERLAND PARK, KS 66213
Medicare 2:						PHONE:
Phone	(832) 973-4800	Fax	(832) 973-4801			FAX:
Type:	Parent Agency	Administrator	LA SHONJA BENNETT			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/01/2001	Owner Information
License #	007698					ODYSSEY HEALTHCARE OPERATING A, LP
Lic Expire	6/30/2021					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	451647 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(281) 568-5548	Fax	(713) 669-1104			FAX:
Type:	Parent Agency	Administrator	CRISTINA WALL			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	07/30/2012	Owner Information
License #	014961					KINGSLEY HOME CARE, INC
Lic Expire	7/31/2022					6628 WILCREST DR SUITE B200
Medicare 1:						HOUSTON, TX 77072
Medicare 2:						PHONE:
Phone	281 4959927	Fax	888 6765604			FAX:
Type:	Parent Agency	Administrator	MY-LYNH NGUYEN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/24/2003
License # 008679 KINGSPOINT HEALTH CARE SERVICES INC
Lic Expire 3/31/2022 10900 KINGSPOINT SUITE #10
Medicare 1: 679107 HHA-18 HOUSTON, TX 77075
Medicare 2:
Phone (713) 378-4488 Fax (713) 378-4477
Type: Parent Agency Administrator JOHN KWANG

Owner Information

KINGSPOINT HEALTHCARE SERVICES, INC
10900 KINGSPOINT #10
HOUSTON, TX 77075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/15/2020
License # 020000 KMYAIAS HOME HEALTH
Lic Expire 6/15/2022 1620 AUSTIN
Medicare 1: HOUSTON, TX 77002
Medicare 2:
Phone (832) 216-3496 Fax
Type: Parent Agency Administrator EBONY JENKINS

Owner Information

KMYAIA'S HEALTHCARE, INC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/30/2015
License # 016817 LA ANCHOR HOME HEALTH SERVICES INC
Lic Expire 4/30/2023 7211 REGENCY SQUARE BLVD #210
Medicare 1: 747487 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 251-3311 Fax (832) 251-3312
Type: Parent Agency Administrator HELEN AKPAN-OKOP

Owner Information

LA ANCHOR HOME HEALTH SERVICES, INC
7211 REGENCY SQUARE BLVD #210
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/22/2009
License # 013046 LAKE HOUSTON HOME HEALTH
Lic Expire 12/31/2024 12238 FM 1960 EAST
Medicare 1: 747437 HHA-18 HUFFMAN, TX 77336
Medicare 2:
Phone (281) 324-4663 Fax (281) 324-2795
Type: Parent Agency Administrator BRANDI NICKELL

Owner Information

LAKE HOUSTON HOME HEALTH SERVICES PLLC
PO BOX 1446
HUFFMAN, TX 77336
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/30/2017
License # 017890 LAKEFRONT CARE INC
Lic Expire 1/31/2023 9898 BISSONNET STREET SUITE 480
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (281) 235-6029 Fax (713) 776-3994
Type: Parent Agency Administrator OKORIE OKO

Owner Information

LAKEFRONT CARE INC
9898 BISSONNET STREET SUITE 480
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/05/2007
License # 011740 LALA COMFORT HEALTHCARE INC
Lic Expire 3/31/2023 3831 GOLDEN WILLOW CT
Medicare 1: 747101 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 398-4991 Fax (281) 398-1581
Type: Parent Agency Administrator LALA OLADOYE

Owner Information

LALA COMFORT HEALTHCARE INC
3831 GOLDEN WILLOW CT
KATY, TX 77449
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/10/2016
License # 017734 LANORAH'S PERSONAL CARE
Lic Expire 11/30/2022 2514 11TH STREET
Medicare 1: GALENA PARK TEXAS, TEXAS 77547
Medicare 2:
Phone (832) 953-5721 Fax (832) 550-2185
Type: Parent Agency Administrator LANORAH WOODHOUSE

Owner Information

LANORAH'S PERSONAL CARE LLC
8230 HOMEWOOD LN
HOUSTON, TX 77028
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	07/30/2020	Owner Information	
License #	020087					LARK HOME CARE LLC	
Lic Expire	7/30/2022					12222 YEARLING DR	
Medicare 1:						HOUSTON, TEXAS 77065	
Medicare 2:							PHONE:
Phone	(800) 381-8260	Fax	(586) 477-4687				FAX:
Type:	Parent Agency	Administrator	ASHLII WILLIAMS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/18/2019	Owner Information	
License #	019745					LEARNING SERVICES HOME AND COMMUNITY LLC	
Lic Expire	12/18/2021					131 LANGLEY DRIVE	
Medicare 1:						LAWRENCEVILLE, GA 30046	
Medicare 2:							PHONE:
Phone	(866) 820-5200	Fax	(866) 870-2397				FAX:
Type:	Parent Agency	Administrator	LISA GLENN			Services: Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	02/15/2011	Owner Information	
License #	013893					LEGACY HEALTHCARE SERVICES	
Lic Expire	2/28/2023					10135 GLENGATE LN	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(281) 513-1564	Fax	(713) 541-0445				FAX:
Type:	Parent Agency	Administrator	IKE MCDONALD			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/04/2017	Owner Information	
License #	018482					THE CHATTERBOX INC	
Lic Expire	12/31/2021					907 CACTUS RIDGE CT.,	
Medicare 1:						FRIENDSWOOD, TX 77546	
Medicare 2:							PHONE:
Phone	(281) 220-1102	Fax	(281) 220-1087				FAX:
Type:	Parent Agency	Administrator	ANYA MORGAN			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/02/2021	Owner Information	
License #	021021					313 ASSOCIATES LLC	
Lic Expire	9/2/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(832) 577-1786	Fax					FAX:
Type:	Parent Agency	Administrator	AZRA FATIMA			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	11/25/2019	Owner Information	
License #	019718					LEGEND PROVIDER SERVICES, INC	
Lic Expire	11/25/2021					8700 COMMERCE PARK DR STE 146	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(346) 406-2987	Fax	(713) 636-3338				FAX:
Type:	Parent Agency	Administrator	JENNIFER AGBO			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	01/12/2022	Owner Information	
License #	021329					LENDING HANDS HOME HEALTHCARE LLC	
Lic Expire	1/12/2025					5718 WESTHEIMER RD,SUITE 1000	
Medicare 1:						HOUSTON, TX 77057	
Medicare 2:							PHONE:
Phone	(833) 425-4325	Fax	NA				FAX:
Type:	Parent Agency	Administrator	LACRICIA LOVE			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 04/26/2021
License # 020720 LERMIM HOME CARE LLC
Lic Expire 4/26/2024 8788 HAMMERLY #-1
Medicare 1: HOUSTON, TEXAS 770806662
Medicare 2:
Phone (832) 908-1213 Fax (713) 461-0068
Type: Parent Agency Administrator INGRID URUETA MANUEL

Owner Information

LERMIM HOME CARE LLC
8788 HAMMERLY #-1
HOUSTON, TX
PHONE: (832) 908-1213 FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/31/2018
License # 018857 LIFE CHANGING ASSISTANCE HEALTHCARE LLC
Lic Expire 7/31/2022 2626 SOUTH LOOP WEST, STE. 650 N
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone 832 8315165 Fax 832 2815598
Type: Parent Agency Administrator TATYANNA LUSK

Owner Information

LIFE CHANGING ASSISTANCE HEALTHCARE, LLC
2626 SOUTH LOOP WEST, STE. 650N
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed
License # 021335 LIFE NEW LOOK HOSPICE LLC
Lic Expire 1/14/2025 15022 FM 529 RD BLDG 2 STE. 2A
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (281) 730-1786 Fax (281) 576-8758
Type: Parent Agency Administrator SALFO KABORE

Owner Information

LIFE NEW LOOK HOSPICE LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/14/2011
License # 014037 LIFE SOURCE HOME HEALTHCARE INC
Lic Expire 4/30/2023 3302 GARTH RD
Medicare 1: 747752 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-3977 Fax (281) 420-1112
Type: Parent Agency Administrator ROWENA MATIR

Owner Information

LIFE SOURCE HOME HEALTHCARE INC
3302 GARTH RD
BAYTOWN, TX 77521-3808
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/16/2006
License # 010549 LIFECARE HEALTH SERVICES LLC
Lic Expire 6/30/2022 8700 COMMERCE PARK DRIVE SUITE # 145
Medicare 1: 679601 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 501-8394 Fax (281) 974-3238
Type: Parent Agency Administrator SHOLA ODUNTAN

Owner Information

LIFECARE HEALTH SERVICES
P. O. BOX 185
MISSOURI CITY, TX 77459
PHONE: 12815018394 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/04/2008
License # 011908 LIFECARE OPTIONS HOME HEALTH SERVICES INC
Lic Expire 3/31/2023 434 PARK GROVE DRIVE
Medicare 1: 747061 HHA-18 KATY, TEXAS 77450
Medicare 2:
Phone (281) 646-9546 Fax (281) 646-9751
Type: Parent Agency Administrator MILDRED ROSALES

Owner Information

LIFECARE OPTIONS HOME HEALTH SERVICES INC
434 PARK GROVE LANE
KATY, TX 77450
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health
Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/23/2016
License # 017815 LIFEPOINTE HOSPICE AND HOME HEALTH
Lic Expire 12/31/2022 13201 NORTHWEST FREEWAY, STE 670
Medicare 1: 747582 HOUSTON, TX 77040
Medicare 2:
Phone (281) 824-3250 Fax (281) 501-1896
Type: Parent Agency Administrator VIRGINIA JOHNSON

Owner Information

LIFEPOINTE HOSPICE LLC
12425 ISLAND DRIVE
TOMBALL, TX 77377
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health
Services
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	05/26/2021	Owner Information	
License #	020786					LIFE'S TREASURES HOSPICE CARE PLLC	
Lic Expire	5/26/2024					10903 DOUD STREET	
Medicare 1:						HOUSTON, TEXAS 77035	
Medicare 2:							PHONE:
Phone	(832) 582-5655	Fax	(832) 582-5644				FAX:
Type:	Parent Agency	Administrator	LARRY FLOWERS			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	04/25/2016	Owner Information	
License #	017365					ADVANCE HI TECH NURSING, INC	
Lic Expire	4/30/2022					6243 IH 10 WEST, SUITE 375	
Medicare 1:						SAN ANTONIO, TX 78201	
Medicare 2:							PHONE:
Phone	(877) 434-3153	Fax	(877) 463-1310				FAX:
Type:	Parent Agency	Administrator	LORENA TORRES			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/05/2006	Owner Information	
License #	010788					LIFEWAY HEALTHCARE INC	
Lic Expire	10/31/2022					10039 BISSONNET STREET SUITE 112	
Medicare 1:	743133 HHA-18					HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(281) 495-5100	Fax	(281) 495-5101				FAX:
Type:	Parent Agency	Administrator	AIROBOMAN OMOEGBELE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/01/2021	Owner Information	
License #	021096					LIGHT BEARERS HOME CARE, LLC	
Lic Expire	10/1/2024					18930 VOLGA RIVER DRIVE	
Medicare 1:						KATY, TEXAS 77449	
Medicare 2:							PHONE:
Phone	713 554 0031	Fax	832 772 4469				FAX:
Type:	Parent Agency	Administrator	PAULINE ANUBONDEM			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	04/29/2019	Owner Information	
License #	019349					LIGHT HEART HOMECARE LLC	
Lic Expire	4/29/2023					13201 NORTHWEST FREEWAY #800	
Medicare 1:						HOUSTON, TEXAS 77040	
Medicare 2:							PHONE:
Phone	(800) 856-3319	Fax					FAX:
Type:	Parent Agency	Administrator	CLAUDINE NTING			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	06/08/2018	Owner Information	
License #	018779					LIGHTHOUSE HEALTHCARE SOLUTIONS, LLC	
Lic Expire	6/30/2022					1605 POTOMAC DR UNIT B	
Medicare 1:						HOUSTON, TX 77057	
Medicare 2:							PHONE:
Phone	281 4959927	Fax	888 6765604				FAX:
Type:	Parent Agency	Administrator	CHIEU NGUYEN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/17/2017	Owner Information	
License #	018373					LILY HOME HEALTH, INC	
Lic Expire	9/30/2023					9894 BISSONNET ST, SUITE 100E	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(281) 977-0157	Fax	(281) 806-5967				FAX:
Type:	Parent Agency	Administrator	RITA OKOJIE			Services: Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/30/2020	Owner Information
License #	020421					LINKS OF COMPASSION INC
Lic Expire	12/30/2022					P.O. BOX 73363
Medicare 1:						HOUSTON, TEXAS 77273
Medicare 2:						PHONE:
Phone	(832) 529-7125					FAX:
Type:	Parent Agency					Services: Licensed Home Health Services; Personal Assistance Services
		Administrator	CHADNEZZAR MORGAN			
County	HARRIS	Region	06	Date Licensed	01/26/2007	Owner Information
License #	011022					LIVHOME, INC DBA AROSA
Lic Expire	5/31/2023					5670 WILSHIRE BLVD. SUITE #500
Medicare 1:						LOS ANGELES, CA 90036
Medicare 2:						PHONE:
Phone	(713) 622-6200					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	FURMAN ENTZ			
County	HARRIS	Region	06	Date Licensed	06/18/2015	Owner Information
License #	016867					LIVING & LOVING HOME CARE, LLC
Lic Expire	6/30/2023					14615 CARMINE GLEN DR
Medicare 1:						HOUSTON, TX 77049
Medicare 2:						PHONE:
Phone	(346) 888-6210					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	CREDESHA BROWN BELLANGER			
County	HARRIS	Region	06	Date Licensed	06/14/2007	Owner Information
License #	011392					LIVING HOPE HEALTHCARE INC
Lic Expire	6/30/2023					12621 FEATHERWOOD DRIVE, SUITE #243
Medicare 1:	743196 HHA-18					HOUSTON, TX 77034
Medicare 2:						PHONE:
Phone	(281) 484-6500					FAX:
Type:	Parent Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
		Administrator	TIJU THOMAS			
County	HARRIS	Region	06	Date Licensed	07/19/2018	Owner Information
License #	019168					LIVING WATER HOME HEALTH LLC
Lic Expire	3/31/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 552-0674					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	ROXANE FREEMAN			
County	HARRIS	Region	06	Date Licensed	12/13/2016	Owner Information
License #	017785					LONE STAR HOME DIALYSIS INC
Lic Expire	12/31/2022					150 PINE FOREST RD STE 102
Medicare 1:						SHENANDOAH, TX 77384
Medicare 2:						PHONE:
Phone	(936) 271-9442					FAX:
Type:	Parent Agency					Services: Licensed Home Health Services with Dialysis
		Administrator	BALBEER GODWIN			
County	HARRIS	Region	06	Date Licensed	12/12/2014	Owner Information
License #	016557					LONG LIFE HEALTHCARE OF TEXAS LLC
Lic Expire	3/31/2021					8866 GULF FRWY STE 400F
Medicare 1:						HOUSTON, TX 77017
Medicare 2:						PHONE:
Phone	(832) 649-5947					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	VERONICA MARISCAL			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/14/2015	Owner Information	
License #	017026					LOTUS HOSPICE	
Lic Expire	2/17/2022					9950 WESTPARK DRIVE SUITE 644	
Medicare 1:	741662 HOSPICE					HOUSTON, TX 77063	
Medicare 2:						PHONE:	
Phone	(281) 493-6800	Fax	(281) 493-6807			FAX:	
Type:	Parent Agency	Administrator	NICOLE MCPHERSON				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	07	Date Licensed		Owner Information	
License #	013724					VELA INVESTMENT CORPORATION	
Lic Expire	10/31/2022					3523 W ALBERTA RD	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	
Phone	(281) 760-3597	Fax	(956) 664-9967			FAX:	
Type:	Branch Agency	Administrator	MAGDALENA CEPEDA				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/10/2019	Owner Information	
License #	019589					LOVING ARMS HEALTH CARE SERVICES LLC	
Lic Expire	9/10/2021					8323 TROPHY PLACE DRIVE	
Medicare 1:						HUMBLE, TEXAS 77346	
Medicare 2:						PHONE:	
Phone	(713) 927-5365	Fax	(281) 852-6998			FAX:	
Type:	Parent Agency	Administrator	NICOLE WILLIAMS				Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/21/2017	Owner Information	
License #	018527					LOVING ARMS SENIOR ASSISTANCE LLC	
Lic Expire	12/31/2023					16747 QUAIL PARK DRIVE	
Medicare 1:						MISSOURI CITY, TX 77489	
Medicare 2:						PHONE:	
Phone	(281) 901-8279	Fax	(832) 649-7176			FAX:	
Type:	Parent Agency	Administrator	TAMARA WELLINGTON				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/10/2020	Owner Information	
License #	020305					LOVING GRACE HEALTHCARE OF AMERICA INC	
Lic Expire	11/10/2022					440 BENMAR DR STE. 1395	
Medicare 1:						HOUSTON, TEXAS 77060	
Medicare 2:						PHONE:	
Phone	(832) 328-5646	Fax	18442738121			FAX:	
Type:	Parent Agency	Administrator	TIFFANY SCOTT				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/16/2017	Owner Information	
License #	018452					LOVING HEARTS HOSPICE PALLIATIVE CARE INC	
Lic Expire	2/28/2022					6666 HARWIN DR #205A	
Medicare 1:	741792					HOUSTON, TX 77036	
Medicare 2:						PHONE:	
Phone	(832) 582-5112	Fax	(832) 649-2951			FAX:	
Type:	Parent Agency	Administrator	SERGE UKAWILU				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/12/2021	Owner Information	
License #	020596					LOVING TOUCH HOSPICE INC	
Lic Expire	3/12/2024					2922 ROSEDALE ST STE 1200	
Medicare 1:						HOUSTON, TEXAS 77004	
Medicare 2:						PHONE:	
Phone	(713) 874-1234	Fax	(713) 521-1277			FAX:	
Type:	Parent Agency	Administrator	JENNIFER ROY				Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/23/2020	<u>Owner Information</u>	
License #	020342					LOYAL HANDS HOME HEALTH INC	
Lic Expire	11/23/2022					LOYAL HANDS HOME HEALTH INC	
Medicare 1:						7001 CORPORATE STE 135	
Medicare 2:						HOUSTON, TEXAS 77036	
Phone	713 5103205	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	CHIKA ODILI			Services:	Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	08/04/1999	<u>Owner Information</u>	
License #	007087					STELLA AVWORO	
Lic Expire	8/31/2022					12738 VILLAWOOD LANE	
Medicare 1:						HOUSTON, TX 77072	
Medicare 2:						PHONE:	FAX:
Phone	(281) 530-2539	Fax	(281) 498-8243			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	STELLA AVWORO				
County	HARRIS	Region	06	Date Licensed	11/22/2004	<u>Owner Information</u>	
License #	009421					LOYAL HOME HEALTH CARE INC	
Lic Expire	11/30/2023					12738 VILLAWOOD LN	
Medicare 1:						HOUSTON, TX 77072	
Medicare 2:						PHONE:	FAX:
Phone	(281) 530-2539	Fax	(281) 498-8243			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	STELLA AVWORO				
County	HARRIS	Region	06	Date Licensed	07/08/1998	<u>Owner Information</u>	
License #	006749					LUCKY HEALTH CARE SERVICES INC	
Lic Expire	7/31/2022					SAME AS ABOVE	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 773-1066	Fax	(713) 773-0445			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	NNEAMAKA AKALUSO				
County	HARRIS	Region	06	Date Licensed	03/25/2021	<u>Owner Information</u>	
License #	020648					LUXURY INHOME SENIOR CARE, LLC	
Lic Expire	3/25/2024					910 CYPRESS STATION DRIVE APT. 720	
Medicare 1:						HOUSTON, TX 77090	
Medicare 2:						PHONE:	FAX:
Phone	(281) 766-4420	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ISATA KELLEH				
County	HARRIS	Region	06	Date Licensed	12/01/2011	<u>Owner Information</u>	
License #	014649					M&M ADVANCED HEALTHCARE, INC	
Lic Expire	11/30/2023					4635 SOUTHWEST FREEWAY, SUITE 300	
Medicare 1:	679785 HHA-18					HOUSTON, TX 77027	
Medicare 2:						PHONE:	FAX:
Phone	832 4223519	Fax	832 4223524			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	SOLEDAD BANEJA				
County	HARRIS	Region	06	Date Licensed	03/08/2019	<u>Owner Information</u>	
License #	019293					NICHOLAS ONYENOB I	
Lic Expire	6/30/2021					14829 BELLAIRE BLVD. SUITE 2B	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 818-0611	Fax	(281) 372-6892			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	LILIAN ONYENOB I				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/02/2021	Owner Information	
License #	020552					MACIE HEALTHCARE SERVICES LLC	
Lic Expire	3/2/2024					3262 HOLLY HALL ST	
Medicare 1:						HOUSTON, TX 77054	
Medicare 2:						PHONE:	FAX:
Phone	(832) 272-5331	Fax	(281) 214-6371			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NNAMDI ANIEKWENA				
County	HARRIS	Region	06	Date Licensed	06/15/2017	Owner Information	
License #	018108					MACS HEALTHY LIVING HOME CARE LLC	
Lic Expire	6/30/2019					2630 MONTICELLO DRIVE	
Medicare 1:						HOUSTON, TX 77045	
Medicare 2:						PHONE:	FAX:
Phone	(281) 206-3353	Fax	(281) 596-4333			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERICE SHEPPARD				
County	HARRIS	Region	06	Date Licensed	03/05/2020	Owner Information	
License #	019466					MAGNOLIA HOME CARE	
Lic Expire	7/2/2024					5703 PRAIRIE CHAPEL RD	
Medicare 1:						KATY, TX 77493	
Medicare 2:						PHONE:	FAX:
Phone	(281) 729-9200	Fax	(832) 558-9959			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LISSETTE ROSARIO				
County	HARRIS	Region	06	Date Licensed	03/06/2003	Owner Information	
License #	008356					EXCELLENCE HEALTH CARE, INC	
Lic Expire	3/31/2024					5044 CRENSHAW RD, STE 500A	
Medicare 1:	679287 HHA-18					PASADENA, TEXAS 77505	
Medicare 2:						PHONE:	FAX:
Phone	(281) 333-2207	Fax	(281) 333-2292			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	JACOB JHINGREE				
County	HARRIS	Region	06	Date Licensed	04/23/2019	Owner Information	
License #	019341					MAGNOLIA HOSPICE CARE, LLC	
Lic Expire	4/23/2023					5044 CRENSHAW ROAD, SUITE 500D	
Medicare 1:	971526					PASADENA, TEXAS 77505	
Medicare 2:						PHONE:	FAX:
Phone	(281) 957-9752	Fax	(832) 916-4577			Services: Hospice	
Type:	Parent Agency	Administrator	JACOB JHINGREE			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/13/2017	Owner Information	
License #	017856					MAJESTIC PERSONAL CARE SERVICES LLC	
Lic Expire	1/31/2024					7601 FM 1960 RD E, #111	
Medicare 1:						HUMBLE, TX 77346	
Medicare 2:						PHONE:	FAX:
Phone	(832) 288-2531	Fax	(866) 668-2130			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTOPHER GOODWIN				
County	HARRIS	Region	06	Date Licensed	02/15/2007	Owner Information	
License #	011333					MAJESTIK CARE PROVIDERS, INC	
Lic Expire	2/28/2022					8700 COMMERCE PARK DRIVE SUITE 110	
Medicare 1:	677907 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(832) 767-1729	Fax	(832) 767-2845			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FRANCES OKAFOR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/14/2021	Owner Information	
License #	021045					MAJESTY HOME CARE LLC	
Lic Expire	9/14/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(973) 919-3408	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MONSURAT SALVADOR				
County	HARRIS	Region	06	Date Licensed	11/24/2020	Owner Information	
License #	020348					MASOTINA HEALTHCARE PROFESSIONALS LLC	
Lic Expire	11/24/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 820-5205	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EKOMOBONG EDUOK				
County	HARRIS	Region	06	Date Licensed	01/01/2006	Owner Information	
License #	010369					MASTERS HEALTH CARE SERVICES INC	
Lic Expire	12/31/2021					11999 KATY FREEWAY #275	
Medicare 1:	458098 HHA-18					HOUSTON, TX 77079	
Medicare 2:						PHONE:	FAX:
Phone	(281) 589-8125	Fax	(281) 589-0464			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	WAGEE KAMEL				
County	HARRIS	Region	06	Date Licensed	10/28/2021	Owner Information	
License #	021170					MATDELIN HEALTHCARE SERVICES, L L C	
Lic Expire	10/28/2024					3614 CAMERON BLUFF LANE	
Medicare 1:						HOUSTON, TEXAS 77494	
Medicare 2:						PHONE:	FAX:
Phone	(917) 703-3780	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LINDA NWAHIRI				
County	HARRIS	Region	06	Date Licensed	03/23/2011	Owner Information	
License #	013975					MATOLL HEALTH SERVICES INC	
Lic Expire	3/31/2024					9800 CENTRE PARKWAY SUITE 157	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 969-7622	Fax	(877) 903-8431			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY ADEGBORIOYE				
County	HARRIS	Region	06	Date Licensed	12/28/2005	Owner Information	
License #	010215					MATSAN INC	
Lic Expire	12/31/2024					21719 CANYON PEAK LANE	
Medicare 1:	679538 HHA-18					KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(281) 392-6333	Fax	(281) 719-9484			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MATTHEW EHIMWENMA				
County	HARRIS	Region	06	Date Licensed	08/17/2017	Owner Information	
License #	018255					MAXCARE HOME HEALTH SERVICES INC	
Lic Expire	8/31/2024					9119 SOUTH GESSNER RD #100	
Medicare 1:	679093 HHA-18					HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 325-2132	Fax	(713) 534-1164			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	FLORA UCHEA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 05/16/2011
License # 014130 MAXIMUM CARE
Lic Expire 5/31/2023 10777 WESTHEIMER ROAD STE 1100
Medicare 1: 459384 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (281) 903-1336 Fax (281) 903-2301
Type: Parent Agency Administrator SUSANNA AMUNE

Owner Information

TRIUMPHANT INVESTMENTS INC
9801 WESTHEIMER RD STE 302
HOUSTON, TX 77042
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/15/2018
License # 019092 MAXIMUM CARE HEALTHCARE SERVICES, LLC
Lic Expire 8/15/2022 6250 WESTPARK DR. # 113
Medicare 1: HOUSTON, TEAXS 77057
Medicare 2:
Phone (888) 312-8859 Fax (888) 312-8859
Type: Parent Agency Administrator KRISTIE SEPTS-JOHNSON

Owner Information

MAXIMUM CARE HEALTHCARE SERVICES, LLC
6260 WESTPARK DR #320
HOUSTON, TX 77057
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/29/2005
License # 010275 MAXWELL PROVIDERS INC
Lic Expire 11/30/2021 2950 S. GESSNER ROAD #210
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (713) 783-7703 Fax (713) 783-7519
Type: Parent Agency Administrator AMENZE OSAZUWA

Owner Information

MAXWELL PROVIDERS, INC
7457 HARWIN DRIVE, SUITE #130A
HOUSTON, TX 77036
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/29/2018
License # 019055 MAYDAY HEALTH SERVICES LLC
Lic Expire 8/29/2022 11129 PANTHER COURT
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (832) 679-5444 Fax (832) 379-3383
Type: Parent Agency Administrator UCHE IBE

Owner Information

MAYDAY HEALTH SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/25/2012
License # 015090 MCL HOME THERAPY LLC
Lic Expire 9/30/2016 13107 ADVANCE DRIVE
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 688-9305 Fax (832) 688-8832
Type: Parent Agency Administrator CHRISTINE MARIE S AZCONA

Owner Information

MCL HOME THERAPY LLC
13107ADVANCE DRIVE
HOUSTON, TX 77065
PHONE:
FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/17/2012
License # 015202 MED FORCE MEDICAL SERVICES INC
Lic Expire 9/30/2022 12337 JONES ROAD, SUITE #110
Medicare 1: HOUSTON, TX 77070
Medicare 2:
Phone (281) 894-7003 Fax (281) 894-7010
Type: Parent Agency Administrator BARBARA GLOVER

Owner Information

MED FORCE MEDICAL SERVICES, INC
12337 JONES RD SUITE 224
HOUSTON, TX 77070
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/14/2007
License # 011583 MEDCORE PREFERRED HOSPICE
Lic Expire 9/30/2023 3880 GREENHOUSE RD SUITE 319
Medicare 1: 671724 HOSPICE HOUSTON, TX 77084
Medicare 2:
Phone (281) 394-2042 Fax (866) 395-3908
Type: Parent Agency Administrator DERVAL ROMANS

Owner Information

MEDCORE HEALTHCARE SERVICES INC
3880 GREENHOUSE ROAD STE. #319
HOUSTON, TX 77084
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County	HARRIS	Region	06	Date Licensed	08/01/2002	Owner Information
License #	008138		MEDHEALTH INC			MED HEALTH INC
Lic Expire	12/31/2021		3001 WICHITA STREET			3001 WICHITA STREET
Medicare 1:	459256 HHA-18		HOUSTON, TX 77004			HOUSTON, TX 77004
Medicare 2:						PHONE:
Phone	(713) 661-6607	Fax	(713) 522-0333			FAX:
Type:	Parent Agency	Administrator	MARY JONES			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/01/1995	Owner Information
License #	003492		MEDICAL INSIGHTS & CARE UNLIMITED LP			MEDICAL INSIGHTS & CARE UNLIMITED, LP
Lic Expire	12/31/2022		4610 BELLE PARK DR			PO BOX 721350
Medicare 1:			HOUSTON, TX 770721820			HOUSTON, TX 77272
Medicare 2:						PHONE:
Phone	(713) 774-6428	Fax	(713) 774-3822			FAX:
Type:	Parent Agency	Administrator	MICHAEL MIRANDA			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/01/1995	Owner Information
License #	003491		MEDICAL INSIGHTS & CARE UNLIMITED LP			MEDICAL INSIGHTS & CARE UNLIMITED, LP
Lic Expire	12/31/2023		4610 BELLE PARK DRIVE			PO BOX 721350
Medicare 1:	677211 HHA-18		HOUSTON, TX 77072			HOUSTON, TX 77272
Medicare 2:						PHONE:
Phone	(713) 774-6428	Fax	(713) 774-3822			FAX:
Type:	Parent Agency	Administrator	LUCENA DEVILLA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/14/2013	Owner Information
License #	015307		MEDISTAR PROVIDER SERVICES INC			MEDISTAR PROVIDER SERVICES INC
Lic Expire	1/31/2023		10039 BISSONNET ST, SUITE 322			10039 BISSONNET ST. SUITE 322
Medicare 1:			HOUSTON, TX 77036			HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 489-7766	Fax	(713) 489-3949			FAX:
Type:	Parent Agency	Administrator	JUSTIN CHANDLER			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/08/2013	Owner Information
License #	015530		MEDPROUSA HEALTH SERVICES			MFG HEALTH SERVICES, LLC
Lic Expire	5/31/2023		9219 KATY FREEWAY SUITE #207			9111 KATY FREEWAY, SUITE #310
Medicare 1:			HOUSTON, TX 77024			HOUSTON, TX 77024
Medicare 2:						PHONE:
Phone	(713) 932-0017	Fax	(713) 932-0039			FAX:
Type:	Parent Agency	Administrator	MILA KIL			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/01/2005	Owner Information
License #	010103		MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES LLC			MEDSOL HOME HEALTHCARE & CASE MANAGEMENT SERVICES
Lic Expire	10/31/2023		7807 LONG POINT RD. SUITE# 310			8705 VARNER ROAD
Medicare 1:	679593 HHA-18		HOUSTON, TX 77055			HOUSTON, TX 77080
Medicare 2:						PHONE:
Phone	(713) 722-8009	Fax	(713) 722-8099			FAX:
Type:	Parent Agency	Administrator	ARTIE DMELLO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	04/05/2010	Owner Information
License #	013285		MEGACARE HOME HEALTH SERVICES INC			MEGACARE HOME HEALTH SERVICES INC
Lic Expire	4/30/2022		4606 FM 1960 RD W, SUITE 575			8313 SOUTHWEST FREEWAY SUITE #217
Medicare 1:	673193 HHA-18		HOUSTON, TX 77069			HOUSTON, TX 77074
Medicare 2:						PHONE:
Phone	(713) 995-0675	Fax	(713) 995-0445			FAX:
Type:	Parent Agency	Administrator	VINCE DIKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/22/2007
License # 011175 MEGAMED HEALTHCARE SERVICES
Lic Expire 3/31/2022 10101 FONDREN ROAD SUITE #428
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 772-2726 Fax (713) 981-1990
Type: Parent Agency Administrator ABAYOMI BALOGUN

Owner Information

TAB INTERNATIONAL INC
10101 FONDREN ROAD SUITE 428
HOUSTON, TX 77096
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 23920 KATY FREEWAY MEDICAL PLAZA 1, SUITE 460
Medicare 1: 457741 HHA-18 KATY, TEXAS 77494
Medicare 2:
Phone (281) 325-5600 Fax (281) 491-5830
Type: Parent Agency Administrator RENEE HERNANDEZ

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 11914 ASTORIA BLVD SUITE 390
Medicare 1: HOUSTON, TX 770896075
Medicare 2:
Phone (281) 929-4550 Fax (281) 929-4551
Type: Branch Agency Administrator MAUREEN CORMIER

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/01/2002
License # 007859 MEMORIAL HERMANN HOME HEALTH
Lic Expire 12/31/2021 16538 AIR CENTER BLVD SUITE 150
Medicare 1: HOUSTON, TX 770325144
Medicare 2:
Phone (281) 784-7500 Fax (281) 784-7501
Type: Branch Agency Administrator MAUREEN CORMIER

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER, SUITE #2700
HOUSTON, TX 77024
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/08/2007
License # 011389 MEMORIAL HERMANN HOSPICE
Lic Expire 1/31/2022 902 FROSTWOOD DR STE 288
Medicare 1: 451562 HOSPICE HOUSTON, TEXAS 770242403
Medicare 2:
Phone (713) 338-7400 Fax (713) 338-7401
Type: Parent Agency Administrator MIAYA WRIGHT

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER RD., STE. 2700
HOUSTON, TX 77024
PHONE: (713) 242-2777 FAX: (713) 456-6052
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 02/22/2007
License # 011091 MEMORIAL HOME HEALTHCARE INC
Lic Expire 2/28/2022 439 MASON PARK BLVD SUITE A1
Medicare 1: 679698 HHA-18 KATY, TX 77450
Medicare 2:
Phone (281) 206-7806 Fax (713) 583-0099
Type: Parent Agency Administrator ABIGAIL GREENE

Owner Information

MEMORIAL HOME HEALTHCARE INC
439 MASON PARK BLVD SUITE A1
KATY, TX 77450
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/16/2021
License # 021279 MEMORIAL HOSPICE SERVICES LLC
Lic Expire 12/16/2024 7207 REGENCY SQUARE BLVD STE 260-26
Medicare 1: HOUSTON, TEXAS 77036
Medicare 2:
Phone (623) 565-3922 Fax
Type: Parent Agency Administrator ABDALLA ELKHALIFA

Owner Information

MEMORIAL HOSPICE SERVICES LLC
2084 E WASHINGTON AVE
GILBERT, ARIZONA 85234
PHONE:
FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/01/2018	Owner Information	
License #	019046					MERCIFUL HANDS LLC	
Lic Expire	11/1/2022						
Medicare 1:	971515						
Medicare 2:							
Phone	(281) 757-5555	Fax	(832) 413-0090			PHONE:	FAX:
Type:	Parent Agency	Administrator	STEVEN DEL ANGEL			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	04/30/2017	Owner Information	
License #	018038					MERCERIS HOME HEALTH INC	
Lic Expire	4/30/2023					15322 MIRA VISTA DRIVE	
Medicare 1:	747667					HOUSTON, TX 77083	
Medicare 2:							
Phone	(281) 342-1980	Fax	(281) 342-9912			PHONE:	FAX:
Type:	Parent Agency	Administrator	BOLA ODUSOLA-STEPHEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/26/2004	Owner Information	
License #	008935					MERCY HEALTHCARE SERVICES INC	
Lic Expire	2/28/2024					SAME	
Medicare 1:	673160					HOUSTON, TX 77096	
Medicare 2:							
Phone	(713) 721-2869	Fax	(713) 721-2684			PHONE:	FAX:
Type:	Parent Agency	Administrator	RITA MADU			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/25/2014	Owner Information	
License #	016445					DAILY CARE COMPANIONS LLC	
Lic Expire	9/30/2022					6363 RICHMOND AVE SUITE 318	
Medicare 1:						HOUSTON, TEXAS 77057	
Medicare 2:							
Phone	(281) 721-4561	Fax	(713) 583-5323			PHONE:	FAX:
Type:	Parent Agency	Administrator	MICHAEL OKENDU			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/21/2021	Owner Information	
License #	021017					METHODIST HOSPICE INC	
Lic Expire	8/31/2024						
Medicare 1:							
Medicare 2:							
Phone	(832) 814-0101	Fax	(281) 966-1722			PHONE:	FAX:
Type:	Parent Agency	Administrator	JACKELINE HERRERA			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/01/2012	Owner Information	
License #	014838					METRO CARE TEAM LLC	
Lic Expire	4/30/2022					2550 GRAY FALLS DRIVE, SUITE 142	
Medicare 1:	453106					HOUSTON, TX 77077	
Medicare 2:							
Phone	(832) 328-1818	Fax	(832) 328-1820			PHONE:	FAX:
Type:	Parent Agency	Administrator	JAMES NWANNA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/29/2020	Owner Information	
License #	020203					METRO PALLIATIVE & HOSPICE INC	
Lic Expire	9/29/2022						
Medicare 1:							
Medicare 2:							
Phone	(832) 301-0818	Fax	(346) 998-1662			PHONE:	FAX:
Type:	Parent Agency	Administrator	VARFEETA SIRLEAF			Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/03/2007	Owner Information	
License #	011219					MIDLAND HEALTH CARE SERVICES INC	
Lic Expire	4/30/2022					12122 MURPHY ROAD STE B1	
Medicare 1:	743111 HHA-18					STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(832) 886-4539	Fax	(832) 886-4690			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALICE UDEOBONG				
County	HARRIS	Region	06	Date Licensed	07/31/2014	Owner Information	
License #	016354					MIDTOWN HOSPICE, INC	
Lic Expire	7/31/2022					2217 BLODGETT STREET, SUITE #707	
Medicare 1:	741649 HOSPICE					HOUSTON, TX 77004	
Medicare 2:						PHONE:	FAX:
Phone	(832) 549-0994	Fax	(713) 521-1277			Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER ROY			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	07/25/2018	Owner Information	
License #	018847					GULF COAST THERAPY HOUSTON LLC	
Lic Expire	7/31/2022					6201 BONHOMME RD SUITE # 462N	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 904-3444	Fax	(281) 476-6388			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MARIEL A CORTEZ				
County	HARRIS	Region	06	Date Licensed	11/14/2017	Owner Information	
License #	018445					MIMI'S CARING ANGELS	
Lic Expire	11/30/2024					SAME	
Medicare 1:						HOUSTON, TX 77068-3001	
Medicare 2:						PHONE:	FAX:
Phone	(281) 253-0331	Fax	(281) 674-8391			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEBRA HUNTER				
County	HARRIS	Region	06	Date Licensed	10/14/2020	Owner Information	
License #	020234					MINDER TOUCH CARE LLC	
Lic Expire	10/14/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 962-4037	Fax	(281) 552-8844			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEBORAH IDOWU				
County	HARRIS	Region	06	Date Licensed	05/20/2010	Owner Information	
License #	013343					MIRACLE NURSES HEALTHCARE SERVICES INC	
Lic Expire	5/31/2020					23822 INDIAN HILLS WAY	
Medicare 1:	747556					KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(832) 577-7580	Fax	(281) 601-1531			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARGARET AYUK				
County	HARRIS	Region	06	Date Licensed	10/19/2009	Owner Information	
License #	012908					MIRAGE HEALTHCARE SERVICES INC	
Lic Expire	10/31/2021					6065 HILLCROFT AVENUE SUITE #208	
Medicare 1:	747574 HHA-18					HOUSTON, TX 77081	
Medicare 2:						PHONE:	FAX:
Phone	(713) 867-7970	Fax	(713) 867-7970			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EVARISTUS AJAERO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/30/2019	Owner Information	
License #	019456					MODERN HOMECARE, LLC	
Lic Expire	3/30/2024						
Medicare 1:	748021						
Medicare 2:							
Phone	(281) 501-0350	Fax	(888) 891-6316			PHONE:	FAX:
Type:	Parent Agency	Administrator	EDRICK BAHAM			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/07/2019	Owner Information	
License #	019846					MOMENTS HOSPICE & PALLIATIVE CARE INC	
Lic Expire	11/7/2024						
Medicare 1:	741775						
Medicare 2:							
Phone	(281) 301-0641	Fax	(281) 301-1462			PHONE:	FAX:
Type:	Parent Agency	Administrator	VANESSA JOHNS			Services:	Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/03/2021	Owner Information	
License #	021027					MOMENTUM HOME HEALTH LLC	
Lic Expire	9/3/2024					515 A SOUTH FRY ROAD, #306	
Medicare 1:						KATY, TX 77450	
Medicare 2:							
Phone	(713) 480-3534	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	JOANN MARTINEZ			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/03/2020	Owner Information	
License #	020372					MOMENTUM HOME HEALTH LLC	
Lic Expire	12/3/2022					515 A SOUTH FRY ROAD, #306	
Medicare 1:						KATY, TX 77450	
Medicare 2:							
Phone	(713) 480-3534	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	LATOYA GALLOW			Services:	Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	07/01/2021	Owner Information	
License #	020996					MONARCH FAMILY HEALTH SERVICES, LLC	
Lic Expire	7/1/2024					700 MILAM STREET SUITE 1300	
Medicare 1:						HOUSTON, TEXAS 77002	
Medicare 2:							
Phone	(832) 553-6113	Fax	(832) 553-6165			PHONE:	FAX:
Type:	Parent Agency	Administrator	LANORAH WOODHOUSE			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	02/11/2020	Owner Information	
License #	019825					MORNING STAR CARE SERVICES LLC	
Lic Expire	2/11/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 504-2213	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	ANTHONY GILLUM JR.			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/19/2012	Owner Information	
License #	015316					DIVINE MOTHER LOVE HEALTH CARE SERVICES INC	
Lic Expire	5/31/2021					9950 WESTPARK DRIVE, SUITE #634	
Medicare 1:	747465 HHA-18					HOUSTON, TX 77063	
Medicare 2:							
Phone	281 515 4117	Fax	(888) 604-9472			PHONE:	FAX:
Type:	Parent Agency	Administrator	CHUDI OGADI			Services:	Licensed and Certified Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/09/2020	Owner Information	
License #	020303					MOUNT OLIVE HOSPICE AND PALLIATIVE CARE LLC	
Lic Expire	11/9/2022						
Medicare 1:							
Medicare 2:							
Phone	(713) 363-1818	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	CHRISTIANA USEN			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	08/04/2010	Owner Information	
License #	013512					MOUNT SINAI HOME ASSISTED LIVING LLC	
Lic Expire	8/31/2022					15006 EMPANADA DR	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(713) 955-5868	Fax	(281) 575-7739			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLAPEJU OLATEJU				
County	HARRIS	Region	06	Date Licensed	10/01/2019	Owner Information	
License #	019625					MY ANGEL HOME CARE LLC	
Lic Expire	10/1/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 264-2660	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTLE WANORUE				
County	HARRIS	Region	06	Date Licensed	01/18/2017	Owner Information	
License #	017863					GABES PERSONAL ASSISTANCE SERVICES LLC	
Lic Expire	1/31/2023					24803 ROESNER ROAD	
Medicare 1:						KATY, TX 77494	
Medicare 2:						PHONE:	FAX:
Phone	(281) 665-8921	Fax	(832) 437-6730			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JANICE HOFFMAN				
County	HARRIS	Region	03	Date Licensed		Owner Information	
License #	019250					TEXAS BOY LLC	
Lic Expire	2/12/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832 7571484	Fax	817 3828656			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	BRITTANY THOMAS				
County	HARRIS	Region	06	Date Licensed	07/31/2018	Owner Information	
License #	018855					MY PILLOWS PERSONAL HOME CARE SERVICES AGENCY	
Lic Expire	7/31/2022					PO BOX 62614	
Medicare 1:						HOUSTON, TX 77205	
Medicare 2:						PHONE:	FAX:
Phone	Mobile 7132444674	Fax	(832) 644-8796			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DIANA CAMPBELL				
County	HARRIS	Region	06	Date Licensed	08/28/2015	Owner Information	
License #	017002					MZEE HOME CARE SERVICES, LLC	
Lic Expire	8/31/2023					P. O. BOX 90441	
Medicare 1:						HOUSTON, TEXAS 77290	
Medicare 2:						PHONE:	FAX:
Phone	(832) 649-9546	Fax	1800 8815997			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNIFER CLAY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/15/2019	Owner Information	
License #	019261					N & N HEALTH SERVICES LLC	
Lic Expire	2/15/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 940-9349	Fax	(281) 944-5684			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MAYENI YANSANEH				
County	HARRIS	Region	06	Date Licensed	02/10/2012	Owner Information	
License #	014716					NATIONS PIONEER HEALTH SERVICES INC	
Lic Expire	2/28/2024					THE SAME	
Medicare 1:	679332 HHA-18					HOUSTON, TEXAS 77031	
Medicare 2:						PHONE:	FAX:
Phone	(281) 498-6203	Fax	(281) 498-6206			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BAMIDELE JOKODOLA				
County	HARRIS	Region	06	Date Licensed	10/12/2011	Owner Information	
License #	014411					NAZAM HEALTHCARE SERVICES INC	
Lic Expire	10/31/2023					16100 CAIRNWAY DRIVE, SUITE #345	
Medicare 1:						HOUSTON, TEXAS 77084	
Medicare 2:						PHONE:	FAX:
Phone	(832) 466-7300	Fax	(832) 593-4946			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELICIA WAMAH				
County	HARRIS	Region	06	Date Licensed	11/05/2013	Owner Information	
License #	015855					NAZARETH HOME HEALTHCARE, INC	
Lic Expire	11/30/2024					13778 BRANFORD GREENS DR.	
Medicare 1:						HOUSTON, HOUSTON 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 983-0915	Fax	(832) 328-9899			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN EGECE				
County	HARRIS	Region	06	Date Licensed	10/28/2005	Owner Information	
License #	010085					NCJ HEALTH SYSTEM INC	
Lic Expire	10/31/2021					12827 KITTY BROOK LANE	
Medicare 1:	679609 HHA-18					HOUSTON, TX 77071	
Medicare 2:						PHONE:	FAX:
Phone	(713) 772-4858	Fax	(713) 772-4857			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	UDOKA OKOLIE				
County	HARRIS	Region	06	Date Licensed	04/07/2016	Owner Information	
License #	017345					ND HEALTHCARE SERVICES, INC	
Lic Expire	4/30/2022					SAME AS ABOVE	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 888-6408	Fax	(832) 530-4496			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NKECHINYERE C ANORUE-UDOKA				
County	HARRIS	Region	06	Date Licensed	08/10/2012	Owner Information	
License #	015000					NEIGHBOURS HEALTHCARE SERVICES INC	
Lic Expire	8/31/2022					12611 LALEU LANE	
Medicare 1:	747900 HHA-18					HOUSTON, TEXAS 77071	
Medicare 2:						PHONE:	FAX:
Phone	(713) 343-6262	Fax	(713) 721-2727			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FELIX ONWUKWE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/31/2007	Owner Information	
License #	011666					NELO HEALTH CARE SERVICES INC	
Lic Expire	10/31/2022					6802 LAUDERWICK COURT	
Medicare 1:						KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(281) 398-5510	Fax	(281) 398-5525			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROXANA VELAZQUEZ				
County	HARRIS	Region	06	Date Licensed	08/22/2018	Owner Information	
License #	018898					NEW ALLIANCE PALLIATIVE CARE INC	
Lic Expire	8/31/2022					6260 WESTPARK DRIVE SUITE 266	
Medicare 1:	74-1770					HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(281) 888-5129	Fax	(281) 990-6716			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/23/2013	Owner Information	
License #	015337					NEW BEGINNINGS HEALTH CARE INC	
Lic Expire	1/31/2023					3734 CYRIL DR	
Medicare 1:						HUMBLE, TX 77396	
Medicare 2:						PHONE:	FAX:
Phone	(281) 459-1281	Fax	(281) 459-1282			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PATERINA WILLIAMS				
County	HARRIS	Region	06	Date Licensed	01/06/2005	Owner Information	
License #	009517					NEW CREATION CARE INC	
Lic Expire	1/31/2025					7923 DAIRY VIEW LANE	
Medicare 1:	457898 HHA-18					HOUSTON, TX 77072	
Medicare 2:						PHONE:	FAX:
Phone	(281) 879-0106	Fax	(281) 564-0377			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	AUGUSTINE ENEHIKHUERE				
County	HARRIS	Region	06	Date Licensed	01/08/2021	Owner Information	
License #	020445					NEW DAWN HOSPICE, INC	
Lic Expire	1/8/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 874-1234	Fax	(713) 521-1277			Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER ROY			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	10/27/2008	Owner Information	
License #	012280					NEW DIMENSIONS CAREGIVERS LLC	
Lic Expire	10/31/2022					4008 VISTA ROAD, SUITE #C-107	
Medicare 1:						PASADENA, TX 77504	
Medicare 2:						PHONE:	(281) 201-5872 FAX: (346) 204-5059
Phone	(281) 201-5872	Fax	(346) 204-5059			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RANDALL LIGHTFOOT				
County	HARRIS	Region	06	Date Licensed	03/15/2016	Owner Information	
License #	017606					NEW ESSENCE HEALTH CARE INC	
Lic Expire	3/31/2024					7100 REGENCY SQUARE BLVD. #272	
Medicare 1:	747586 HHA-18					HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	(713) 292-8531 FAX:
Phone	(832) 623-7199	Fax	(832) 834-7839			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MINH PHAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/15/2019	Owner Information	
License #	019704					NEW HOPE HOME HEALTH CARE LLC	
Lic Expire	11/15/2021					9898 BISSONNET ST SUITE 593	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(281) 372-6009	Fax	(877) 451-1827				FAX:
Type:	Parent Agency	Administrator	ETHEL EYONG-AKO			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	05/12/2005	Owner Information	
License #	009755					THE NEW LIFE CENTER INC	
Lic Expire	5/31/2022					18019 WINSFORD DRIVE	
Medicare 1:	679533 HHA-18					HOUSTON, TX 77084	
Medicare 2:							PHONE:
Phone	(832) 435-0141	Fax	(281) 550-2018				FAX:
Type:	Parent Agency	Administrator	JOSEPH OSEI-FRIMPONG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	01/15/1990	Owner Information	
License #	002102					NEW LIFE PERINATAL HEALTH CARE SERVICES INC	
Lic Expire	1/31/2023					515 N SAM HOUSTON PKWY E, SUITE#215	
Medicare 1:	677254					HOUSTON, TX 77060	
Medicare 2:							PHONE:
Phone	(281) 578-1205	Fax	(281) 931-4429				FAX:
Type:	Parent Agency	Administrator	MATTIE MASON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	01/05/2015	Owner Information	
License #	016591					ASSUMPTION HOSPICE INC	
Lic Expire	1/31/2023					12550 FUQUA STREET, SUITE 300	
Medicare 1:	741648 HOSPICE					HOUSTON, TX	
Medicare 2:							PHONE:
Phone	(281) 481-5100	Fax	(281) 481-5102				FAX:
Type:	Parent Agency	Administrator	LORENZO BELTRAN			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	11/19/2004	Owner Information	
License #	009419					NEWCHANNEL INCORPORATED	
Lic Expire	11/30/2023					P.O. BOX 36932	
Medicare 1:	677873 HHA-18					HOUSTON, TX 77236	
Medicare 2:							PHONE:
Phone	(713) 668-4141	Fax	(713) 668-4142				FAX:
Type:	Parent Agency	Administrator	PATRICIA ENYI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/06/2015	Owner Information	
License #	017050					NEWSTART HOME CARE SERVICES INC	
Lic Expire	2/28/2023					7100 REGENCY SQUARE BLVD., #134	
Medicare 1:	677983 HHA-18					HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(713) 780-8889	Fax	(713) 975-7988				FAX:
Type:	Parent Agency	Administrator	CHIKERENMA ODUNZE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	08/14/2008	Owner Information	
License #	012161					NICHE HOME HEALTH SERVICES INC	
Lic Expire	8/31/2022					7066 LAKEVIEW HAVEN DRIVE SUITE 125 B	
Medicare 1:	747158 HHA-18					HOUSTON, TX 77095	
Medicare 2:							PHONE:
Phone	(281) 463-4113	Fax	(281) 463-4033				FAX:
Type:	Parent Agency	Administrator	KENLYN OJONTA			Services: Licensed and Certified Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/20/1983	Owner Information
License #	000446					NIGHTINGALE SERVICES INC
Lic Expire	12/31/2022					6220 WESTPARK SUITE 220
Medicare 1:	457955 HHA-18					HOUSTON, TX 77057
Medicare 2:						PHONE:
Phone	(713) 780-0695	Fax	(713) 780-7210			FAX:
Type:	Parent Agency	Administrator	PHILIP CHUNG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	04/07/2021	Owner Information
License #	020679					NIMA HEALTH CARE SERVICES, INC
Lic Expire	4/7/2024					13111 WESTHEIMER RD, SUITE 103
Medicare 1:						HOUSTON, TX 77077
Medicare 2:						PHONE:
Phone	(281) 824-6622	Fax	(281) 824-6633			FAX:
Type:	Parent Agency	Administrator	ROXANA VELAZQUEZ			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/19/2005	Owner Information
License #	009975					NISSI HOME HEALTH CARE AND PERSONAL ASSISTANCE CARE SERVICES AGENCY
Lic Expire	9/30/2024					9894 BISSONNET STREET STE 620
Medicare 1:	679560 HHA-18					HOUSTON, TX 77036
Medicare 2:						SUGAR LAND, TX 77498
Phone	(281) 313-1874	Fax	(281) 313-1875			PHONE:
Type:	Parent Agency	Administrator	ADESOYE AKINBAYO			FAX:
						Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/21/2009	Owner Information
License #	012730					NITOMEK HEALTHCARE SERVICES LLC
Lic Expire	7/31/2023					5707 EDGEMOOR DRIVE
Medicare 1:	747592 HHA-18					HOUSTON, TX 77081
Medicare 2:						PHONE:
Phone	(713) 771-1333	Fax	(713) 481-1715			FAX:
Type:	Parent Agency	Administrator	PATRICIA AKUGHA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/10/2018	Owner Information
License #	019324					NOBLE HEALTH INC
Lic Expire	4/12/2024					2807 TEAGUE RD #1225
Medicare 1:						HOUSTON, TEXAS 77080
Medicare 2:						PHONE:
Phone	(713) 378-0781	Fax	(713) 378-5289			FAX:
Type:	Parent Agency	Administrator	JESSICA IVES			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/16/2018	Owner Information
License #	019106					NOBLE HOME CARE INC
Lic Expire	11/16/2022					817 SOUTHMORE AVENUE SUITE 306
Medicare 1:						PASADENA, TX 77502
Medicare 2:						PHONE:
Phone	(832) 623-6428	Fax	(832) 623-6426			FAX:
Type:	Parent Agency	Administrator	MIRIAM ARROYO			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/10/2018	Owner Information
License #	019316					NOBLE HOME HEALTH, LLC
Lic Expire	4/8/2024					1223 MUIRFIELD PLACE
Medicare 1:	747987 (HHA-18)					HOUSTON, TEXAS 77055
Medicare 2:						PHONE:
Phone	(832) 900-2237	Fax	(832) 916-4553			FAX:
Type:	Parent Agency	Administrator	CHRISTINE REW			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	05/14/2020	Owner Information	
License #	019939					NOBLE HOME PROVIDERS LLC	
Lic Expire	5/14/2022						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(832) 613-1684	Fax	(713) 513-5955			FAX:	
Type:	Parent Agency	Administrator	DIONICIO ZUNIGA III				Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/01/2004	Owner Information	
License #	009546					NOEL HOME HEALTH AGENCY, INC	
Lic Expire	6/30/2024					9888 BISSONNET #480	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	
Phone	(713) 779-8787	Fax	(713) 779-8588			FAX:	
Type:	Parent Agency	Administrator	EMMANUEL EZEJI				Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/29/2010	Owner Information	
License #	013588					NORTH HOUSTON HEALTHCARE SERVICES, INC	
Lic Expire	9/30/2022					12402 BROOK COVE DRIVE	
Medicare 1:	747795 HHA-18					CYPRESS, TX 77433	
Medicare 2:						PHONE:	
Phone	(832) 688-9335	Fax	(832) 604-7180			FAX:	
Type:	Parent Agency	Administrator	MELODY BUGARIN				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/27/2010	Owner Information	
License #	013680					NORTHPOINT HEALTHCARE SERVICES INCORPORATED	
Lic Expire	10/31/2022					215 SOUTH POPLAR ST	
Medicare 1:	747639 HHA-18					TOMBALL, TX 77375	
Medicare 2:						PHONE:	
Phone	(281) 351-2162	Fax	(281) 351-8092			FAX:	
Type:	Parent Agency	Administrator	RICHILLE LANCANAN				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/08/2014	Owner Information	
License #	016302					BIO MEDICAL APPLICATIONS OF TEXAS INC	
Lic Expire	7/31/2022					8925 HIGHWAY 6 NORTH, SUITE #100	
Medicare 1:						HOUSTON, TX 77095	
Medicare 2:						PHONE:	
Phone	(281) 550-0287	Fax	(281) 856-7520			FAX:	
Type:	Parent Agency	Administrator	SHONTA WILLIAMS				Services: Licensed Home Health Services with Dialysis
County	HARRIS	Region	06	Date Licensed	05/25/2016	Owner Information	
License #	017418					KJAL ENTERPRISES INC	
Lic Expire	5/31/2022					9888 BISSONNET STREET SUITE #450-A	
Medicare 1:	741724 HOSPICE					HOUSTON, TX 77036	
Medicare 2:						PHONE:	
Phone	(281) 962-3344	Fax	(281) 962-3630			FAX:	
Type:	Parent Agency	Administrator	AMY MORALES LAWRENCE				Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	07	Date Licensed		Owner Information	
License #	010559					NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC	
Lic Expire	6/30/2022					1005 E 10TH STREET STE A	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:						PHONE:	
Phone	(281) 335-6466	Fax	(281) 335-6465			FAX:	
Type:	Branch Agency	Administrator	ANA HERNANDEZ				Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/04/2020
License # 019983 NURSES AT HEART HOME HEALTHCARE SERVICES
Lic Expire 6/4/2022 5430 GRIGGS RD STE B
Medicare 1: HOUSTON, TEXAS 77021
Medicare 2:
Phone (832) 845-4179 Fax (832) 212-3149
Type: Parent Agency Administrator KANDI GAMBLE

Owner Information

KANDI DENISE GAMBLE

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/18/1986
License # 001793 NURSES NIGHT AND DAY INC
Lic Expire 4/30/2022 4310 AUSTIN STREET
Medicare 1: 677006 HHA-18;74 HOUSTON, TX 77004
Medicare 2:
Phone (713) 529-8633 Fax (713) 529-0377
Type: Parent Agency Administrator GLENA PARKINSON

Owner Information

NURSES NIGHT & DAY, INC
4310 AUSTIN STREET
HOUSTON, TX 77004

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 04 Date Licensed 01/04/2012
License # 014865 NURSING AND BEYOND HOME HEALTH
Lic Expire 1/31/2022 20111 FM 2100 RD SUITE 106
Medicare 1: 673157 HHA-18 CROSBY, TEXAS 77532
Medicare 2:
Phone (281) 361-0715 Fax (281) 476-7443
Type: Parent Agency Administrator MELINDA TAYLOR

Owner Information

SIRION, LLC
P.O. BOX 5064
KINGWOOD, TX 77325

PHONE: (281) 713-8674 FAX: (281) 476-7443

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/08/2021
License # 020682 NURSING COMPANION HEALTHCARE SERVICES, LLC
Lic Expire 4/8/2023 20115 STANTON LAKE DR
Medicare 1: CYPRESS, TX 774332677
Medicare 2:
Phone 832 8186419 Fax 281 7832485
Type: Parent Agency Administrator OSMUND L. WOODS JR.

Owner Information

NURSING COMPANION HEALTHCARE SERVICES, LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/31/2011
License # 014318 NURSING HOME HEALTH SERVICES INC
Lic Expire 8/31/2023 10015 N ELDRIDGE PKWY STE E-106
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 869-4795 Fax (832) 917-0660
Type: Parent Agency Administrator NAOMI FAVELA

Owner Information

NURSING HOME HEALTH SERVICES INC
10927 MAYFIELD ROAD
HOUSTON, TX 77043

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/05/1997
License # 006197 NURSING RESOURCE HOME HEALTH SERVICES INC
Lic Expire 2/28/2022 8303 WINDFERN ROAD
Medicare 1: 678474 HHA-18 HOUSTON, TX 77040
Medicare 2:
Phone (713) 937-7468 Fax (713) 937-8720
Type: Parent Agency Administrator MERLITA VELASQUEZ

Owner Information

NURSING RESOURCE HOME HEALTH SERVICES INC
8303 WINDFERN ROAD
HOUSTON, TX 77040

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/13/2017
License # 018162 NURTURING COMPANIONS
Lic Expire 7/31/2023 2626 S LOOP WEST, STE 650-M
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (281) 888-6014 Fax (346) 803-2518
Type: Parent Agency Administrator TOMEKA THOMAS MCKINNEY

Owner Information

TOMEKA THOMAS
11825 LONGWOOD GARDEN WAY
HOUSTON, TX 77047-4435

PHONE: FAX:

Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	08/04/2021	Owner Information	
License #	020958					NURTURING HEARTS AT HOME INC	
Lic Expire	8/4/2024						
Medicare 1:							
Medicare 2:							
Phone	(346) 714-4172	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	SHERMANE CUNNINGHAM			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/25/2004	Owner Information	
License #	009372					NURTURING HOME HEALTHCARE AGENCY INC	
Lic Expire	10/31/2022					7106 SHERMAN RIDGE LANE	
Medicare 1:	457828 HHA-18					HOUSTON, TX 77083	
Medicare 2:							
Phone	(281) 980-0881	Fax	(281) 980-7974			PHONE:	FAX:
Type:	Parent Agency	Administrator	MAUDRIA FITCHETT			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/16/2016	Owner Information	
License #	017633					NV HEALTH SERVICES LLC	
Lic Expire	9/30/2022					8106 EDGEMOOR DR	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							
Phone	(713) 367-5155	Fax	(713) 583-6525			PHONE:	FAX:
Type:	Parent Agency	Administrator	TRI NGUYEN			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/08/2014	Owner Information	
License #	016752					ALBERTSON HEALTH CARE SOLUTIONS	
Lic Expire	12/31/2022					2656 SOUTH LOOP WEST SUITE 500	
Medicare 1:	747084					HOUSTON, TX 77054	
Medicare 2:							
Phone	(713) 779-5200	Fax	(713) 779-5202			PHONE:	FAX:
Type:	Parent Agency	Administrator	LUZ MATEUS			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/13/2020	Owner Information	
License #	020316					OAK HEALTHCARE SERVICES, INC	
Lic Expire	11/13/2022					15310 ADDICKS STONE DRIVE UNIT B	
Medicare 1:						HOUSTON, TEXAS 77082	
Medicare 2:							
Phone	(856) 796-3905	Fax	(832) 230-3343			PHONE:	FAX:
Type:	Parent Agency	Administrator	AMBA OKONYE			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/25/2013	Owner Information	
License #	015886					OAK TREE HEALTHCARE, INC	
Lic Expire	11/30/2024					9100 SOUTHWEST FREEWAY STE. 150-H	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:							
Phone	(832) 830-8083	Fax	(832) 830-8985			PHONE:	FAX:
Type:	Parent Agency	Administrator	THERESA MEGWA			Services:	Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/23/2021	Owner Information	
License #	020848					OAKWELL HOME HEALTH SERVICES, LLC	
Lic Expire	6/23/2024					17103 CLAY ROAD #410	
Medicare 1:						HOUSTON, TEXAS 77084	
Medicare 2:							
Phone	832 480 4891	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	DENNIS OKOYE			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/30/2021
License # 020657 OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC
Lic Expire 3/30/2024 8700 COMMERCE PARK DRIVE SUITE 108
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (936) 668-2087 Fax 713583*1351

Type: Parent Agency Administrator SHELIA NELSON-MEREDITH

Owner Information

OASIS HOSPICE AND PALLIATIVE CARE SERVICES, INC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 11/05/2020
License # 020292 OB TEAM HOME HEALTH CARE SERVICES LLC
Lic Expire 11/5/2022 22523 MIRAMAR BEND DR
Medicare 1: TOMBALL, TEXAS 77375
Medicare 2:
Phone (346) 496-1250 Fax (832) 218-9779

Type: Parent Agency Administrator FLORENCE OBENOFUNDE

Owner Information

OB TEAM HOME HEALTH CARE SERVICES
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2001
License # 007590 OMEGA HOME HEALTH SERVICES INC
Lic Expire 12/31/2022 12425 S SAM HOUSTON PARKWAY WEST
Medicare 1: 459466 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (281) 564-1635 Fax (281) 564-1658

Type: Parent Agency Administrator MAYEN HILL

Owner Information

OMEGA HOME HEALTH SERVICES INC
12425 S SAM HOUSTON PARKWAY WEST
HOUSTON, TX 77031
PHONE: (281) 564-1635 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/10/2014
License # 016027 OMEGALIFE HOSPICE OF TEXAS INC
Lic Expire 2/28/2022 5625 CYPRESS CREEK PARKWAY SUITE 418
Medicare 1: 741590 HOSPICE HOUSTON, TEXAS 77069
Medicare 2:
Phone (832) 912-5927 Fax (832) 912-5928

Type: Parent Agency Administrator JAHREN SALAZAR-AGTARAP

Owner Information

OMEGALIFE HOSPICE OF TEXAS, INC
17314 STATE HIGHWAY 249 SUITE 288 A
HOUSTON, TX 77064
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/08/2016
License # 017774 OMNIX HEALTH CARE SERVICES INC
Lic Expire 12/31/2022 5503 FIRST STREET
Medicare 1: 741677 HOSPICE CROSBY, TX 77532
Medicare 2:
Phone (281) 328-5869 Fax (281) 328-5950

Type: Parent Agency Administrator TABATHA BRADY

Owner Information

OMNIX HEALTH CARE SERVICES INC
PO BOX 810
CROSBY, TX 77532
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/14/2009
License # 012688 OMNIX HEALTH CARE SERVICES INC
Lic Expire 5/31/2023 5503 FIRST ST
Medicare 1: 743167 HHA-18 CROSBY, TX 77532
Medicare 2:
Phone (281) 328-5869 Fax (281) 328-5950

Type: Parent Agency Administrator TABATHA BRADY

Owner Information

OMNIX HEALTH CARE SERVICES INC
PO BOX 810
CROSBY, TX 77532
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/08/2021
License # 021111 ONE YOU LOVE HOMECARE
Lic Expire 10/8/2024 1415 NORTH LOOP W STE 300-02
Medicare 1: HOUSTON, TEXAS 77008
Medicare 2:
Phone (346) 466-4807 Fax (806) 639-8761

Type: Parent Agency Administrator ZAHRA KADIVAR

Owner Information

HOUSTON HOME CARE SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County	HARRIS	Region	07	Date Licensed		Owner Information
License #	015059					ALL JOY HEALTH SERVICES LLC
Lic Expire	9/30/2022					300 S 2ND ST. STE A-B
Medicare 1:						MCALLEN, TEXAS 78501
Medicare 2:						PHONE:
Phone	(956) 627-4990	Fax	(956) 627-4991			FAX:
Type:	Branch Agency	Administrator	PAOLA TAMEZ			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	09/18/2013	Owner Information
License #	015769					ONECOURAGEOUS HEALTH CARE SERVICES
Lic Expire	9/30/2021					12304 HILLCROFT STREET, #B
Medicare 1:	741600 HOSPICE					HOUSTON, TX 77035-5376
Medicare 2:						PHONE:
Phone	(832) 649-2951	Fax	(832) 649-2978			FAX:
Type:	Parent Agency	Administrator	SERGE UKAWILU			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/16/2021	Owner Information
License #	020607					ONELLA HOME CARE LLC
Lic Expire	3/16/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(240) 437-8462	Fax				FAX:
Type:	Parent Agency	Administrator	JAVIS NDUMBE			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/04/2003	Owner Information
License #	008794					ONLEX HEALTHCARE INC
Lic Expire	12/31/2020					20501 KATY FREEWAY SUITE #234
Medicare 1:	673100 HHA-18					KATY, TX 77450-1935
Medicare 2:						PHONE:
Phone	(281) 829-7211	Fax	(281) 717-4050			FAX:
Type:	Parent Agency	Administrator	HUMPHREY UZUEGBU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	10/07/2021	Owner Information
License #	021107					OPAL ROYAL HOME CARE INC
Lic Expire	10/7/2024					SAME AS ABOVE
Medicare 1:						
Medicare 2:						PHONE:
Phone	(780) 787-8778	Fax				FAX:
Type:	Parent Agency	Administrator	OLUSOLA OJO			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/02/2021	Owner Information
License #	021178					OPEN HANDS HEALTHCARE AGENCY INC
Lic Expire	11/2/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(281) 557-6738	Fax	(281) 557-6738			FAX:
Type:	Parent Agency	Administrator	SABRINA THOMAS			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/02/2019	Owner Information
License #	020401					OPEN HEART CARE NETWORK LIMITED COMPANY
Lic Expire	3/22/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(213) 926-2240	Fax	(832) 582-5879			FAX:
Type:	Parent Agency	Administrator	NATALIE TILLET			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/14/2006
License # 010533 OPT HOME HEALTHCARE INC
Lic Expire 6/30/2022 11111 RICHMOND AVE., SUITE 102
Medicare 1: 679659 HHA-18 HOUSTON, TEXAS 77082
Medicare 2:
Phone (713) 622-0500 Fax (713) 622-0515
Type: Parent Agency Administrator FRANCIS SAGULLO

Owner Information

OPT HOME HEALTHCARE INC
11111 RICHMOND AVE SUITE 290
HOUSTON, TX 77082
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/17/2019
License # 019650 OPTIMA HEALTHCARE LLC
Lic Expire 10/17/2021 19439 GRAND COLONY CT.
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (407) 844-5984 Fax
Type: Parent Agency Administrator LUKMAN LAWAL

Owner Information

OPTIMA HEALTHCARE LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/02/2004
License # 009228 OPTIMAL COMMUNITY SUPPORT SERVICES
Lic Expire 8/31/2023 2646 SOUTH LOOP WEST SUITE 645
Medicare 1: 457860 HHA-18 HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 669-0299 Fax (713) 669-0244
Type: Parent Agency Administrator JACQUELINE MILLER

Owner Information

OPTIMAL COMMUNITY SUPPORT SERVICES INC
3003 SOUTH LOOP WEST SUITE 330
HOUSTON, TX 77054
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/21/2021
License # 021064 OPTIMAL HEALTHCARE SERVICES, INC
Lic Expire 9/21/2024 13622 SAN MARTIN LN
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone 281 2220867 Fax
Type: Parent Agency Administrator OMOKHELE ALIU

Owner Information

OPTIMAL HEALTHCARE SERVICES, INC
13622 SAN MARTIN LN
HOUSTON, TEXAS 77083
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/28/1998
License # 006580 OPTIMAL IN HOME CARE
Lic Expire 5/31/2023 2646 SOUTH LOOP WEST SUITE 645
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 669-0299 Fax (713) 669-0244
Type: Parent Agency Administrator JACQUELINE MILLER

Owner Information

OPTIMAL INHOME CARE INC
2646 SOUTH LOOP WEST STE. 645
HOUSTON, TX 77054
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/11/2018
License # 018826 OPTIMOM HEALTHCARE LLC
Lic Expire 7/31/2022 6119 KNOLLWEST DR
Medicare 1: HOUSTON, TX 77072
Medicare 2:
Phone (832) 672-4903 Fax (281) 416-4735
Type: Parent Agency Administrator MARY BANGURA

Owner Information

OPTIMOM HEALTHCARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/20/2017
License # 018135 OPTIMUM CARE HOME HEALTH AGENCY
Lic Expire 5/31/2024 8321 WOODWARD ST.
Medicare 1: 679373 HHA-18 HOUSTON, TX 77051
Medicare 2:
Phone (281) 974-2075 Fax (281) 783-2282
Type: Parent Agency Administrator JAMES WALKER

Owner Information

OPTIMUM INC
7106 SHERMAN RIDGE LANE, SUITE B
HOUSTON, TX 77803
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	04/02/2018	Owner Information	
License #	018681					OPTIMUM CARE SERVICES	
Lic Expire	4/30/2022					1206 YUCCA MOUNTAIN DR	
Medicare 1:						HOUSTON, TX 77090	
Medicare 2:						PHONE:	FAX:
Phone	(832) 731-2148	Fax	(832) 565-1623			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REGINALD MAXWELL				
County	HARRIS	Region	06	Date Licensed	01/15/1996	Owner Information	
License #	004685					OPTION CARE ENTERPRISES INC	
Lic Expire	1/31/2024					PO BOX 377	
Medicare 1:						DEERFIELD, IL 60015	
Medicare 2:						PHONE:	FAX:
Phone	713 7940599	Fax	713 5836426			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JENNIFER RINE				
County	HARRIS	Region	06	Date Licensed	10/31/2016	Owner Information	
License #	017731					HEALTHY CONNECTIONS HOMECARE SERVICES, INC	
Lic Expire	10/31/2022					16770 IMPERIAL VALLEY DRIVE SUITE 150	
Medicare 1:	747464					HOUSTON, TX 77060	
Medicare 2:						PHONE:	FAX:
Phone	(713) 457-1350	Fax	(713) 457-1353			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	LUCAS KNEITZ				
County	HARRIS	Region	03	Date Licensed	04/04/2018	Owner Information	
License #	014646					OPTUM INFUSION SERVICES 500, INC	
Lic Expire	2/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 357-7192	Fax	(877) 573-6121			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	LAHILY HENDERSON-DAVIS				
County	HARRIS	Region	06	Date Licensed	07/17/2013	Owner Information	
License #	015657					BEAHER, LLC	
Lic Expire	7/31/2023					4922 ROYAL ARBOR LANE	
Medicare 1:						HOUSTON, TX 77084	
Medicare 2:						PHONE:	FAX:
Phone	(832) 850-7120	Fax	(832) 850-7122			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JESUS HERNANDEZ				
County	HARRIS	Region	05	Date Licensed		Owner Information	
License #	007810					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP	
Lic Expire	11/30/2022					1919 S SHILOH RDSTE 102 LB 28	
Medicare 1:						GARLAND, TX 75042	
Medicare 2:						PHONE:	FAX: (972) 792-6739
Phone	281 8724495	Fax	281 8724560			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ANDREA AGUILERA				
County	HARRIS	Region	06	Date Licensed	10/18/2021	Owner Information	
License #	021140					OUTSTANDING QUALITIES CARE	
Lic Expire	10/18/2024					3663 NORTH SAM HOUSTON PARKWAY E., SUITE 600	
Medicare 1:						HOUSTON, TEXAS 77032	
Medicare 2:						PHONE:	FAX:
Phone	(832) 386-0168	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRITTANNY GORMER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/02/2021	Owner Information	
License #	020879					P & N HOSPICE AND PALLIATIVE CARE INC	
Lic Expire	7/2/2024						
Medicare 1:							
Medicare 2:							
Phone	(800) 459-1569	Fax	(800) 459-1569			PHONE:	FAX:
Type:	Parent Agency	Administrator	REBECA TAMAYO			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	11/28/2005	Owner Information	
License #	010153					PACIFIC CARE HOME HEALTH SERVICES LLC	
Lic Expire	11/30/2021					11999 KATY FREEWAY SUITE 320	
Medicare 1:	743113 HHA-18					HOUSTON, TX 77079	
Medicare 2:							
Phone	(281) 497-4342	Fax	(281) 497-4343			PHONE:	FAX:
Type:	Parent Agency	Administrator	IMELDA CLAUDETTE REVOTE			Services: Licensed and Certified Home Health Services	
County	HARRIS	Region	06	Date Licensed	07/01/1999	Owner Information	
License #	007083					PACIFIC HOME HEALTH CARE INC	
Lic Expire	6/30/2022					PO BOX 36	
Medicare 1:						ALIEF, TX 77411-0036	
Medicare 2:							
Phone	(713) 270-1500	Fax	(281) 713-9886			PHONE:	FAX:
Type:	Parent Agency	Administrator	EMEKA EHIRIM			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/28/2005	Owner Information	
License #	010087					PADLOCK HEALTHCARE SERVICES INC	
Lic Expire	10/31/2021					9207 COUNTRY CREEK DRIVE SUITE 203	
Medicare 1:	677989 HHA-18					HOUSTON, TX 77036	
Medicare 2:							
Phone	(713) 772-7800	Fax	(713) 772-7802			PHONE:	FAX:
Type:	Parent Agency	Administrator	DARLINGTON NDUBUIKE			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	09/05/2007	Owner Information	
License #	011562					PAGES HEALTH SERVICES INC	
Lic Expire	9/30/2022					16100 CAIRNWAY SUITE 355B	
Medicare 1:						HOUSTON, TX 77084	
Medicare 2:							
Phone	(281) 738-3641	Fax	(281) 277-6335			PHONE:	FAX:
Type:	Parent Agency	Administrator	NNEKA EZEKWESILI			Services: Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	08/31/2020	Owner Information	
License #	020578					VMS PALLIATIVE HOSPICE CARE, LLC	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:							
Phone	(832) 827-8278	Fax	(832) 827-8253			PHONE:	FAX:
Type:	Parent Agency	Administrator	DONETTA PRICE			Services: Hospice	
						In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/21/2019	Owner Information	
License #	019387					QUALITY CARE ASSISTANT LIVING, INC	
Lic Expire	5/21/2023						
Medicare 1:	971658						
Medicare 2:							
Phone	(832) 971-0569	Fax	(713) 733-2872			PHONE:	FAX:
Type:	Parent Agency	Administrator	CATHY MARTIN WEBBER			Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/21/2021	Owner Information	
License #	020480					PARAGON INFUSION CARE, INC	
Lic Expire	1/21/2023					3033 W. PRESIDENT GEORGE BUSH HWY, STE 100	
Medicare 1:						PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(713) 860-1750	Fax	(866) 491-9888			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	TODORICO MALIGAD				
County	HARRIS	Region	06	Date Licensed	06/16/2020	Owner Information	
License #	020003					PASSIONATE HEART HOME CARE SERVICES, LLC	
Lic Expire	6/16/2022					23 LIBERTY BRANCH BOULEVARD	
Medicare 1:						THE WOODLANDS, TX 77389	
Medicare 2:						PHONE:	FAX:
Phone	(609) 610-8170	Fax	(281) 205-7067			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WANDA DAVIS				
County	HARRIS	Region	06	Date Licensed	12/14/2020	Owner Information	
License #	020402					PASSIONATE HOSPICE LLC	
Lic Expire	12/14/2022						
Medicare 1:	971667 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(833) 365-2464	Fax	(713) 782-1824			Services: Hospice	
Type:	Parent Agency	Administrator	CHRISTY LYMBERY			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	02/16/2011	Owner Information	
License #	012397					PATHFINDER PEDIATRIC HOME CARE INC	
Lic Expire	1/31/2023					318 BRIAR ROCK RD	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(281) 364-9695	Fax	(281) 456-2479			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHARLES WILCOX				
County	HARRIS	Region	06	Date Licensed	10/12/2006	Owner Information	
License #	010800					PATIENT CAREGIVERS LLC	
Lic Expire	10/31/2022					2001 HOLCMBE BLVD UNIT 3201	
Medicare 1:						HOUSTON, TX 77030	
Medicare 2:						PHONE:	FAX:
Phone	(713) 227-3448	Fax	(713) 589-3672			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LATOYA COOPER				
County	HARRIS	Region	06	Date Licensed	03/09/2011	Owner Information	
License #	013941					PATIENT RECOVERY HEALTHCARE MGMT SERVICES LLC	
Lic Expire	3/31/2023					7324 SOUTHWEST FREEWAY #970	
Medicare 1:						HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(281) 447-1010	Fax	(281) 447-1313			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DYRREN DAVIS				
County	HARRIS	Region	06	Date Licensed	05/29/2019	Owner Information	
License #	019396					PAULANT HEALTH AND ALLIED SERVICES INC	
Lic Expire	5/29/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 892-0188	Fax	NA			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANTHONY PAUL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	04/24/1997	Owner Information
License #	005497					GLUCARE CORPORATION
Lic Expire	4/30/2022					8515 S BRAESWOOD BLVD
Medicare 1:	459422 HHA-18					HOUSTON, TX 77071
Medicare 2:						PHONE:
Phone	(713) 779-5673	Fax	(713) 779-7766			FAX:
Type:	Parent Agency	Administrator	MERCEDITA P DAJAO			Services: Licensed and Certified Home Health Services
County	HARRIS	Region	06	Date Licensed	07/02/2021	Owner Information
License #	020878					PDSF HOSPICE & PALLIATIVE CARE INC
Lic Expire	7/2/2024					15010 FM 529 RD
Medicare 1:						HOUSTON, TEXAS 77095
Medicare 2:						PHONE:
Phone	(800) 459-1569	Fax	(800) 459-1569			FAX:
Type:	Parent Agency	Administrator	REBECA TAMAYO			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/17/2021	Owner Information
License #	021059					PEACE HEALTH SERVICES, INC
Lic Expire	9/17/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 429-0943	Fax	(713) 429-0750			FAX:
Type:	Parent Agency	Administrator	CHRISTINA THOMAS			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	03	Date Licensed	09/07/2016	Owner Information
License #	016256					PEACEFUL TOUCH HOSPICE AND PALLIATIVE CARE LLC
Lic Expire	6/30/2022					1721 WEST PLANO PARKWAY SUITE 130
Medicare 1:						PLANO, TX 75075
Medicare 2:						PHONE:
Phone	(713) 275-0008	Fax	(281) 664-6423			FAX:
Type:	Alternate Delivery Site	Administrator	PAMELA EYAMBE			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	05	Date Licensed	11/02/2017	Owner Information
License #	016519					TOTS IN TOW, LLC
Lic Expire	11/30/2022					12617 LEE PARK LANE
Medicare 1:						AUSTIN, TX 78732
Medicare 2:						PHONE:
Phone	(855) 268-4098	Fax	(866) 311-9885			FAX:
Type:	Branch Agency	Administrator	JULIE GAUT			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	08/11/2017	Owner Information
License #	018240					PEDIATRIC HOME HEALTHCARE LLC
Lic Expire	8/31/2023					1341 W MOCKINGBIRD LN STE#900
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(281) 520-3428	Fax	(832) 300-8456			FAX:
Type:	Parent Agency	Administrator	PAMELA HANSON-LONG			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	04/28/2014	Owner Information
License #	016173					PEDIATRIC HOME HEALTHCARE LLC
Lic Expire	3/31/2024					1341 W MOCKINGBIRD LN STE#900
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(832) 730-5785	Fax	(281) 822-9600			FAX:
Type:	Parent Agency	Administrator	PAMELA HANSON-LONG			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	016173					PEDIATRIC HOME HEALTHCARE LLC	
Lic Expire	3/31/2024					1341 W MOCKINGBIRD LN STE#900	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(713) 574-7567	Fax	(832) 300-0412			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JULIE GOLIGHTLY				
County	HARRIS	Region	06	Date Licensed	05/17/2021	Owner Information	
License #	020757					TCG INTERESTS, LLC	
Lic Expire	5/17/2024					9299 KIRBY DRIVE	
Medicare 1:						HOUSTON, TX 77054	
Medicare 2:						PHONE:	FAX:
Phone	(713) 383-2100	Fax	(713) 383-2113			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MANDY OWENS				
County	HARRIS	Region	06	Date Licensed	10/14/2010	Owner Information	
License #	013640					PEDIATRIC IMPRESSIONS HOME HEALTH INC	
Lic Expire	10/31/2022					8700 COMMERCE PARK SUITE 146	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(281) 954-2554	Fax	(713) 636-3338			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IFY AGBO				
County	HARRIS	Region	06	Date Licensed	04/21/2010	Owner Information	
License #	013259					PROGRESSIVE MILESTONES CORPORATION	
Lic Expire	4/30/2022					7676 HILLMONTSTREET # 290-F	
Medicare 1:						HOUSTON, TX 77040	
Medicare 2:						PHONE:	FAX:
Phone	(832) 675-9704	Fax	(888) 859-0849			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KIMBERLY SULAIMAN				
County	HARRIS	Region	06	Date Licensed	01/01/2014	Owner Information	
License #	015987					PEMA HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2023					6200 SAVOY, SUITE #731	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 266-5370	Fax	(713) 566-5539			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PETER ISHOLA				
County	HARRIS	Region	06	Date Licensed	11/08/2012	Owner Information	
License #	015456					PERPETUAL HEALTH HOME CARE INC	
Lic Expire	11/30/2023					PO BOX 41871	
Medicare 1:	679477 HHA-18					HOUSTON, TX 77241	
Medicare 2:						PHONE:	FAX:
Phone	(713) 856-8002	Fax	(832) 243-1530			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARILYN BLODGETT				
County	HARRIS	Region	06	Date Licensed	12/18/2012	Owner Information	
License #	015604					PERPETUAL HOME HEALTH LLC	
Lic Expire	12/31/2022					14614 FALLING CREEK DRIVE SUITE 128	
Medicare 1:	747119 HHA-18					HOUSTON, TX 77068	
Medicare 2:						PHONE:	FAX:
Phone	(281) 444-1789	Fax	(281) 719-8847			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	MA. MAGINDA LOQUELLANO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	12/01/2020	Owner Information	
License #	019896					PERRODIN SERVICES LLC	
Lic Expire	4/27/2022					PO BOX 711366	
Medicare 1:						HOUSTON, TEXAS 77271	
Medicare 2:						PHONE:	FAX:
Phone	(713) 385-6687	Fax	NA			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SEDONIA PERRODIN				
County	HARRIS	Region	06	Date Licensed	04/25/2017	Owner Information	
License #	018021					GEORGE H SMITH, LLC	
Lic Expire	4/30/2023					7447 HARWIN DR STE 102A	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 800-5636	Fax	(315) 975-4864			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GEORGE SMITH				
County	HARRIS	Region	06	Date Licensed	04/23/2009	Owner Information	
License #	012559					S GERBER & ASSOCIATES INC	
Lic Expire	4/30/2023					9301 SOUTHWEST FREEWAY, SUITE 250	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 778-1966	Fax	(713) 831-6857			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SIDNEY GERBER				
County	HARRIS	Region	06	Date Licensed	10/21/2011	Owner Information	
License #	014435					PERSONAL TOUCH THERAPY, LLC	
Lic Expire	10/31/2024					480 N SAM HOUSTON PKWY E SUITE #124	
Medicare 1:						HOUSTON, TX 77060	
Medicare 2:						PHONE:	FAX:
Phone	(713) 510-5699	Fax	(832) 932-1629			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHONTAI THOMAS				
County	HARRIS	Region	06	Date Licensed	12/15/2020	Owner Information	
License #	020403					PETRA HOME CARE LLC	
Lic Expire	12/15/2022					16305 WESTHEIMER ROAD, SUITE 104	
Medicare 1:						HOUSTON, TX 77082	
Medicare 2:						PHONE:	FAX:
Phone	(281) 942-2670	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTORIA SHOWUNMI				
County	HARRIS	Region	06	Date Licensed	06/01/2016	Owner Information	
License #	017556					PHOENIX FAMILY HEALTHCARE INC	
Lic Expire	5/31/2022					11104 WEST AIRPORT BLVD STE #218	
Medicare 1:	747186 HHA-18					STAFFORD, TX 77477	
Medicare 2:						PHONE:	FAX:
Phone	(281) 525-6020	Fax	(281) 525-6021			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	12/28/2005	Owner Information	
License #	010735					PHOENIX HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2024					17314 STATE HIGHWAY 249, SUITE 288	
Medicare 1:	679498 HHA-18					HOUSTON, TX 77064	
Medicare 2:						PHONE:	FAX:
Phone	(281) 571-8050	Fax	(281) 571-8051			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIE DAISY LOU ONG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 07/25/2018
License # 018846
Lic Expire 7/31/2022
Medicare 1: 74-1767
Medicare 2:
Phone (832) 925-7527
Type: Parent Agency

PICC HOSPICE
9888 BISSONNET STREET SUITE 235
HOUSTON, TEXAS 77036
Fax (832) 925-7461
Administrator CELESTINE EKECHUKWU

Owner Information

PICC PALIATIVE CARE HOSPICE LLC
9888 BISSONNET ST SUITE 235
HOUSTON, TEXAS 77036
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed
License # 021346
Lic Expire 12/15/2024
Medicare 1:
Medicare 2:
Phone (713) 621-4040
Type: Parent Agency

PIN OAK CAREGIVERS
4635 SOUTHWEST FREEWAY, SUITE 640
HOUSTON, TX 77027
Fax
Administrator JANE SEGER

Owner Information

CARING PEOPLE TX OPERATING, LLC
4450 S TIFFANY DR S
WEST PALM, FL 33407
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/19/2004
License # 009204
Lic Expire 7/31/2024
Medicare 1: 673185 HHA-18
Medicare 2:
Phone (281) 205-7948
Type: Parent Agency

PINARD HOME HEALTH INC
17819 STUEBNER AIRLINE RD SUITE F
SPRING, TX 77379
Fax (281) 205-7951
Administrator DEBRA HEYT

Owner Information

PINARD HOME HEALTH INC
17350 ST LUKES WAY #490
THE WOODLANDS, TX 77384
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 04/07/2003
License # 008462
Lic Expire 4/30/2023
Medicare 1:
Medicare 2:
Phone (713) 988-6358
Type: Parent Agency

PINNACLE MEDICAL SYSTEMS INC
2323 PROSPECT STREET
HOUSTON, TX 77004
Fax (713) 988-6215
Administrator ZENOBIA ANEKWE

Owner Information

PINNACLE MEDICAL SYSTEM INC
2323 PROSPECT
HOUSTON, TX 77004
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/19/2015
License # 016983
Lic Expire 8/31/2023
Medicare 1:
Medicare 2:
Phone (713) 870-4367
Type: Parent Agency

PINNACLE QUALITY CARE SERVICES LLC
24014 BUFFALO COVE LANE
KATY, TX 77493
Fax (281) 929-0392
Administrator AZEEZAT ADEBUTU

Owner Information

PINNACLE QUALITY CARE SERVICES LLC
9900 WESTPARK #209
HOUSTON, TX 77063
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/07/2010
License # 013792
Lic Expire 9/30/2022
Medicare 1: 679132 HHA-18
Medicare 2:
Phone (713) 532-1722
Type: Parent Agency

PINNACLE SENIOR CARE
8588 KATY FWY., STE. 226B
HOUSTON, TX 77024
Fax 713 5321733
Administrator LILLIAN DAVIS

Owner Information

PINNACLE HOME CARE, LLC
500 KIRTS BLVD, ATTN: CREDENTIALING DEPT
TROY, MI
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 09/11/2014
License # 016768
Lic Expire 9/30/2022
Medicare 1:
Medicare 2:
Phone (713) 400-9690
Type: Parent Agency

PJ CARE PLUS INC
12627 LALEU LANE
HOUSTON, TX 77071
Fax (713) 400-9696
Administrator ERICA ARIMONYEOTU

Owner Information

PJ CARE PLUS INC
12627 LALEU LANE
HOUSTON, TX 77071
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/20/2008
License # 012185 PLATINUM HOME CARE INC
Lic Expire 8/31/2022 14511 FALLING CREEK DR #304
Medicare 1: 747198 HHA-18 HOUSTON, TX 77014
Medicare 2:
Phone (281) 631-0900 Fax (281) 631-0902
Type: Parent Agency Administrator NORRIS RICARD

Owner Information

PLATINUM HOME CARE, INC
14511 FALLING CREEK DRIVE #304
HOUSTON, TX 77014
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/27/2018
License # 018807 PNC PALLIATIVE HOSPICE LLC
Lic Expire 6/30/2022 8321 WOODWARD STREET
Medicare 1: 74-1760 HOUSTON, TEXAS 77051
Medicare 2:
Phone (281) 974-2075 Fax
Type: Parent Agency Administrator JAMES WALKER

Owner Information

PNC PALLIATIVE HOSPICE LLC
8700 COMMERCE PARKWAY DRIVE SUITE 143
HOUSTON, TX 77036
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 07/09/2019
License # 019473 POR HOME HEALTHCARE SERVICES
Lic Expire 7/9/2021 10925 BEECHNUT STREET, SUITE B204-60
Medicare 1: HOUSTON, TEXAS 77072
Medicare 2:
Phone (281) 983-3500 Fax (281) 983-3502
Type: Parent Agency Administrator PETER AWOFODU

Owner Information

PAVILION OF REDEMPTION HEALTHCARE SYSTEMS INC
10925 BEECHNUT STREET, SUITE #B204-60
HOUSTON, TX 77072
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/2010
License # 013208 POSTHEALTH HOME CARE
Lic Expire 3/31/2022 1801 MAIN STREET, SUITE 1350
Medicare 1: 747517 HHA-18 HOUSTON, TEXAS 77002
Medicare 2:
Phone (281) 570-5028 Fax (281) 570-5028
Type: Parent Agency Administrator PAUL DELCAMBRE

Owner Information

POSTHEALTH INC
PO BOX 10815
HOUSTON, TX 77206
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/18/2021
License # 021211 POTTERS TOUCH CARE LLC
Lic Expire 11/18/2024 6019 DIANTHA STREET
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (214) 274-0637 Fax
Type: Parent Agency Administrator ADETOLA JEGEDE

Owner Information

POTTERS TOUCH CARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/31/2004
License # 009503 PRECIOUS HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 10103 FONDREN SUITE #315
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 771-4130 Fax (713) 771-1568
Type: Parent Agency Administrator NEKPEN STELLA IZEVBIGIE

Owner Information

PRECIOUS HEALTHCARE SERVICES INC
10103 FONDREN #376
HOUSTON, TX 77096
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/30/2008
License # 012224 PRECISE PRIVATE DUTY INCORPORATED
Lic Expire 6/30/2024 2922 ROSEDALE STREET
Medicare 1: HOUSTON, TX 77004
Medicare 2:
Phone (713) 780-2006 Fax (713) 780-2024
Type: Parent Agency Administrator JENNIFER ROY

Owner Information

PRECISE PRIVATE DUTY INCORPORATED
2217 BLODGETT
HOUSTON, TX 77004
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	12/01/2021	Owner Information	
License #	021243					BENL CARE LLC	
Lic Expire	12/1/2024					12471 CHAMETTE ST	
Medicare 1:						HOUSTON, TX 77015	
Medicare 2:						PHONE:	FAX:
Phone	832 5725225	Fax	(281) 404-5554			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RUTH AVILA				
County	HARRIS	Region	06	Date Licensed	01/07/2022	Owner Information	
License #	021312					PREMIER HOME CARE SOLUTIONS, LLC	
Lic Expire	1/7/2025					6719 HUNTERS TRACE LANE	
Medicare 1:						BAYTOWN, TEXAS 77521	
Medicare 2:						PHONE:	FAX:
Phone	(713) 320-2600	Fax	(713) 733-5424			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHERYL LEE				
County	HARRIS	Region	06	Date Licensed	03/15/2017	Owner Information	
License #	017956					PREMIER HOSPICE	
Lic Expire	3/31/2024					4606 FM 1960 W SUITE 675	
Medicare 1:	74-1732 Hospice					HOUSTON, TX 77069	
Medicare 2:						PHONE:	FAX:
Phone	(832) 610-9733	Fax	(281) 836-6303			Services: Hospice	
Type:	Parent Agency	Administrator	VARFEETA SIRLEAF			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	03/11/2021	Owner Information	
License #	020886					THE EPHAH GROUP LP	
Lic Expire	3/11/2024					4606 FARM TO MARKET 1960 RD W STE 675	
Medicare 1:	74-1762					HOUSTON, TEXAS 77069	
Medicare 2:						PHONE:	FAX:
Phone	(832) 610-9733	Fax	(346) 998-1662			Services: Hospice	
Type:	Parent Agency	Administrator	NWANNEOMA NDUBISI			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	02/13/2020	Owner Information	
License #	019831					PREMIUM HOME CARE SERVICES INC	
Lic Expire	2/13/2022					8627 CONNAUGHT GARDEN DR	
Medicare 1:						HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(713) 922-5659	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GEENA ERIKEWE				
County	HARRIS	Region	06	Date Licensed	11/25/2008	Owner Information	
License #	012393					PRESTIGE CARE HEALTH SERVICES, INC	
Lic Expire	11/30/2022					SAME AS ABOVE	
Medicare 1:	679223 HHA-18					HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 271-0105	Fax	(713) 271-0190			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DENISE HUFF				
County	HARRIS	Region	06	Date Licensed	11/25/2008	Owner Information	
License #	012393					PRESTIGE CARE HEALTH SERVICES, INC	
Lic Expire	11/30/2022					SAME AS ABOVE	
Medicare 1:						HOUSTON, TX 77074	
Medicare 2:						PHONE:	FAX:
Phone	(713) 271-0105	Fax	(713) 271-0190			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	DENISE HUFF				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 09/18/2003
License # 008656 PRESTIGE LIVING CENTER INC
Lic Expire 9/30/2022 10103 FONDREN ROAD SUITE 366
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 974-1288 Fax (713) 772-0701
Type: Parent Agency Administrator VERONICA OBOMESE

Owner Information

PRESTIGE LIVING CENTER INC
10103 FONDREN ROAD SUITE 366
HOUSTON, TEXAS 77096
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/01/2006
License # 010709 PREVAIL HOME HEALTH CARE LLC
Lic Expire 8/31/2022 12803 WIREVINE LN
Medicare 1: 679736 HHA-18 HOUSTON, TX 77072
Medicare 2:
Phone (281) 530-8900 Fax (281) 530-1114
Type: Parent Agency Administrator ISTMENIA ELLIS

Owner Information

PREVAIL HOME HEALTHCARE LLC
PO BOX 2801
STAFFORD, TX 77479
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 03 Date Licensed 07/27/2018
License # 016865 PRILEO HOME CARE
Lic Expire 6/30/2021 9894 BISSONNET STREET SUITE #631
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 659-0690 Fax (832) 742-9985
Type: Branch Agency Administrator CAROLIN LEONG

Owner Information

PRILEO HOME CARE TX LLC
8883 W. FLAMINGO ROAD, SUITE 103
LAS VEGAS, NV 89147
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 07/19/2019
License # 019783 PRIME CARE HOSPICE LLC
Lic Expire 7/19/2023 707 HOLLYBROOK DR STE 404
Medicare 1: 741756 (HOSPICE) LONGVIEW, TEXAS 75605
Medicare 2:
Phone (903) 291-6164 Fax (903) 291-6176
Type: Parent Agency Administrator CHRISTOPHER SLATER

Owner Information

PRIME CARE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/24/2021
License # 021069 PRIME VALUE HOME CARE LLC
Lic Expire 9/24/2023 507 N. SAM HOUSTON PKWY SUITE 584
Medicare 1: HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 456-4116 Fax (281) 456-4108
Type: Parent Agency Administrator FOLASADE POPOOLA

Owner Information

PRIME VALUE HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/25/2014
License # 016396 PRIMEROSE HOME HEALTH SERVICES INC
Lic Expire 8/31/2022 13231 ELDRIDGE MEADOW DR
Medicare 1: HOUSTON, TX 77041
Medicare 2:
Phone (713) 896-3058 Fax (713) 896-3093
Type: Parent Agency Administrator KEHINDE F. ADEGOKE

Owner Information

PRIMEROSE HOME HEALTH SERVICES INC
13132 ELDRIDGE MEADOW DR
HOUSTON, TX 77041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/13/2007
License # 011742 PRIMETIME HOME HEALTH SERVICES,INC
Lic Expire 11/15/2023 11602 BURDINE STREET SUITE A
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (713) 977-7721 Fax (713) 977-7728
Type: Parent Agency Administrator JOHNSON NWOKORIE

Owner Information

PRIMETIME HOME HEALTH SERVICES,INC
9894 BISSONNET ST STE 307
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	11/14/2018	Owner Information
License #	019741					PRIORITY HOME HEALTH CARE INC
Lic Expire	12/9/2021					19411 BEAR SPRINGS DRIVE
Medicare 1:						KATY, TX 77449
Medicare 2:						PHONE: FAX:
Phone	(281) 617-7853	Fax	(832) 909-9055			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	HARLEY ADAMU			
County	HARRIS	Region	06	Date Licensed	08/20/2007	Owner Information
License #	011816					NEW ERA HEALTH CARE SERVICES, INC
Lic Expire	8/31/2024					P. O . BOX 720460
Medicare 1:	747058					HOUSTON, TEXAS 77272
Medicare 2:						PHONE: FAX:
Phone	(713) 776-9993	Fax	(713) 776-9994			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PATRICIA AMAEFULE			
County	HARRIS	Region	06	Date Licensed	05/20/1999	Owner Information
License #	006980					PROMED PERSONNEL SERVICES, INC
Lic Expire	5/31/2023					4615 SOUTHWEST FREEWAY STE 725
Medicare 1:	459479 HHA-18					HOUSTON, TX 77027-7162
Medicare 2:						PHONE: FAX:
Phone	(713) 626-1644	Fax	(713) 626-2441			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	MARILOU SAGULLO			
County	HARRIS	Region	06	Date Licensed	12/01/2011	Owner Information
License #	014725					PROMEDIC HEALTHCARE SYSTEMS INC
Lic Expire	11/30/2021					857 TRISTAR DRIVE STE A-1
Medicare 1:	677973					WEBSTER, TX 77598
Medicare 2:						PHONE: FAX:
Phone	(713) 747-4400	Fax	(713) 747-4407			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AMIR RAZA			
County	HARRIS	Region	06	Date Licensed	04/07/2014	Owner Information
License #	016134					PROMEDIC HOSPICE OF AMERICA LLC
Lic Expire	4/30/2022					857 TRISTAR DRIVE STE A-2
Medicare 1:	741534 HOSPICE					WEBSTER, TX 77598
Medicare 2:						PHONE: FAX:
Phone	(281) 829-4303	Fax	(281) 829-4267			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	AMIR RAZA			
County	HARRIS	Region	06	Date Licensed	07/16/2020	Owner Information
License #	020059					PROMEDIC HOSPICE CARE, LLC
Lic Expire	7/16/2022					9950 WESTPARK DRIVE SUITE 646
Medicare 1:						HOUSTON, TX 77063
Medicare 2:						PHONE: FAX:
Phone	(832) 245-3635	Fax	(281) 829-4267			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	AMIR RAZA			
County	HARRIS	Region	06	Date Licensed	10/08/2020	Owner Information
License #	020220					PROPER HOSPICE AND HOME HEALTH LLC
Lic Expire	10/8/2022					2323 S VOSS RD SUITE 125L
Medicare 1:						HOUSTON, TEXAS 77057
Medicare 2:						PHONE: FAX:
Phone	(832) 404-2022	Fax	(832) 975-0714			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	TAMEKA GIBSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	07/20/2020	Owner Information	
License #	020064					PROVIDENCE TOTAL CARE LLC	
Lic Expire	7/20/2022					6201 BONHOMME ROAD STE 185N-D	
Medicare 1:						HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(832) 857-0892	Fax	(832) 416-1502				FAX:
Type:	Parent Agency	Administrator	OMOTOPE ALEXANDER			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	03/23/2021	Owner Information	
License #	020634					PROVIDERS OF TEXAS	
Lic Expire	3/23/2024					9311 MEADOW BRANCH COURT	
Medicare 1:						HOUSTON, TX 77095	
Medicare 2:							PHONE:
Phone	(626) 935-9041	Fax	(281) 861-7732				FAX:
Type:	Parent Agency	Administrator	UGOCHUKWU EZIEFULE			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	04/15/2015	Owner Information	
License #	016848					PRUDENT HEALTH MANAGEMENT INC	
Lic Expire	12/31/2021					8700 COMMERCE PARK SUITE 237	
Medicare 1:	673153 HHA-18					HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	713 2557246	Fax	866 3002562 and 713 2557249				FAX:
Type:	Parent Agency	Administrator	CHUDI M. OGADI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	05/05/2020	Owner Information	
License #	019912					PTA HOME HEALTH CARE	
Lic Expire	5/5/2022					5606 ROCKY TRAIL DR.	
Medicare 1:						KINGWOOD, TEXAS 77339	
Medicare 2:							PHONE:
Phone	(832) 795-2418	Fax	12813108782				FAX:
Type:	Parent Agency	Administrator	PATRICE BURNETT			Services: Licensed Home Health Services	
County	HARRIS	Region	06	Date Licensed	12/12/2011	Owner Information	
License #	014652					PURITY HEALTH CARE INC	
Lic Expire	12/31/2023					4615 SOUTHWEST FREEWAY STE 750	
Medicare 1:	679710 HHA-18					HOUSTON, TX 77027	
Medicare 2:							PHONE:
Phone	(713) 255-4360	Fax	(713) 255-4366				FAX:
Type:	Parent Agency	Administrator	MARILOU SAGULLO			Services: Licensed and Certified Home Health Services	
County	HARRIS	Region	06	Date Licensed	08/08/2013	Owner Information	
License #	015863					QA HOME HEALTH SERVICES INC	
Lic Expire	8/31/2023					1100 NASA PARKWAY STE 205	
Medicare 1:	747370 HHA-18					HOUSTON, TX 77058	
Medicare 2:							PHONE:
Phone	(281) 339-7415	Fax	(281) 339-7416				FAX:
Type:	Parent Agency	Administrator	NITA PANCHOLI			Services: Licensed and Certified Home Health Services	
County	HARRIS	Region	06	Date Licensed	07/23/2021	Owner Information	
License #	020928					QARDIOCHECK LLC	
Lic Expire	7/23/2024					11200 WESTHIEMER RD STE 1050	
Medicare 1:						HOUSTON, TEXAS 77042	
Medicare 2:							PHONE:
Phone	(281) 819-4408	Fax	(281) 819-4408				FAX:
Type:	Parent Agency	Administrator	MICHAEL OKENDU			Services: Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	02/13/2020	Owner Information	
License #	019830					QUALITY LIFE HEALTHCARE INC	
Lic Expire	2/13/2022					13619 TONNOCHY DR	
Medicare 1:	971677					HOUSTON, TX 77083	
Medicare 2:						PHONE:	FAX:
Phone	(281) 216-2555	Fax	(877) 915-1555			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	KENNEDY OBANOR				
County	HARRIS	Region	06	Date Licensed	01/13/2021	Owner Information	
License #	020458					QUALITY TIME HOME HEALTHCARE LLC	
Lic Expire	1/13/2023					4646 CULLEN BROOK RD	
Medicare 1:						KATY, TX 77449	
Medicare 2:						PHONE:	FAX:
Phone	(504) 223-3033	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HERCHELLE DUPLESSIS				
County	HARRIS	Region	06	Date Licensed	07/15/2003	Owner Information	
License #	008552					RAPHA NURSING & REHABILITATION CLINIC INC	
Lic Expire	7/31/2023					11000 FONDREN ROAD SUITE C-5	
Medicare 1:						HOUSTON, TEXAS 77096	
Medicare 2:						PHONE:	FAX:
Phone	(713) 776-2500	Fax	(713) 777-5252			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FUNSHO FADIPE				
County	HARRIS	Region	06	Date Licensed	11/05/2010	Owner Information	
License #	013695					RASHA HOME HEALTH SERVICES INC	
Lic Expire	11/30/2022					17914 SUNSHINE TRACE LN	
Medicare 1:	747704 HHA-18					RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(281) 491-0626	Fax	(281) 491-0631			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TAOFEEKAT AJIBADE				
County	HARRIS	Region	06	Date Licensed	01/01/2015	Owner Information	
License #	016981					TCG CLINIC LLC	
Lic Expire	12/31/2022					9220 KIRBY DRIVE SUITE 900	
Medicare 1:	677209 HHA-18					HOUSTON, TX 77054-2533	
Medicare 2:						PHONE:	FAX:
Phone	(713) 500-0000	Fax	(713) 500-0050			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	THERESA BOHANNON GERKE				
County	HARRIS	Region	06	Date Licensed	05/24/2017	Owner Information	
License #	018069					REAL COMFORT HEALTHCARE INC	
Lic Expire	5/31/2023					8833 TALTON STREET	
Medicare 1:	971617 Hospice					HOUSTON, TEXAS 77078	
Medicare 2:						PHONE:	FAX:
Phone	(866) 447-6894	Fax	(833) 666-7325			Services: Hospice; Licensed Home Health Services; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	FEFI JAMES				
County	HARRIS	Region	06	Date Licensed	12/02/2021	Owner Information	
License #	021246					REAL SHEPHERD HEALTH CARE LLC	
Lic Expire	12/2/2024					1950 ELDRIDGE PKWY, APT 3214	
Medicare 1:						HOUSTON, TEXAS 77077	
Medicare 2:						PHONE:	FAX:
Phone	(832) 774-2331	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TEMIDAYO AMBALI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 09/13/2006
License # 010739 REDEEMED HEALTH SERVICES INC
Lic Expire 9/30/2021 4606 FM 1960 WEST SUITE 540
Medicare 1: 743154 HOUSTON, TX 77069
Medicare 2:
Phone (281) 919-2033 Fax (866) 825-4643
Type: Parent Agency Administrator OLUWASEUN ADEBAJO

Owner Information

REDEEMED HEALTH SERVICES INC
2440 TEXAS PARKWAY SUITE 345
MISSOURI CITY, TX 77489

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/15/2004
License # 008965 REDEMPTION HOME HEALTH SERVICES INC
Lic Expire 3/31/2022 8303 SOUTHWEST FREEWAY SUITE 702
Medicare 1: 673150 HOUSTON, TX 77074
Medicare 2:
Phone (713) 771-5667 Fax (713) 771-5235
Type: Parent Agency Administrator SIFON UMOEKPO

Owner Information

REDEMPTION HOME HEALTH SERVICES INC
SAME
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 07 Date Licensed 06/15/2021
License # 020831 REGAL HEALTHCARE SERVICES
Lic Expire 6/15/2023 5110 COLLINS RD
Medicare 1: HOUSTON, TEXAS 77093
Medicare 2:
Phone (346) 715-0974 Fax (855) 916-5537
Type: Parent Agency Administrator CYNTHIA GONZALES

Owner Information

REGAL HEALTHCARE SERVICES
5110 COLLINS RD
HOUSTON, TX 77093

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/14/2017
License # 017921 REGIONAL HOSPICE INC
Lic Expire 2/28/2023 9644 COURT GLEN DRIVE
Medicare 1: 97-1500 (HOSPICE) HOUSTON, TX 77099
Medicare 2:
Phone (281) 216-2555 Fax (877) 915-1555
Type: Parent Agency Administrator KENNEDY OBANOR

Owner Information

REGIONAL HOSPICE INC
13619 TONNOCHY RD
HOUSTON, TX 77083

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/26/2011
License # 013847 REGIONS HEALTHCARE SERVICES, INC
Lic Expire 1/31/2023 9894 BISSONNET STREET SUITE 632
Medicare 1: 747869 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (281) 240-1084 Fax (281) 240-5665
Type: Parent Agency Administrator NAFISA KASSIM

Owner Information

REGIONS HEALTHCARE SERVICES, INC
9894 BISSONNET STREET SUITE 583
RICHMOND, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/01/2013
License # 016026 REHAB MED CARE
Lic Expire 9/30/2024 8313 SOUTHWEST FREEWAY SUITE 106
Medicare 1: 679603 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 484-8132 Fax (713) 484-8133
Type: Parent Agency Administrator SHIRLEY RAGASA

Owner Information

REHAB MEDCARE LLC
8313 SOUTHWEST FREEWAY SUITE 106
HOUSTON, TX 77074

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 12/15/2005
License # 010197 REHOBOTH HEALTHCARE SERVICES INC
Lic Expire 12/31/2021 8323 SOUTHWEST FREEWAY # 455
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 255-1070 Fax (713) 255-1074
Type: Parent Agency Administrator SUNDAY OSO

Owner Information

REHOBOTH HEALTHCARE SERVICES INCORPORATED
8323 SOUTHWEST FREEWAY #455
HOUSTON, TX 77074

PHONE: FAX:

Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed		Owner Information
License #	019127					RELIANT HOSPICE OF HOUSTON LLC
Lic Expire	7/1/2022					12947 LAKE CONROE HILLS DRIVE SUITE C
Medicare 1:	671512					WILLIS, TX 75860
Medicare 2:						PHONE:
Phone	281 4428200	Fax	281 4428201			FAX:
Type:	Alternate Delivery Site	Administrator	CASEY WILSON			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	05/03/2011	Owner Information
License #	014075					RELIANT PEDIATRIC THERAPY SERVICES, PC
Lic Expire	5/31/2024					21630 MERCHANTS WAY
Medicare 1:						KATY, TX 77449
Medicare 2:						PHONE:
Phone	(832) 230-1518	Fax	(281) 741-7355			FAX:
Type:	Parent Agency	Administrator	OLENDU OKORAFOR			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	11/17/2017	Owner Information
License #	018457					RELIEF GARDEN HEALTHCARE SYSTEM LLC
Lic Expire	11/30/2023					24202 COURT LAND OAKS STREET
Medicare 1:						KATY, TX 77494
Medicare 2:						PHONE:
Phone	(281) 961-9070	Fax	(832) 437-4409			FAX:
Type:	Parent Agency	Administrator	UGO IWUOFOR			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/16/2006	Owner Information
License #	010547					RELIEF HEALTHCARE SERVICES, INC
Lic Expire	6/30/2022					7155 OLD KATY RD, SUITE N262
Medicare 1:	679632					HOUSTON, TX 77024
Medicare 2:						PHONE:
Phone	(832) 582-7734	Fax	(281) 783-2667			FAX:
Type:	Parent Agency	Administrator	LINDA WALKER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/06/2021	Owner Information
License #	021254					RELY HOME CARE LLC
Lic Expire	12/6/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(626) 421-0695	Fax				FAX:
Type:	Parent Agency	Administrator	SHANNELLE BROWN			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/02/2015	Owner Information
License #	016833					REMARKABLE KIDS PEDIATRIC HOME CARE LLC
Lic Expire	6/30/2023					507 N SAM HOUSTON PKWY EAST STE 280
Medicare 1:						HOUSTON, TEXAS
Medicare 2:						PHONE:
Phone	(281) 309-8710	Fax	(281) 353-1097			FAX:
Type:	Parent Agency	Administrator	KEVIN MCZEAL			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	06/23/2020	Owner Information
License #	020011					RENAISSANCE CASE MANAGEMENT SERVICES LLC
Lic Expire	6/23/2022					4141 SOUTHWEST FREEWAY SUITE 510
Medicare 1:						HOUSTON, TEXAS 77027
Medicare 2:						PHONE:
Phone	(713) 528-2097	Fax	(713) 960-1122			FAX:
Type:	Parent Agency	Administrator	MICHAEL GRAVES			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/13/2020	Owner Information	
License #	020228					RENAY'S ANGELS PROVIDER SERVICES LLC	
Lic Expire	10/13/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 846-9574	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUWANDA THOMAS				
County	HARRIS	Region	06	Date Licensed	07/16/2012	Owner Information	
License #	014931					UNIQUE LIVING HEALTH AND WELLNESS FACILITY LLC	
Lic Expire	7/31/2022					1927 MEADOW EDGE LANE	
Medicare 1:						SPRING, TX 77388	
Medicare 2:						PHONE:	FAX:
Phone	(281) 459-0093	Fax	(281) 459-0891			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JALEESA OKENDU				
County	HARRIS	Region	06	Date Licensed	05/12/2020	Owner Information	
License #	019932					RESIDENTIAL HOSPICE, INC	
Lic Expire	5/12/2022					2922 ROSEDALE ST SUITE 1210	
Medicare 1:						HOUSTON, TEXAS 77004	
Medicare 2:						PHONE:	FAX:
Phone	(832) 549-0994	Fax	(713) 521-1377			Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER ROY			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	01/01/2021	Owner Information	
License #	020685					SOUTHERN PINES HEALTHCARE LLC	
Lic Expire	1/1/2023						
Medicare 1:	741720 Hospice						
Medicare 2:						PHONE:	FAX:
Phone	(832) 553-2276	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	TABITHA SHOOK			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	05/01/2019	Owner Information	
License #	019607					CLEAR CREEK HEALTHCARE, INC	
Lic Expire	5/1/2023						
Medicare 1:	671722						
Medicare 2:						PHONE:	FAX:
Phone	(832) 588-6083	Fax	(713) 383-4447			Services: Hospice	
Type:	Parent Agency	Administrator	TABITHA SHOOK			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	06/15/2011	Owner Information	
License #	014170					RESONA HOME HEALTH SERVICES INC	
Lic Expire	6/30/2023					6201 BONHOMME RD SUITE 440N	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 972-1010	Fax	(713) 972-1011			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	STEPHEN NWANKWO				
County	HARRIS	Region	06	Date Licensed	07/31/2003	Owner Information	
License #	009621					RESOURCE CARE CORPORATION	
Lic Expire	11/30/2022					7211 REGENCY SQUARE #116	
Medicare 1:	453160 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 972-9090	Fax	(713) 780-3508			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSE NWABUISI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	01/24/2003	Owner Information
License #	008301					RESOURCE HEALTH CARE, INC
Lic Expire	1/31/2022					6464 SAVOY DR. STE 210A
Medicare 1:						HOUSTON, TEXAS 77036
Medicare 2:						PHONE: (713) 270-8880 FAX:
Phone	(713) 270-8880	Fax	(713) 270-8820			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MATTHEW MBA			
County	HARRIS	Region	06	Date Licensed	08/23/1999	Owner Information
License #	007241					RESOURCE HOME HEALTH SERVICES
Lic Expire	8/31/2020					7211 REGENCY SQUARE BLVD SUITE 102
Medicare 1:	679098 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE: FAX:
Phone	(713) 981-4389	Fax	() 832-8119			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ROSE NWABUISI			
County	HARRIS	Region	06	Date Licensed	06/29/2017	Owner Information
License #	018140					RESPECT HOME CARE LLC
Lic Expire	10/9/2021					1511 DURANGO
Medicare 1:						HOUSTON, TX 77055
Medicare 2:						PHONE: FAX:
Phone	(281) 686-6273	Fax	(281) 531-8945			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	AMALIA GARCIA			
County	HARRIS	Region	06	Date Licensed	05/05/2005	Owner Information
License #	009741					RESTORE HEALTH CARE SERVICES INC
Lic Expire	5/31/2022					16000 PARK TEN PLACE SUITE 103
Medicare 1:	677936 HHA-18					HOUSTON, TX 77084
Medicare 2:						PHONE: FAX:
Phone	(713) 248-5866	Fax	(713) 726-0220			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SHARON TORAN			
County	HARRIS	Region	06	Date Licensed	04/30/2019	Owner Information
License #	019355					RESTORE HOME HEALTH CARE
Lic Expire	4/30/2021					9100 SOUTHWEST FREEWAY, SUITE 116
Medicare 1:						HOUSTON, TX 77074
Medicare 2:						PHONE: FAX:
Phone	(713) 429-0737	Fax	(281) 974-4039			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	HANA JOB			
County	HARRIS	Region	06	Date Licensed	07/07/2016	Owner Information
License #	017500					AT HOME HEALTHCARE HOSPICE INC
Lic Expire	7/31/2022					650 N SAM HOUSTON PWKY STE 250
Medicare 1:	741668 HOSPICE					HOUSTON, TX 77036
Medicare 2:						PHONE: FAX:
Phone	(832) 538-0973	Fax	(281) 919-2930			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	STEVEN DEL ANGEL			
County	HARRIS	Region	06	Date Licensed	11/06/2020	Owner Information
License #	020297					RHYMERHEALTH SERVICES
Lic Expire	11/6/2022					4606 FM 1960 RD W, SUITE #224
Medicare 1:						HOUSTON, TX 77069
Medicare 2:						PHONE: FAX:
Phone	(832) 324-9953	Fax	(832) 324-9993			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	NNAEMEKA NWANKWO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/10/2013	Owner Information	
License #	015811		RIGHT AT HOME			JCL HEINTZ CORPORATION	
Lic Expire	10/31/2021		9538 HUFFMEISTER ROAD			9538 HUFFMEISTER ROAD	
Medicare 1:			HOUSTON, TX 77095			HOUSTON, TX 77095	
Medicare 2:						PHONE:	FAX:
Phone	(832) 924-3610	Fax	(832) 924-8899			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA HEINTZ				
County	HARRIS	Region	06	Date Licensed	12/11/2006	Owner Information	
License #	010931		RIGHT AT HOME KINGWOOD			ACTS OF GRACE INC	
Lic Expire	12/31/2023		1214 STONEHOLLOW DRIVE SUITE A			3010 WOODLAND VIEW DR	
Medicare 1:			KINGWOOD, TX 77339			KINGWOOD, TX 77345	
Medicare 2:						PHONE:	FAX:
Phone	(281) 358-9922	Fax	(281) 358-4206			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMES ROYAL				
County	HARRIS	Region	06	Date Licensed	09/12/2021	Owner Information	
License #	021280		RIGHT AT HOME HOUSTON			RAHCO HOUSTON, LLC	
Lic Expire	9/12/2024		6300 W. LOOP SOUTH, STE. 430				
Medicare 1:			BELLAIRE, TX 77401			PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	(713) 838-0100	Fax	(713) 492-2002				
Type:	Parent Agency	Administrator	JON SEARLES				
County	HARRIS	Region	06	Date Licensed	02/13/2020	Owner Information	
License #	019828		RISE HEALTHCARE SERVICES, INC			RISE HEALTHCARE SERVICES INC	
Lic Expire	2/13/2022		9888 BISSONNET ST SUITE 520				
Medicare 1:			HOUSTON, TEXAS 77036			PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	(346) 393-0023	Fax	(832) 925-7157				
Type:	Parent Agency	Administrator	CHRISTIANA SODEKE				
County	HARRIS	Region	06	Date Licensed	09/11/2017	Owner Information	
License #	018309		ROAD TO HAPPINESS HOME CARE SERVICES			ROAD TO HAPPINESS HOME CARE SERVICES LLC	
Lic Expire	9/30/2023		2600 SOUTH LOOP WEST SUITE #350			P.O. BOX 710056	
Medicare 1:	97-1505 (HOSPICE)		HOUSTON, TX 77054			HOUSTON, TX 77006	
Medicare 2:						PHONE:	FAX:
Phone	(713) 702-4927	Fax	(281) 969-5140			Services: Hospice	
Type:	Parent Agency	Administrator	SANDRA FRANCOIS			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	06/01/2021	Owner Information	
License #	020801		ROAD TO RICKS CARE LLC			ROAD TO RICKS CARE LLC	
Lic Expire	6/1/2024		2300 OLD SPANISH TRAIL APT.1136				
Medicare 1:			HOUSTON, TEXAS 77054			PHONE:	FAX:
Medicare 2:						Services: Licensed Home Health Services	
Phone	(908) 627-2901	Fax					
Type:	Parent Agency	Administrator	KEENA RICKS				
County	HARRIS	Region	06	Date Licensed	11/06/2008	Owner Information	
License #	012293		ROSARY HOME HEALTH			ROSARY HOME HEALTH, INC	
Lic Expire	11/30/2022		16360 PARK TEN PLACE SUITE 108			16360 PARK TEN PLACE, SUITE #108	
Medicare 1:	747371		HOUSTON, TX 77084			HOUSTON, TX 77084	
Medicare 2:						PHONE:	FAX:
Phone	(281) 600-1600	Fax	(281) 600-1602			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	ROSALINE IGBOKWE			Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/31/2005	Owner Information
License #	009668					ROSELAND HEALTHCARE SERVICES INC
Lic Expire	3/31/2023					10039 BISSONNET ST SUITE #219
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 270-6200	Fax	(713) 270-6207			FAX:
Type:	Parent Agency	Administrator	ROSEMARY AMADI			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/14/2020	Owner Information
License #	020172					ROYAL HOME CARE LLC
Lic Expire	9/14/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(201) 989-9777	Fax	(800) 668-2517			FAX:
Type:	Parent Agency	Administrator	ELIKEM GLOVER			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/30/2002	Owner Information
License #	007960					ROYAL CARE INC
Lic Expire	5/31/2023					15358 PARK ROW
Medicare 1:	679198 HHA-18					HOUSTON, TX 77084
Medicare 2:						PHONE:
Phone	(281) 647-7733	Fax	(281) 647-7744			FAX:
Type:	Parent Agency	Administrator	GRACE AYODELE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/30/2011	Owner Information
License #	014667					ROYAL STAR HEALTHCARE INC
Lic Expire	11/30/2023					7457 HARWIN DRIVE SUITE #252
Medicare 1:	677942 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 589-7019	Fax	(713) 784-0525			FAX:
Type:	Parent Agency	Administrator	FRANCIS OYELEKE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/11/2020	Owner Information
License #	020169					ROYALTY HOSPICE, LLC
Lic Expire	9/11/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 262-1299	Fax				FAX:
Type:	Parent Agency	Administrator	MELISSA WADE			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/03/2021	Owner Information
License #	020563					RUBY'S HOUSE LLC
Lic Expire	3/3/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 324-9218	Fax	(713) 324-8874			FAX:
Type:	Parent Agency	Administrator	MIOSHY SMITH			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	01/21/2015	Owner Information
License #	016611					RWW HOME & COMMUNITY REHAB SERVICES, INC
Lic Expire	1/31/2023					9901 LINN STATION ROAD
Medicare 1:						LOUISVILLE, KY 40223
Medicare 2:						PHONE:
Phone	(888) 299-3998	Fax	(855) 222-6934			FAX:
Type:	Parent Agency	Administrator	TARA ANN S. LOUD			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/16/2021	Owner Information	
License #	021050					SACRED GIFT WILLOW HOSPICE LLC	
Lic Expire	9/16/2024					6201 BONHOMME RD #468N	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:							PHONE:
Phone	(832) 405-1671	Fax	(713) 583-8124				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BRYAN BAUGHMAN				
County	HARRIS	Region	06	Date Licensed	01/09/2013	Owner Information	
License #	015298					SAFEHARBOR GROUP, LLC	
Lic Expire	1/31/2023					3310 QUEENSBURG LANE	
Medicare 1:						FRIENDSWOOD, TX 77546	
Medicare 2:							PHONE:
Phone	(281) 333-2233	Fax	(281) 333-2275				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEBRA FULL				
County	HARRIS	Region	06	Date Licensed	01/11/2020	Owner Information	
License #	019288					SAFECARE HEALTHCARE SERVICES, INC	
Lic Expire	3/1/2023					9050 COOK RD SUITE 210	
Medicare 1:						HOUSTON, TX 77099	
Medicare 2:							PHONE:
Phone	(832) 640-6328	Fax	(281) 741-9831				FAX:
						Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DONATUS ELIOKU				
County	HARRIS	Region	06	Date Licensed	06/01/2011	Owner Information	
License #	014132					SAHAB HEALTH CARE SERVICES, LLC	
Lic Expire	5/31/2023					10911 WESTBRAE VILLAGE DRIVE	
Medicare 1:						HOUSTON, TX 77031	
Medicare 2:							PHONE:
Phone	(713) 772-8155	Fax	(713) 484-5445				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HABTU FESEHAZIONE				
County	HARRIS	Region	06	Date Licensed	06/16/2021	Owner Information	
License #	020835					SAINT DANIEL PALLIATIVE CARE INC	
Lic Expire	6/16/2024					15022 FM 529 ROAD BLDG 2 STE. A	
Medicare 1:	971693					HOUSTON, TX 77095	
Medicare 2:							PHONE:
Phone	(832) 231-1679	Fax	(281) 990-6716				FAX:
						Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE				
County	HARRIS	Region	06	Date Licensed	08/09/2018	Owner Information	
License #	018879					SAINT PAUL HOSPICE CARE LLC	
Lic Expire	8/31/2022					6260 WESTPARK DR STE 250	
Medicare 1:	971549 (HOSPICE)					HOUSTON, TX 77057	
Medicare 2:							PHONE:
Phone	(346) 335-8994	Fax					FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	PAUL ROBERTSON				
County	HARRIS	Region	06	Date Licensed	05/28/2009	Owner Information	
License #	012789					SALVATION HEALTHCARE SERVICES, INC	
Lic Expire	5/31/2023					3300 S GESSNER, SUITE #205	
Medicare 1:	677997 HHA-18					HOUSTON, TX 77063	
Medicare 2:							PHONE:
Phone	(713) 975-7944	Fax	(713) 975-7988				FAX:
						Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TOLUWALOPE LAOYE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/16/2021	Owner Information	
License #	020604					SALVATIONS HOSPICE, LLC	
Lic Expire	3/16/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 262-1299	Fax	(832) 201-0407			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MELISSA WADE				
County	HARRIS	Region	06	Date Licensed	08/03/2011	Owner Information	
License #	014248					SAMCOS HEALTHCARE SERVICES, INC	
Lic Expire	8/31/2023					10806 PRIMROSE ACRES LANE	
Medicare 1:						HOUSTON, TX 77031	
Medicare 2:						PHONE:	FAX:
Phone	(281) 250-2134	Fax	(832) 516-9930			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHIDI OBI				
County	HARRIS	Region	06	Date Licensed	12/06/2021	Owner Information	
License #	021253					SAPPHIRE HOME & PERSONAL CARE SERVICES LLC	
Lic Expire	12/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 989-3257	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TANYA TERO				
County	HARRIS	Region	06	Date Licensed	10/06/2014	Owner Information	
License #	016461					SAVIOR CARE HOME SERVICES	
Lic Expire	10/31/2022					7118 ROCKY RIDGE LN	
Medicare 1:						RICHMOND, TEXAS 77407	
Medicare 2:						PHONE:	FAX:
Phone	(713) 714-8169	Fax	(832) 203-8710			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SABINUS NDULAKA				
County	HARRIS	Region	06	Date Licensed	11/20/2018	Owner Information	
License #	019111					SCENIC HEALTHCARE HOSPICE LLC	
Lic Expire	11/20/2022					6260 WEST PARK DR SUITE 266	
Medicare 1:	971525 (HOSPICE)					HOUSTON, TX 77057	
Medicare 2:						PHONE:	FAX:
Phone	(281) 576-1380	Fax	(281) 990-6716			Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE				
County	HARRIS	Region	06	Date Licensed	03/15/2016	Owner Information	
License #	014939					SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS HOUSTON LLC	
Lic Expire	7/31/2022					SAME	
Medicare 1:						HOUSTON, TX 77070	
Medicare 2:						PHONE:	FAX:
Phone	(281) 847-6300	Fax	(281) 847-6301			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	BRANDII NILES				
County	HARRIS	Region	06	Date Licensed	07/18/2012	Owner Information	
License #	014939					SEASONS HOSPICE & PALLIATIVE CARE OF TEXAS HOUSTON, LLC	
Lic Expire	7/31/2022					SAME	
Medicare 1:	671741 HOSPICE					HOUSTON, TX 77070	
Medicare 2:						PHONE:	FAX:
Phone	(281) 931-1129	Fax	(281) 847-6301			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BRANDII NILES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/01/2019	Owner Information	
License #	019626					SECOND START HOME CARE LLC	
Lic Expire	10/1/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 216-8157	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORIANE NTANGA				
County	HARRIS	Region	06	Date Licensed	03/28/2016	Owner Information	
License #	017328					SEDS HEALTHCARE, INC	
Lic Expire	3/31/2022					2011 AUTUMN FERN DRIVE	
Medicare 1:						KATY, TX 77450	
Medicare 2:						PHONE: (713) 409-2710	FAX:
Phone	(713) 409-2710	Fax	(281) 829-7331			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IBIYEMI AJAYI				
County	HARRIS	Region	06	Date Licensed	09/18/2003	Owner Information	
License #	008655					SEGNIK GROUP INC	
Lic Expire	9/30/2021					7001 CORPORATE DRIVE SUITE #302	
Medicare 1:	453155					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 484-8699	Fax	(713) 484-8675			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSHUA OYENIYI				
County	HARRIS	Region	06	Date Licensed	10/15/2017	Owner Information	
License #	018431					SELECT CARE HOME HEALTH, INC	
Lic Expire	10/31/2023					11803 GRANT ROAD	
Medicare 1:	679170 HHA-18					CYPRESS, TX 77429	
Medicare 2:						PHONE:	FAX:
Phone	(281) 370-3500	Fax	(281) 370-3567			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBERTO GOAN				
County	HARRIS	Region	06	Date Licensed	06/15/2009	Owner Information	
License #	012801					SENIOR ALLEGIANCE INC	
Lic Expire	6/30/2023					5353 WYOMING BLVD NE, SUITE A	
Medicare 1:	679582 HHA-18					ALBUQUERQUE, NM 87109	
Medicare 2:						PHONE:	FAX:
Phone	(713) 975-1519	Fax	(832) 252-7376			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KARINA WALKER				
County	HARRIS	Region	06	Date Licensed	04/11/2018	Owner Information	
License #	018698					BEST CARE PROFESSIONALS LLC	
Lic Expire	4/30/2025					1625 MAIN STREET #610	
Medicare 1:						HOUSTON, TX 77002	
Medicare 2:						PHONE:	FAX:
Phone	(832) 900-5194	Fax	(832) 900-5197			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EDUARDO VISBAL-INSIGNARES				
County	HARRIS	Region	06	Date Licensed	08/08/2017	Owner Information	
License #	018236					DAVID AND LY LLC	
Lic Expire	11/30/2019					4916 WEST 34TH STREET, SUITE A	
Medicare 1:						HOUSTON, TX 77092	
Medicare 2:						PHONE:	FAX:
Phone	(832) 487-9969	Fax	(281) 974-5356			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	XUAN LY LAM				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	10/03/2016	Owner Information	
License #	017678					DALYAN CARE LLC	
Lic Expire	10/31/2022					11106 BAMMEL NORTH HOUSTON RD STE A	
Medicare 1:						HOUSTON, TX 77066	
Medicare 2:						PHONE:	FAX:
Phone	(281) 919-1876	Fax	(832) 218-2043			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID CHAN				
County	HARRIS	Region	06	Date Licensed	10/28/2011	Owner Information	
License #	014446					VIVICARE HEALTH PARTNERS HOUSTON, INC	
Lic Expire	10/31/2021					448 W. 19TH STREET BOX 548	
Medicare 1:	747856 HHA-18					HOUSTON, TEXAS 77008	
Medicare 2:						PHONE:	FAX:
Phone	(713) 337-4444	Fax	(713) 337-4449			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ZACHARY CHAUMONT				
County	HARRIS	Region	06	Date Licensed	10/21/2019	Owner Information	
License #	019656					STUDIO LIFESTYLE INC	
Lic Expire	10/21/2021						
Medicare 1:						HOUSTON, TEXAS 77063	
Medicare 2:						PHONE:	FAX:
Phone	(832) 830-6940	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHEHNAZ KAPASI				
County	HARRIS	Region	06	Date Licensed	10/14/2021	Owner Information	
License #	021127					DANI'S HELPING HANDS, LLC	
Lic Expire	10/14/2024						
Medicare 1:						TOMBALL, TX 77377	
Medicare 2:						PHONE:	FAX:
Phone	346 8087675	Fax	346 2360406			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JASON BLEVINS				
County	HARRIS	Region	06	Date Licensed	02/28/2020	Owner Information	
License #	019793					SERENITE HEALTH LTD CO	
Lic Expire	2/28/2022						
Medicare 1:						HOUSTON, TEXAS 77070	
Medicare 2:						PHONE:	FAX:
Phone	(832) 688-8760	Fax	(832) 688-8678			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADEFUNKE OMO-OSAGIE				
County	HARRIS	Region	06	Date Licensed	02/12/2021	Owner Information	
License #	020538					SERENITY CARE SOLUTIONS, LLC	
Lic Expire	2/12/2024						
Medicare 1:	971684					HIGHLANDS, TX 77562	
Medicare 2:						PHONE:	FAX:
Phone	(732) 484-6354	Fax	(281) 426-7983			Services: Hospice	
Type:	Parent Agency	Administrator	DALLAL ABDELSAYED			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	11/18/2021	Owner Information	
License #	021212					SERENITY HOME CARE SERVICES, LLC	
Lic Expire	11/18/2024						
Medicare 1:						CYPRESS, TEXAS 77433	
Medicare 2:						PHONE:	FAX:
Phone	(989) 475-6587	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAKARA DOBSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 05/05/2014
License # 016185 SERENITY HOME PROVIDERS INC
Lic Expire 5/31/2022 2616 SOUTH LOOP WEST STE # 555
Medicare 1: HOUSTON, TX 77054
Medicare 2:
Phone (713) 585-1377 Fax (713) 955-0839
Type: Parent Agency Administrator ANTHONY TURNER

Owner Information

SERENITY HOME PROVIDERS INC
2616 SOUTH LOOP WEST SUITE #555
HOUSTON, TX 77054
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/16/2018
License # 018654 SERENITY HOSPICE SOLUTIONS
Lic Expire 3/31/2022 340 NORTH SAM HOUSTON PARKWAY SUITE A222
Medicare 1: 97-1532 (HOSPICE) HOUSTON, TEXAS 77060
Medicare 2:
Phone (281) 402-6971 Fax (832) 213-4500
Type: Parent Agency Administrator RAYMOND HOWARD

Owner Information

SERENITY HEALTH SERVICES LLC
523 N. SAM HOUSTON PKWY EAST, SUITE 390
HOUSTON, TX 77060
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/09/2003
License # 008280 SEV HOME CARE INC
Lic Expire 1/31/2023 4000 GARTH RD STE 130
Medicare 1: 679272 HHA-18 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 420-1427 Fax (281) 420-4513
Type: Parent Agency Administrator ELIZABETH VALLAGOMESA

Owner Information

SEV HOME CARE, INC
4000 GARTH RD SUITE 130
BAYTOWN, TX 77521-3169
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/07/2021
License # 021030 SHARED HEARTS LLC
Lic Expire 9/7/2024 19200 SPACE CENTER BLVD APT 1821
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (832) 978-8810 Fax
Type: Parent Agency Administrator JULIE MATHEWS

Owner Information

SHARED HEARTS LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/21/2013
License # 015554 SHEILAS ANGELS INHOME CARE LLC
Lic Expire 5/31/2024 1350 NASA PARKWAY STE 204
Medicare 1: HOUSTON, TX 77058
Medicare 2:
Phone (281) 480-4846 Fax (866) 419-7804
Type: Parent Agency Administrator SHEILA PERRINE

Owner Information

SHEILAS ANGELS INHOME CARE LLC
207 BLUE WATER WAY
KEMAH, TEXAS 77565
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/03/2017
License # 017829 SHIELDS HEALTHCARE SERVICES PLLC
Lic Expire 1/31/2023 6260 WESTPARK DRIVE SUITE 277
Medicare 1: 747678 HHA-18 HOUSTON, TX 77057
Medicare 2:
Phone (832) 412-1213 Fax (888) 859-5359
Type: Parent Agency Administrator KENNETH ETUOKWU

Owner Information

SHIELDS HEALTHCARE SERVICES, PLLC
6260 WESTPARK DRIVE SUITE 277
HOUSTON, TX 77057
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/27/2019
License # 019282 SHOWERS OF MERCY HOME HEALTHCARE
Lic Expire 2/27/2023 13523 JESSICA LANE
Medicare 1: HOUSTON, TEXAS 77069
Medicare 2:
Phone 832 461 7456 Fax
Type: Parent Agency Administrator MARGARET AKINDELE-ALO

Owner Information

SHOWERS OF MERCY HOME HEALTHCARE LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 01/01/2017
License # 017844 SIBLINGS HEALTHCARE SOLUTIONS LLC
Lic Expire 12/31/2022 2646 SOUTH LOOP WEST SUITE #355
Medicare 1: 679394 HHA-18 HOUSTON, TX 77054
Medicare 2:
Phone (713) 218-7099 Fax (713) 218-6772
Type: Parent Agency Administrator NKECHI AHANOTU-ANIGBOGU

Owner Information

SIBLINGS HEALTHCARE SOLUTIONS LLC
2218 SILVER LEAF DRIVE
MISSOURI CITY, TEXAS 77489
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/16/2020
License # 020322 SIEDZECARE LLC
Lic Expire 11/16/2022 310 PARRAMATTA LANE APT 3225
Medicare 1: HOUSTON, TX 77073
Medicare 2:
Phone 346 3310306 Fax NA
Type: Parent Agency Administrator FABRICE NDE

Owner Information

SIEDZECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/31/2009
License # 013171 SIENNA HOME HEALTH CARE
Lic Expire 12/31/2021 14011 PARK DRIVE SUITE #218
Medicare 1: 453145 HHA-18 TOMBALL, TX 77377
Medicare 2:
Phone (281) 516-0255 Fax (281) 516-0223
Type: Parent Agency Administrator JANICE WALSTON

Owner Information

SIENNA HEALTH CARE, INC
14011 PARK DRIVE, SUITE #218
TOMBALL, TX 77377-6292
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 02/15/2019
License # 019659 SIGHTED HOMECARE SERVICES, LLC
Lic Expire 10/22/2021 3119 ASHLOCK DRIVE
Medicare 1: HOUSTON, TX 77082
Medicare 2:
Phone (832) 365-3400 Fax (832) 365-3401
Type: Parent Agency Administrator ENITA ODOFIN

Owner Information

SIGHTED HOMECARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/08/1996
License # 004433 SIGNATURE HEALTH SERVICES
Lic Expire 4/30/2022 606 ROLLINGBROOK SUITE 2F
Medicare 1: 678499 HHA-18 BAYTOWN, TX 77521
Medicare 2:
Phone (281) 837-1321 Fax (866) 379-1971
Type: Parent Agency Administrator KARIE SPELL

Owner Information

IMMANUEL HOME HEALTH CARE INC
606 ROLLINGBROOK SUITE 2F
BAYTOWN, TX 77521-4053
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/08/2020
License # 019766 SIGNATURE HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 1/8/2022 7322 SOUTHWEST FWY STE 660 RM C
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone 346 341 0172 Fax 346 341 0165
Type: Parent Agency Administrator HEATHER EMBIL RN

Owner Information

SIGNATURE HOSPICE & PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/20/2012
License # 014602 SILVER HEALTHCARE INC
Lic Expire 1/31/2022 9050 COOK RD STE 204
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (281) 741-8893 Fax (281) 741-9831
Type: Parent Agency Administrator FRANCIS AGHADO

Owner Information

SILVER HEALTHCARE INC
9050 COOK ROAD, SUITE 204
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/04/2010
License # 013892 SILVERADO HOSPICE NORTH HOUSTON
Lic Expire 10/31/2022 14550 TORREY CHASE, SUITE 345
Medicare 1: 671535 HOSPICE HOUSTON, TEXAS 77014
Medicare 2:
Phone (281) 397-8800 Fax (281) 397-8813
Type: Parent Agency Administrator APRIL WILSON

Owner Information
SILVERADO HOSPICE OF HOUSTON, INC
6400 OAK CANYON #200
IRVINE, CA 92618
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 03/03/2015
License # 016665 SILVERSPRING HEALTHCARE SERVICES
Lic Expire 3/31/2024 25700 I-45 NORTH SUITE 440
Medicare 1: 741670 HOSPICE SPRING, TX 77386
Medicare 2:
Phone (281) 651-2268 Fax (281) 656-5230
Type: Parent Agency Administrator OMOLOLA BAKARE

Owner Information
TRM HOSPICE CARE INC
25420 KUYKENDHAL RD, SUITE F400
TOMBALL, TX 77375
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/04/2010
License # 013291 SILVERSPRING HEALTHCARE SERVICES
Lic Expire 5/31/2022 25700 I-45 NORTH , SUITE 440
Medicare 1: 747611 HHA-18 SPRING, TX 77386
Medicare 2:
Phone (281) 651-2268 Fax (281) 656-5230
Type: Parent Agency Administrator OMOLOLA BAKARE

Owner Information
SILVER SPRING
18 AUGUSTA PINES DR SUITE 120 W
SPRING, TX 77389
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/01/2005
License # 009667 SIMPLEX HEALTH AND ALLIED SERVICES INC
Lic Expire 12/31/2021 5715 SALUDA CREEK LANE
Medicare 1: 677891 HHA-18 HOUSTON, TX 77085
Medicare 2:
Phone (713) 334-7266 Fax (713) 334-7297
Type: Parent Agency Administrator UDO NNAJI

Owner Information
SIMPLEX HEALTH AND ALLIED SERVICES INC
15615 BROOKWOOD LK
SUGAR LAND, TX 77478
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/25/2018
License # 018763 SIMPLY DIALYSIS AND HOME HEALTH LLC
Lic Expire 5/31/2022 21925 FRANZ RD. STE. 401
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (346) 307-7767 Fax (346) 307-7849
Type: Parent Agency Administrator BONAVENTURA CELESTINE

Owner Information
SIMPLY DIALYSIS AND HOME HEALTH, LLC
21925 FRANZ ROAD., STE#401
KATY, TX 77449
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 02/28/2019
License # 019284 SIMPLY JOY HOME HEALTH LLC
Lic Expire 2/28/2021 7610 ECHINACEA DRIVE
Medicare 1: BAYTOWN, TEXAS 77521
Medicare 2:
Phone (713) 331-2111 Fax
Type: Parent Agency Administrator LAURA CLEVELAND

Owner Information
SIMPLY JOY HOME HEALTH
1940 FOUNTAIN DRIVE SUITE 3010
HOUSTON, TEXAS 77057
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 01/16/2008
License # 011825 SJC HOME HEALTH CARE INC
Lic Expire 1/31/2024 1834 SNAKE RIVER ROAD SUITE A
Medicare 1: 747103 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 492-9000 Fax (281) 492-9009
Type: Parent Agency Administrator SARAH JANE BALBON

Owner Information
SJC HOME HEALTH CARE INC
1834 SNAKE RIVER ROAD SUITE A & B
KATY, TX 77449
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	10/26/2007	Owner Information
License #	011658					SKYLINE MEDICAL SERVICES, INC
Lic Expire	10/31/2022					12623 LALEU LANE
Medicare 1:	747187					HOUSTON, TX 77071
Medicare 2:						PHONE:
Phone	(346) 395-8233	Fax	(866) 925-6638			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	FRANCISCA NNABUO			
County	HARRIS	Region	06	Date Licensed	07/22/2019	Owner Information
License #	019489					SMART CHOICE CAREGIVERS INC
Lic Expire	7/22/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 360-7408	Fax	(713) 360-7426			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ROSA RODRIGUEZ			
County	HARRIS	Region	06	Date Licensed	03/15/2014	Owner Information
License #	016214					SMARTLIVING HEALTHCARE SERVICES INC
Lic Expire	3/31/2022					10101 HARWIN DRIVE SUITE 315
Medicare 1:	747449 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(281) 974-1036	Fax	(832) 830-8406			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JENNIFER OLIN			
County	HARRIS	Region	06	Date Licensed	08/02/2013	Owner Information
License #	015913					SNG RENAL SOLUTIONS DIALYSIS CENTER LP
Lic Expire	8/31/2019					1000 W CANNON ST
Medicare 1:						FT WORTH, TX 76104-3029
Medicare 2:						PHONE:
Phone	(713) 680-9056	Fax	(713) 680-9310			FAX:
						Services: Licensed Home Health Services with Dialysis
Type:	Parent Agency	Administrator	QUICTA HILL			
County	HARRIS	Region	06	Date Licensed	02/06/2015	Owner Information
License #	016638					SOLEO HEALTH INC
Lic Expire	2/28/2023					2912 W. 6TH STREET SUITE #120
Medicare 1:						FORT WORTH, TX 76107
Medicare 2:						PHONE:
Phone	(832) 981-1000	Fax	(713) 574-9676			FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	LINDA SPARKS			
County	HARRIS	Region	06	Date Licensed	08/08/2009	Owner Information
License #	012815					SONICA HEALTHCARE GROUP INC
Lic Expire	12/31/2021					5800 RANCHESTER DR SUITE 178
Medicare 1:	747179 HHA-18					HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 774-2790	Fax	(713) 774-2912			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PETER U. ONYEWUENYI			
County	HARRIS	Region	06	Date Licensed	03/03/2021	Owner Information
License #	020636					SOULS OF NURSING INC
Lic Expire	4/30/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(346) 284-9608	Fax				FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	RAY' VION			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 11/03/2015
License # 017215 SOUTHERN TOUCH HOME HEALTH
Lic Expire 11/30/2021 7322 SW FRWY SUITE 1-0775
Medicare 1: 457743 HHA-18 HOUSTON, TX 77074
Medicare 2:
Phone (713) 526-3482 Fax (713) 526-2058
Type: Parent Agency Administrator HEATHER APPLEWHITE

Owner Information

DIVERSIFIED HEALTH CARE SYSTEMS INC
6105 W OREM DR SUITE 100
HOUSTON, TX 77085
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/01/1994
License # 002801 SOUTHSIDE HOME HEALTH SERVICES
Lic Expire 3/31/2022 7700 S MAIN SUITE #330
Medicare 1: 458112 HHA-18 HOUSTON, TX 77030
Medicare 2:
Phone (713) 660-6671 Fax (713) 660-6771
Type: Parent Agency Administrator CARISSA AINSWORTH

Owner Information

CITYWIDE HOME HEALTH SERVICES LLC
7700 MAIN STREET SUITE # 330
HOUSTON, TX 77030
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 07/18/2002
License # 008005 SPECIAL KIDS CARE
Lic Expire 7/31/2022 1225 NORTH LOOP W STE 500
Medicare 1: 679246 HHA-18 HOUSTON, TEXAS 77008
Medicare 2:
Phone (713) 812-8822 Fax (713) 812-7555
Type: Parent Agency Administrator LESLIE RUTLEDGE

Owner Information

KIDS HOME CARE OF TEXAS, INC
1225 NORTH LOOP WEST SUITE 500
HOUSTON, TX 77008
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/07/2021
License # 021261 SPECIALTY HOSPICE, INC
Lic Expire 12/7/2024 2922 ROSEDALE ST
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information

SPECIALTY HOSPICE, INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/25/1995
License # 004057 SPECIALTY WOUND & OSTOMY NURSING HOME CARE
Lic Expire 10/31/2023 15727 MORLEY DR
Medicare 1: 678261 HHA-18 CYPRESS, TEXAS 774292144
Medicare 2:
Phone (713) 465-8497 Fax (713) 465-8499
Type: Parent Agency Administrator ROSALINDA GUZMAN

Owner Information

SPECIALTY WOUND & OSTOMY NURSING INC
P.O. BOX 2625
CYPRESS, TEXAS 77410
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 04/04/2018
License # 018687 SPECTRUM HOSPICE INC
Lic Expire 4/30/2022 2922 ROSEDALE SUITE 1110
Medicare 1: 971575 (HOSPICE) HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 874-1234 Fax (713) 780-2024
Type: Parent Agency Administrator JENNIFER ROY

Owner Information

SPECTRUM HOSPICE INC
2217 BLODGETT ST., SUITE #1111
HOUSTON, TX 77004
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/05/2022
License # 021308 SPRING HOME HEALTH SERVICES LLC
Lic Expire 1/5/2025 19627 INTERSTATE 45 STE 220
Medicare 1: SPRING, TEXAS 77388
Medicare 2:
Phone (318) 906-0809 Fax (832) 442-4950
Type: Parent Agency Administrator ALI QAZI

Owner Information

PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/25/2021
License # 020644 SPRING HOSPICE
Lic Expire 3/25/2024 9950 WESTPARK DRIVE, SUITE 646
Medicare 1: 971704 Hospice HOUSTON, TEXAS 77063
Medicare 2:
Phone 18882974695 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL ADA

Owner Information
SPRING HOSPICE CARE INC

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/15/2015
License # 017203 SPRINGWELL HEALTHCARE SERVICES INC
Lic Expire 10/31/2023 16100 CAIRNWAY DR SUITE 242
Medicare 1: 747623 HHA-18 HOUSTON, TX 77084
Medicare 2:
Phone (281) 324-0602 Fax (855) 524-4010
Type: Parent Agency Administrator OLUWATOYIN ALLEN TAYLOR

Owner Information
SPRINGWELL HEALTHCARE SERVICES INC
16100 CAIRNWAY DR. STE #242
HOUSTON, TX 77084

PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/27/2006
License # 010843 SSA HOME HEALTH CARE
Lic Expire 10/31/2023 4635 SOUTHWEST FREEWAY SUITE #182
Medicare 1: 747008 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 960-1188 Fax (713) 622-7877
Type: Parent Agency Administrator SANDRA SANDS-ARNAEZ

Owner Information
SANDRA SANDS ARNAEZ
4635 SOUTHWEST FREEWAY STE 182
HOUSTON, TEXAS 77027

PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 08/30/2005
License # 009977 ST AGNES HEALTHCARE PROFESSIONALS INC
Lic Expire 8/31/2022 12603 S.W. FREEWAY, STE. 695
Medicare 1: 453154 STAFFORD, TX 77477
Medicare 2:
Phone (713) 777-6333 Fax (713) 777-6332
Type: Parent Agency Administrator ANIE USORO

Owner Information
ST AGNES HEALTHCARE PROFESSIONALS INC
P.O.BOX 2269
STAFFORD, TEXAS 77497

PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/26/2016
License # 017652 ST ANNA'S TENDER CARE INC
Lic Expire 9/30/2022 11615 CANEMONT STREET
Medicare 1: HOUSTON, TX 77035
Medicare 2:
Phone (832) 983-4882 Fax (713) 726-8085
Type: Parent Agency Administrator ANTHONY ADEFOPE

Owner Information
ST ANNA'S TENDER CARE
635 BOLD RULER DR
STAFFORD, TX 77477

PHONE: (281) 403-3284 FAX: (713) 433-5782
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/21/2017
License # 018119 ST BENEDICT HOSPICE
Lic Expire 6/30/2019 9950 WESTPARK DRIVE SUITE 646
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (281) 499-7070 Fax (281) 564-7326
Type: Parent Agency Administrator JOEL S ADA

Owner Information
SAINT BENEDICT HOSPICE, INC
10707 CORPORATE DR SUITE 102
STAFFORD, TX 77477

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/05/2019
License # 019346 ST CATHERINE'S HEALTHCARE LLC
Lic Expire 4/24/2024 9894 BISSONNET STREET, SUITE 320
Medicare 1: 971633 Hospice HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 243-8788 Fax 346 335 8994
Type: Parent Agency Administrator PAUL ROBERTSON

Owner Information
ST CATHERINES HEALTHCARE LLC
4711 LJ PARKWAY, APT 11102
SUGARLAND, TEXAS 77479

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 04/30/2012
License # 014879 ST CLARE HOME CARE INC
Lic Expire 4/30/2022 11111 RICHMOND AVE., SUITE 103
Medicare 1: 747170 HHA-18 HOUSTON, TEXAS 77082
Medicare 2:
Phone (713) 572-4663 Fax (713) 572-4653
Type: Parent Agency Administrator FRANCIS SAGULLO

Owner Information

ST CLARE HOME CARE, INC
11111 RICHMOND AVE SUITE 291
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 10/16/2019
License # 019645 ST DAVIS HEALTHCARE
Lic Expire 10/16/2021 8700 COMMERCE PARK DR. 155B
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 478-4533 Fax
Type: Parent Agency Administrator NOMSO EGWIM

Owner Information

ST DAVIS CORPORATION
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 07/31/2003
License # 008577 ST FRANCIS HEALTH CARE SERVICES INC
Lic Expire 7/31/2022 9888 BISSONNET SUITE #370
Medicare 1: 679434 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 271-2200 Fax (713) 271-2204
Type: Parent Agency Administrator JOHN IBE

Owner Information

ST FRANCIS HEALTH CARE SERVICES INC
9888 BISSONNET, SUITE #370
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/26/2013
License # 015507 ST HELEN HEALTHCARE LLC
Lic Expire 4/30/2023 6776 SOUTHWEST FREEWAY SUITE 445
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (281) 306-1405 Fax (713) 893-6129
Type: Parent Agency Administrator OMO AKHILE

Owner Information

ST HELEN HEALTHCARE, LLC
9896 BISSONNET STREET, SUITE 320
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/21/2006
License # 010872 ST JUDE VISITING NURSES HOMEHEALTH INC
Lic Expire 3/31/2023 2020 NORTH LOOP WEST SUITE 140
Medicare 1: 453186 HHA-18 HOUSTON, TX 77018
Medicare 2:
Phone (713) 783-5833 Fax (713) 783-5883
Type: Parent Agency Administrator ERIC MORA

Owner Information

ST JUDE VISITING NURSES HOMEHEALTH INC
2020 N LOOP W SUITE 140
HOUSTON, TX 77018
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health
Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/01/2021
License # 021093 ST LEO HEALTHCARE SERVICES INC
Lic Expire 10/1/2024 6776 SOUTHWEST FREEWAY STE 618
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (832) 692-3851 Fax
Type: Parent Agency Administrator LEONARD IHENETU

Owner Information

ST LEO HEALTHCARE SERVICES INC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 05/22/2007
License # 011346 ST MARTIN HEALTHCARE SERVICES LLC
Lic Expire 5/31/2024 10015 N. ELDRIDGE PKWY STE. E- 109
Medicare 1: 747044 HHA-18 HOUSTON, TX 77065
Medicare 2:
Phone (713) 771-5553 Fax (713) 771-5090
Type: Parent Agency Administrator NAOMI FAVELA

Owner Information

ST MARTIN HEALTHCARE SERVICES LLC
10015 N. ELDRIDGE PKWY STE. 109
HOUSTON, TX 77065
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 10/12/2000
License # 007453 ST MARY'S HOME HEALTH INC
Lic Expire 10/31/2023 2901 WILCREST DR SUITE 280
Medicare 1: 459442 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (713) 781-4211 Fax (713) 781-4221

Owner Information

ST MARY'S HOME HEALTH, INC
2901 WILCREST DR. SUITE #280
HOUSTON, TX 77042

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator SANJUANA TOLEDO

County **HARRIS** Region 06 Date Licensed 09/24/2021
License # 021080 ST THERESA HOSPICE LLC
Lic Expire 9/24/2024 14215 S POST OAK RD
Medicare 1: HOUSTON, TEXAS 77045
Medicare 2:
Phone (713) 562-3195 Fax

Owner Information

ST THERESA HOSPICE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CHIDERA AHAIWE

County **HARRIS** Region 06 Date Licensed 06/14/2010
License # 013776 ST THOMAS HOME HEALTH SERVICES INC
Lic Expire 6/30/2022 5314 NORBORNE LN
Medicare 1: HOUSTON, TX 77069
Medicare 2:
Phone (832) 881-0489 Fax (281) 919-2782

Owner Information

ST THOMAS HOME HEALTH SERVICES INC
PO BOX 14761
HOUSTON, TX 77021

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator BECCY NDUKWE

County **HARRIS** Region 06 Date Licensed 02/23/2005
License # 009600 STAR HOME HEALTH INC
Lic Expire 2/28/2023 6100 CORPORATE DRIVE, SUITE 330
Medicare 1: 677874 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 785-4949 Fax (713) 782-6100

Owner Information

STAR HOME HEALTH INC
6201 BONHOMME, SUITE 365N
HOUSTON, TEXAS 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator CLEMENTINA IKWUEZUNMA

County **HARRIS** Region 06 Date Licensed 03/14/2013
License # 015429 STAR OF MARIS HOME HEALTH INC
Lic Expire 3/31/2023 10103 FONDREN RD SUITE 462
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 773-1999 Fax (713) 393-7689

Owner Information

STAR OF MARIS HOME HEALTH INC
10103 FONDREN RD SUITE 462
HOUSTON, TX 77096

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator CEDRIC C IHEGWOR

County **HARRIS** Region 06 Date Licensed 11/19/2020
License # 020331 STAR OF TEXAS HOME HEALTH LLC
Lic Expire 11/19/2022 5433 WESTHIEMER RD STE 920
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 754-6066 Fax (832) 565-1068

Owner Information

STAR OF TEXAS HOME HEALTH LLC
5433 WESTHIEMER RD STE 920
HOUSTON, TEXAS 77056

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SATAVIA AUSTIN

County **HARRIS** Region 06 Date Licensed 08/25/2016
License # 017595 STAR OF TEXAS HOSPICE
Lic Expire 8/31/2022 5433 WESTHEIMER SUITE 920
Medicare 1: 741687 HOSPICE HOUSTON, TX 77056
Medicare 2:
Phone (713) 385-1865 Fax (832) 565-1068

Owner Information

SS NATIONAL HOSPICE SOLUTIONS CO JOURNEY HOLDINGS HEALTHCARE
5433 WESTHEIMER SUITE 920
HOUSTON, TX 77056

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SATAVIA AUSTIN

County **HARRIS** Region 06 Date Licensed 11/23/2020
License # 020335 STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire 11/23/2022 5433 WESTHIEMER RD STE 920
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone (832) 754-6066 Fax (832) 565-1068
Type: Parent Agency Administrator SHERRON JONES-JOHNSON

Owner Information
STAR OF TEXAS HOSPICE AND PALLIATIVE CARE LLC
5433 WESTHIEMER RD STE 920
HOUSTON, TEXAS 77056
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 09/17/2019
License # 019602 STARLYTE HEALTH AND PALLIATIVE CARE LLC
Lic Expire 9/17/2021 6260 WESTPARK DR STE 265
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 400-2104 Fax (832) 400-2105
Type: Parent Agency Administrator NINA OLUGU

Owner Information
STARLYTE HEALTH AND PALLIATIVE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/24/2008
License # 011840 STARPOINT HEALTH SERVICES INC
Lic Expire 1/31/2023 8300 BISSONNET SUITE 380
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 777-1286 Fax (713) 777-1287
Type: Parent Agency Administrator STELLA ADOTAMA

Owner Information
STARPOINT HEALTH SERVICES INC
8300 BISSONNET SUITE 380
HOUSTON, TX 77074
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/13/2021
License # 021270 STARR'S HELPING HANDS LLC
Lic Expire 12/13/2024 3303 CYPRESS CREEK PKWY SUITE 370
Medicare 1: HOUSTON, TEXAS 77068
Medicare 2:
Phone (314) 556-8978 Fax
Type: Parent Agency Administrator DARLENE CURRIE

Owner Information
STARR'S HELPING HANDS
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/09/2003
License # 008686 STATES HEALTH INC
Lic Expire 12/9/2022 6666 HARWIN DRIVE SUITE 540
Medicare 1: 453132 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 532-6800 Fax (713) 532-0538
Type: Parent Agency Administrator ROSEMARY EKEH

Owner Information
STATES HEALTH, INC
6666 HARWIN DRIVE SUITE 540
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/11/2010
License # 013386 STEADFAST HEALTHCARE LLC
Lic Expire 6/30/2020 13311 ARLON TRAIL
Medicare 1: 747715 HHA-18 HOUSTON, TX 77082
Medicare 2:
Phone (832) 641-9713 Fax (281) 531-7645
Type: Parent Agency Administrator REGINA VESE

Owner Information
STEADFAST HEALTHCARE LLC
13311 ARLON TRAIL
HOUSTON, TX 77082
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/11/2006
License # 010447 STEADFAST HOME COMPANION SERVICES INC
Lic Expire 5/31/2022 9894 BISSONNET ST STE 488
Medicare 1: 679658 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (713) 333-9590 Fax (713) 333-9592
Type: Parent Agency Administrator ANGELI AMPER

Owner Information
STEADFAST HOME COMPANION SERVICES INC
9894 BISSONNET STREET SUITE #605
HOUSTON, TX 77036
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	01/17/2012	Owner Information
License #	014586					JAYSTAL, INC
Lic Expire	1/31/2022					8511 OLD BROOK DR
Medicare 1:	747832 HHA-18					HOUSTON, TX 77071
Medicare 2:						PHONE:
Phone	(713) 367-7371	Fax	(713) 271-3531			FAX:
Type:	Parent Agency	Administrator	ESTELLA ABAM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/01/2006	Owner Information
License #	010333					STJ HEALTHCARE SERVICES, INC
Lic Expire	2/28/2025					11302 W . BELLFORT ST.
Medicare 1:						HOUSTON, TEXAS 77099
Medicare 2:						PHONE:
Phone	(832) 251-0664	Fax	(832) 251-0886			FAX:
Type:	Parent Agency	Administrator	FLORENCE ADENOTE			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/09/2021	Owner Information
License #	020893					STONE CREEK HOSPICE CARE INC
Lic Expire	7/9/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(713) 962-5330	Fax	(713) 529-1404			FAX:
Type:	Parent Agency	Administrator	KENYATTA HOLMES			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	06/14/2016	Owner Information
License #	017457					STRENGTH WITHIN LLC
Lic Expire	6/30/2022					PO BOX 1256
Medicare 1:						PEARLAND, TX 77588
Medicare 2:						PHONE:
Phone	(281) 508-0739	Fax	(713) 987-9199			FAX:
Type:	Parent Agency	Administrator	JEZREEL WASHINGTON			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/06/2021	Owner Information
License #	020884					STUARTS HEALING HANDS LLC
Lic Expire	7/6/2024					826 FOREST HILLSIDE LN
Medicare 1:						HOUSTON, TX 77067
Medicare 2:						PHONE:
Phone	(317) 489-2315	Fax				FAX:
Type:	Parent Agency	Administrator	DOROTHY STUART			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/29/2014	Owner Information
License #	016449					SUBURBAN CAREGIVERS, INC
Lic Expire	9/30/2022					2212 BLODGETT STREET SUITE 909
Medicare 1:						HOUSTON, TX 77004
Medicare 2:						PHONE:
Phone	(713) 780-2006	Fax	(713) 721-1277			FAX:
Type:	Parent Agency	Administrator	JENNIFER ROY			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	03/15/2015	Owner Information
License #	016941					SUGARLAND TRINITY HOME HEALTH CARE, INC
Lic Expire	3/31/2023					15807 CERCA BLANCA DRIVE SUITE #B
Medicare 1:	747616 HHA-18					HOUSTON, TX 77083
Medicare 2:						PHONE:
Phone	(281) 277-0848	Fax	(281) 277-6808			FAX:
Type:	Parent Agency	Administrator	CATHY NAIR			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/23/2007
License # 011186 SUMIC CARE INCORPORATED
Lic Expire 3/31/2024 11622 OGUNNOWO LANE
Medicare 1: 747009 HHA-18 HOUSTON, TX 77031
Medicare 2:
Phone (713) 988-0013 Fax (713) 981-4089

Owner Information

SUMIC CARE INCORPORATED
11622 OGUNNOWO LN
HOUSTON, TX 77031

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator OLAMIDE OGUNNOWO

County **HARRIS** Region 06 Date Licensed 06/29/2012
License # 014903 SUMIC HEALTH INCORPORATED
Lic Expire 6/30/2022 11622 OGUNNOWO LANE
Medicare 1: HOUSTON, TX 77031
Medicare 2:
Phone (713) 266-8011 Fax (713) 266-8015

Owner Information

SUMIC HEALTH INCORPORATED
7618 PORTAL DRIVE
HOUSTON, TX 77071

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator OLAMIDE OGUNNOWO

County **HARRIS** Region 06 Date Licensed 09/08/2020
License # 020151 SUNBEAM HOME CARE
Lic Expire 9/8/2022 4228 DAWN AVE
Medicare 1: ODESSA, TEXAS 79762
Medicare 2:
Phone (346) 280-9103 Fax (832) 201-6777

Owner Information

SUNBEAM LIVING SOLUTION LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator OLADELE THOMAS-OLASUPO

County **HARRIS** Region 06 Date Licensed 07/23/2019
License # 019490 SUNLIGHT HEALTHCARE LLC
Lic Expire 7/23/2021 20242 TARPON BAY LN
Medicare 1: CYPRESS, TEXAS 774335177
Medicare 2:
Phone 281 404 5548 Fax

Owner Information

SUNLIGHT HEALTHCARE LLC

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator EUNICE ARASA

County **HARRIS** Region 06 Date Licensed 04/18/2019
License # 019334 SUNSET HEALTHCARE SERVICES
Lic Expire 4/18/2024 10103 FONDREN RD, #380
Medicare 1: 971603 Hospice HOUSTON, TEXAS 77096
Medicare 2:
Phone (832) 517-6451 Fax (713) 772-8670

Owner Information

SUNSET HEALTHCARE SERVICES, INC

PHONE: FAX:

Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator MARYJANE DURUJI

County **HARRIS** Region 06 Date Licensed 10/30/2003
License # 008722 SUNSET HOSPICE INC
Lic Expire 4/21/2022 17154 N ELDRIDGE PKWY, SUITE B
Medicare 1: 451762 HOSPICE TOMBALL, TX 77377
Medicare 2:
Phone 281 290 7600 Fax 281 290 7603

Owner Information

SUNSET HOSPICE, INC
1420 RUDEL DRIVE
TOMBALL, TX 77375

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator JACKLYN USSERY

County **HARRIS** Region 06 Date Licensed 04/18/2006
License # 010396 SUNSHINE HOME HEALTH CARE
Lic Expire 4/30/2024 6501 WESTLINE
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (713) 988-2843 Fax (713) 988-2840

Owner Information

THE TAO DIMENSION INC
6501 WESTLINE DR
HOUSTON, TX 77036

PHONE: (713) 988-2843 FAX: (713) 988-2840

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator JAN CHANG

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 09/18/2017
License # 018328 SUNSHINY DAYS LLC
Lic Expire 9/30/2023 15321 FALMOUTH AVENUE
Medicare 1: HOUSTON, TX 77084
Medicare 2:
Phone (832) 356-0117 Fax (832) 201-8355
Type: Parent Agency Administrator DEMITRA GREEN

Owner Information

DL GREEN ENTERPRISES, LLC
6031 HWY 6 N STE. 165-245
HOUSTON, TEXAS 77084
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/30/2013
License # 015950 SUPERIOR INTEGRATED HOME HEALTH CARE INC
Lic Expire 2/28/2025 7203 ATHLONE DRIVE
Medicare 1: HOUSTON, TEXAS 77088
Medicare 2:
Phone (281) 802-6034 Fax (713) 583-4470
Type: Parent Agency Administrator CHERYL BEAUSOLEIL

Owner Information

SUPERIOR INTEGRATED HOME HEALTH CARE, INC
1337B W43ST B11
HOUSTON, TX 77018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/12/2021
License # 020597 SUPREME HOME CARE SERVICES INC
Lic Expire 3/12/2023 4411 GARDEN RIDGE COURT
Medicare 1: HOUSTON, TEXAS 77084
Medicare 2:
Phone (713) 298-1029 Fax
Type: Parent Agency Administrator TEMI IDOWU

Owner Information

SUPREME HOME CARE SERVICES INC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/24/1997
License # 005646 SUPREME NURSING SERVICES INC
Lic Expire 3/31/2024 2101 CRAWFORD SUITE 306
Medicare 1: HOUSTON, TX 77002
Medicare 2:
Phone (713) 752-0166 Fax (713) 752-0503
Type: Parent Agency Administrator JULIE SUMON

Owner Information

SUPREME NURSING SERVICES INC
2101 CRAWFORD SUITE #306
HOUSTON, TX 77002
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 02/07/2018
License # 018599 SUREWAY HEALTH SERVICES INC
Lic Expire 2/28/2022 9050 COOK RD SUITE 205
Medicare 1: HOUSTON, TX 77099
Medicare 2:
Phone (832) 774-6541 Fax (281) 741-9831
Type: Parent Agency Administrator FRANCIS AGHADO

Owner Information

SUREWAY HEALTH SERVICES INC
9050 COOK RD SUITE 204
HOUSTON, TX 77099
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/13/2013
License # 015708 SUSTAIN HOME HEALTH CARE SERVICES
Lic Expire 8/31/2023 9900 WESTPARK DRIVE STE 262
Medicare 1: HOUSTON, TX 77063
Medicare 2:
Phone (832) 422-4111 Fax (832) 422-4112
Type: Parent Agency Administrator JOHN DOZIER

Owner Information

SUSTAIN SERVICES OF TEXAS LLC
9900 WESTPARK DRIVE STE 262
HOUSTON, TX 77063
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/10/2014
License # 016521 SWEET HOME CARE
Lic Expire 11/30/2022 6435 BRIAR MOSS LN
Medicare 1: KATY, TX 77449
Medicare 2:
Phone (832) 404-8708 Fax (832) 427-1816
Type: Parent Agency Administrator GENET HOWARD

Owner Information

SWEET HOME CARE
6435 BRIAR MOSS LN
KATY, TX 77449
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	12/08/2020	Owner Information	
License #	020387					SYMPHONY HOME HEALTH CARE LLC	
Lic Expire	12/8/2022					2501 WESTRIDGE ST. # 68	
Medicare 1:						HOUSTON, TX 77054	
Medicare 2:							PHONE:
Phone	(832) 376-1842	Fax					FAX:
Type:	Parent Agency	Administrator	FLOYDETTA HARBIN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	05/23/2013	Owner Information	
License #	015561					HASELDEN HOMECARE LLC	
Lic Expire	5/31/2023					16300 KATY FREEWAY SUITE 185	
Medicare 1:						HOUSTON, TX 77094	
Medicare 2:							PHONE:
Phone	(832) 803-0011	Fax	(281) 206-7435				FAX:
Type:	Parent Agency	Administrator	HAYLEY SHEEKS			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	10/02/2019	Owner Information	
License #	019630					SLJ VENTURES LLC	
Lic Expire	10/2/2021					12605 EAST FREEWAY SUITE 320	
Medicare 1:						HOUSTON, TX 77015	
Medicare 2:							PHONE:
Phone	(281) 771-4786	Fax					FAX:
Type:	Parent Agency	Administrator	SHAUNDARA JONES			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	01/24/2007	Owner Information	
License #	011014					MONARCH ENDEAVORS LLC	
Lic Expire	1/31/2023					14425 TORREY CHASE BLVD., SUITE 170	
Medicare 1:						HOUSTON, TX 77014	
Medicare 2:							PHONE:
Phone	(281) 999-2273	Fax	(713) 400-9552				FAX:
Type:	Parent Agency	Administrator	CHAD JOLLEY			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	02/20/2015	Owner Information	
License #	016783					BRISTOL ENTERPRISE INC	
Lic Expire	4/30/2021					2390 EASTEX FREEWAY SUITE 100	
Medicare 1:						BEAUMONT, TX 77703	
Medicare 2:							PHONE:
Phone	(281) 535-1979	Fax	(281) 245-3325				FAX:
Type:	Parent Agency	Administrator	STEPHANIE ALLEN			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	07/21/2006	Owner Information	
License #	010630					BEACON HILL INVESTMENTS CORP	
Lic Expire	7/31/2023					1225 NORTH LOOP W STE 322	
Medicare 1:						HOUSTON, TX 77008	
Medicare 2:							PHONE:
Phone	(713) 868-6112	Fax	(713) 868-9946				FAX:
Type:	Parent Agency	Administrator	MICHAEL WILLETT			Services: Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	12/20/2017	Owner Information	
License #	018524					AA & B HOME CARE INC	
Lic Expire	12/31/2024					9302 GAUGUIN LANE	
Medicare 1:						MISSOURI CITY, TX 77459	
Medicare 2:							PHONE:
Phone	(713) 321-2488	Fax	(713) 391-8943				FAX:
Type:	Parent Agency	Administrator	BEATRICE ASHU			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/29/2017	Owner Information	
License #	018350					T&D HEAVENLY HOME HEALTHCARE INC	
Lic Expire	12/30/2021					8702 WILD BASIN STE A	
Medicare 1:						HOUSTON, TX 77088	
Medicare 2:						PHONE:	FAX:
Phone	(281) 965-3630	Fax	(281) 947-3120			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DANITA ANDERSON				
County	HARRIS	Region	06	Date Licensed	02/09/2015	Owner Information	
License #	016640					T & N HEALTHCARE INCORPORATED	
Lic Expire	2/28/2023					6143 PLANTATION FOREST DR	
Medicare 1:						KATY, TX 77449	
Medicare 2:						PHONE:	FAX:
Phone	(979) 661-1886	Fax	(281) 809-3082			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHINYEREOBI OLUOHA				
County	HARRIS	Region	06	Date Licensed	09/18/2015	Owner Information	
License #	017167					TANDEM HEALTH SERVICES, INC	
Lic Expire	9/30/2023					5202 EMORY MILL RD	
Medicare 1:	677993					RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	281 9802009	Fax	832 5143646			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JORFUI KANDEH-DABO				
County	HARRIS	Region	06	Date Licensed	09/17/2019	Owner Information	
License #	019603					TARGET HEALTHCARE SOLUTIONS LLC	
Lic Expire	9/17/2021						
Medicare 1:						PHONE:	FAX:
Medicare 2:						Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(713) 283-1445	Fax	(833) 731-0024				
Type:	Parent Agency	Administrator	DEDRA RAYMOND				
County	HARRIS	Region	06	Date Licensed	02/13/2001	Owner Information	
License #	007959					TAWL HEALTH CARE INC	
Lic Expire	2/28/2025					9898 BISSONNET SUITE #600	
Medicare 1:	459292 HHA-18					HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 777-9171	Fax	(713) 777-9617			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	TONG MU				
County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	012487					VIVICARE HEALTH PARTNERS LLC	
Lic Expire	3/31/2023					2999 N. 44TH STREET STE 100	
Medicare 1:						PHOENIX, AZ 85018	
Medicare 2:						PHONE:	FAX:
Phone	(713) 429-4493	Fax	(281) 393-4018			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	DANA TARRANT				
County	HARRIS	Region	06	Date Licensed	01/01/2003	Owner Information	
License #	008353					TEAMCARE HOME HEALTH SERVICES INC	
Lic Expire	12/31/2021					P O BOX 771102	
Medicare 1:	679126 HHA-18					HOUSTON, TX 77215	
Medicare 2:						PHONE:	FAX:
Phone	(713) 838-1105	Fax	(713) 838-8686			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IBIM BOBMANUEL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/08/2020	Owner Information	
License #	020149					TELECARE HOME HEALTH, LLC	
Lic Expire	9/8/2022					10500 NORTHWEST FREEWAY	
Medicare 1:						HOUSTON, TX 77092	
Medicare 2:						PHONE:	FAX:
Phone	(361) 317-2139	Fax	(888) 342-2235			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TARA REED				
County	HARRIS	Region	06	Date Licensed	07/08/1996	Owner Information	
License #	004728					TENDER HOME HEALTH CARE INC	
Lic Expire	7/31/2023					5523 WEST ROAD	
Medicare 1:	459088 HHA-18					BAYTOWN, TX 77522-9078	
Medicare 2:						PHONE:	FAX:
Phone	(281) 428-2807	Fax	(281) 421-1009			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KATHY CLARK				
County	HARRIS	Region	06	Date Licensed	09/10/2021	Owner Information	
License #	021038					TENDER LOVE & COMPASSION LLC	
Lic Expire	9/10/2024					8218 CORINTH ST UNIT B	
Medicare 1:						HOUSTON, TEXAS 77051	
Medicare 2:						PHONE:	FAX:
Phone	361 4128865	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KRISTY HARVEY				
County	HARRIS	Region	06	Date Licensed	07/27/2021	Owner Information	
License #	020937					TENDERHEART HEALTHCARE LLC	
Lic Expire	7/27/2024					19927 DRAKE SHADOWS LN	
Medicare 1:						KATY, TX 774491649	
Medicare 2:						PHONE:	FAX:
Phone	(401) 556-5602	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BABATUNDE ORULEBAJA				
County	HARRIS	Region	06	Date Licensed	10/21/2020	Owner Information	
License #	020253					TEXAN HOME CARE SERVICE, LLC	
Lic Expire	10/21/2022					2616 S LOOP W #301 E	
Medicare 1:						HOUSTON, TEXAS 77054	
Medicare 2:						PHONE:	FAX:
Phone	(281) 818-9657	Fax	(713) 256-7695			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARY GREENWOOD				
County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	021363					TEXANS HOME CARE LLC	
Lic Expire	1/31/2025					11200 WESTHEIMER RD SUITE 1050	
Medicare 1:						HOUSTON, TEXAS 77042	
Medicare 2:						PHONE:	FAX:
Phone	(713) 261-0754	Fax	(281) 988-5391			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHAEL OKENDU				
County	HARRIS	Region	06	Date Licensed	10/22/2021	Owner Information	
License #	021147					TEXAS FIRST STEP HEALTHCARE SERVICE, INC	
Lic Expire	10/22/2024					10103 FONDREN ROAD SUITE 340	
Medicare 1:						HOUSTON, TX 77096	
Medicare 2:						PHONE:	FAX:
Phone	(832) 372-4564	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ERIC THOMAS				

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County	HARRIS	Region	06	Date Licensed	10/07/2009	Owner Information	
License #	012893					TEXAS HOME CARE PARTNERS OF HOUSTON LLC	
Lic Expire	10/31/2023					1309 ANTOINE DRIVE	
Medicare 1:						HOUSTON, TX 77055	
Medicare 2:						PHONE:	FAX:
Phone	(713) 636-9919	Fax	(713) 636-9865			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAMMY MILLS				
County	HARRIS	Region	06	Date Licensed	11/28/2006	Owner Information	
License #	010899					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	11/30/2023					17855 N DALLAS PKWY STE 200	
Medicare 1:	671559 HOSPICE					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	(713) 895-8615	Fax	(713) 460-1887			Services: Hospice	
Type:	Parent Agency	Administrator	EUGENE STEVENS			In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	03/27/2020	Owner Information	
License #	019858					TEXAS HOME HEALTH LIVING INC	
Lic Expire	3/27/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832798 8722	Fax	NA			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGEL DELGADO				
County	HARRIS	Region	06	Date Licensed	01/22/2019	Owner Information	
License #	019212					TEXAS HOME PROVIDER SERVICES LLC	
Lic Expire	6/30/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 875-5833	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAN LIU				
County	HARRIS	Region	06	Date Licensed	04/13/2009	Owner Information	
License #	012556					MEFI INC	
Lic Expire	4/30/2024					6111 GLADEWELL DRIVE	
Medicare 1:	679306 HHA-18					HOUSTON, TEXAS 77072	
Medicare 2:						PHONE:	(281) 933-8737 FAX:
Phone	(281) 933-2300	Fax	(281) 933-2302			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	07/08/2010	Owner Information	
License #	013442					TEXAS PLUS HOMEHEALTH, INC	
Lic Expire	7/31/2022					N/A	
Medicare 1:						HOUSTON, TX 77081	
Medicare 2:						PHONE:	FAX:
Phone	(713) 981-1111	Fax	(713) 981-1101			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BEATRICE ONYEDIRI				
County	HARRIS	Region	06	Date Licensed	12/07/2007	Owner Information	
License #	011752					TEXAS PREMIER CARE SERVICES INC	
Lic Expire	12/31/2022					14525 FM 529 SUITE 102	
Medicare 1:	743170 HHA-18					HOUSTON, TX 77095	
Medicare 2:						PHONE:	FAX:
Phone	(281) 463-1166	Fax	(281) 463-1168			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHINYERE NZEADIBE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 06/03/1998
License # 006843 TEXAS QUALITY ONE MEDICAL SERVICES
Lic Expire 6/30/2022 2646 SOUTH LOOP WEST, SUITE 250
Medicare 1: 459172 HOUSTON, TX 77054
Medicare 2:
Phone (713) 784-5255 Fax (713) 838-0356
Type: Parent Agency Administrator DANIEL AMARE

Owner Information

TEXAS QUALITY ONE MEDICAL SERVICES, INC
2646 SOUTH LOOP WEST SUITE 250
HOUSTON, TX 77054
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/20/2013
License # 015937 TEXAS RESIDENTIAL HEALTHCARE SERVICES
Lic Expire 12/31/2023 1318 HEIGHTS DR
Medicare 1: 747952 HHA-18 KATY, TX 77450
Medicare 2:
Phone (832) 226-3880 Fax (888) 496-0265
Type: Parent Agency Administrator JAMIE HARRIS

Owner Information

RESIDENTIAL HEALTHCARE SERVICES, LLC
32602 WESTON COURT
FULSHEAR, TX 77441
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/01/2008
License # 012326 THE ELDERCARE NETWORK LLC
Lic Expire 2/26/2021 6825 ROWAN LANE
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 271-6658 Fax (713) 271-8727
Type: Parent Agency Administrator JOAN DEROOY

Owner Information

THE ELDERCARE NETWORK LLC
6825 ROWAN LANE
HOUSTON, TX 77074-6207
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/18/2002
License # 008157 THE FOUR GROUP HOMECARE LLC
Lic Expire 3/31/2022 4635 SOUTHWEST FREEWAY SUITE # 360
Medicare 1: 679363 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 840-1811 Fax (713) 840-1822
Type: Parent Agency Administrator EMMANUEL ONUOHA

Owner Information

THE FOUR GROUP HOMECARE, LLC
4615 SOUTHWEST FRWY, SUITE #400
HOUSTON, TX 77027
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/18/2021
License # 020761 THE GRACE HEALTHCARE LIMITED COMPANY
Lic Expire 5/18/2024 10039 BISSONNET ST STE 335
Medicare 1: HOUSTON, TX 770367864
Medicare 2:
Phone (346) 399-1040 Fax (281) 340-2001
Type: Parent Agency Administrator GBADEBO ADERINOLA

Owner Information

THE GRACE HEALTHCARE LIMITED COMPANY
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/02/1995
License # 004001 THE HALLMARK
Lic Expire 10/31/2023 4718 HALLMARK DRIVE
Medicare 1: HOUSTON, TX 77056
Medicare 2:
Phone (713) 622-6633 Fax (713) 599-1324
Type: Parent Agency Administrator KATHY CLOSE

Owner Information

BRAZOS PRESBYTERIAN HOMES INC
4141 S BRAESWOOD BLVD
HOUSTON, TX 77025
PHONE: (713) 666-2651 FAX: (713) 660-5048
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/07/2016
License # 017771 THE HOME CARE FAMILY
Lic Expire 12/31/2022 8530 FM 1960 E #121
Medicare 1: HUMBLE, TX 77346
Medicare 2:
Phone (281) 888-0385 Fax (888) 888-0328
Type: Parent Agency Administrator ERIC GOMEZ

Owner Information

THE HOME CARE FAMILY LLC
PO BOX 15594
HUMBLE, TX 77347
PHONE: FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	12/13/2017	Owner Information	
License #	018510					LIVING HOSPICE CARE OF TEXAS, INC	
Lic Expire	12/31/2021					11999 KATY FREEWAY SUITE 396	
Medicare 1:	74-1748					HOUSTON, TX 77079	
Medicare 2:						PHONE:	FAX:
Phone	(281) 741-5337	Fax	(281) 741-7912			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	TERRIONEE GARRETT				
County	HARRIS	Region	06	Date Licensed	06/18/2014	Owner Information	
License #	016266					THE MASTER CAREGIVER COMPANY, LLC	
Lic Expire	6/30/2022					2408 KIPLING STREET	
Medicare 1:						HOUSTON, TX 77098-5604	
Medicare 2:						PHONE:	FAX:
Phone	(713) 528-6577	Fax	(713) 528-0093			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RITA JUSTICE				
County	HARRIS	Region	06	Date Licensed	12/01/2017	Owner Information	
License #	018480					THE MENNINGER CLINIC	
Lic Expire	11/30/2021					12301 S MAIN	
Medicare 1:						HOUSTON, TX 77025	
Medicare 2:						PHONE:	FAX:
Phone	(713) 275-5000	Fax	(713) 275-5120			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	EMILY PYLE				
County	HARRIS	Region	06	Date Licensed	06/30/2019	Owner Information	
License #	019256					GROVERJACKSON INDUSTRIES, LLC	
Lic Expire	2/13/2023					P.O. BOX 464	
Medicare 1:						STAFFORD, TX 77497	
Medicare 2:						PHONE:	FAX:
Phone	(832) 670-4951	Fax	(832) 476-2116			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KANDRA GROVER				
County	HARRIS	Region	06	Date Licensed	03/10/2015	Owner Information	
License #	016678					THE SERENITY GROUP, INC	
Lic Expire	3/31/2023					8904 LAKESHORE BEND DRIVE	
Medicare 1:						HOUSTON, TX 77080	
Medicare 2:						PHONE:	FAX:
Phone	(832) 884-8458	Fax	(888) 224-3820			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LEDARRE ZEIGLER				
County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	014653					CANTEX HOME HEALTH HOUSTON, LLC	
Lic Expire	2/28/2022					2537 GOLDEN BEAR DRIVE	
Medicare 1:	67Q3162001 (HHA)					CARROLLTON, TX 75006	
Medicare 2:						PHONE:	FAX:
Phone	281 4884663	Fax	281 4884662			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	CAROL RODRIGUEZ				
County	HARRIS	Region	06	Date Licensed	03/23/2021	Owner Information	
License #	020627					THOMAS UNITED FAMILY HOME HEALTH CARE SERVICES	
Lic Expire	3/23/2023					2100 WEST LOOP SOUTH, SUITE 800	
Medicare 1:						HOUSTON, TEXAS 77027	
Medicare 2:						PHONE:	FAX:
Phone	(312) 998-0335	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NICOLE THOMAS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information
License #	017932					ALLIANCE HOSPICE, LLC
Lic Expire	12/31/2022					717 N. HARWOOD STREET, SUITE 550
Medicare 1:						DALLAS, TEXAS 75201
Medicare 2:						PHONE:
Phone	(281) 698-5300	Fax	(281) 783-2940			FAX:
Type:	Alternate Delivery Site	Administrator	STEVEN PARKER			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	03/11/2009	Owner Information
License #	012501					AG HOSPICE, LLC
Lic Expire	3/31/2023					717 N. HARWOOD STREET, SUITE 550
Medicare 1:	671635 HOSPICE					DALLAS, TX 75201
Medicare 2:						PHONE:
Phone	(832) 437-2089	Fax	(832) 437-2090			FAX:
Type:	Parent Agency	Administrator	STEVEN PARKER			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	11/01/2016	Owner Information
License #	017881					FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(713) 666-8287	Fax	(713) 660-8391			FAX:
Type:	Parent Agency	Administrator	AMANDA STERLE, RN			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	11/01/2016	Owner Information
License #	017881					FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(713) 666-8287	Fax	(713) 660-8391			FAX:
Type:	Parent Agency	Administrator	AMANDA STERLE, RN			Services: Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	03/08/2006	Owner Information
License #	010331					TIMELESS HOME HEALTH INC
Lic Expire	3/31/2022					BOX 300889
Medicare 1:	679756 HHA-18					HOUSTON, TEXAS 77230
Medicare 2:						PHONE:
Phone	(832) 693-6374	Fax	(713) 270-7396			FAX:
Type:	Parent Agency	Administrator	DR BEKEE NWAKANMA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/25/2017	Owner Information
License #	018758					JOHN T LESLIE II INC
Lic Expire	9/30/2019					15110 MINTZ LANE
Medicare 1:	453114 HHA-18					HOUSTON, TX 77014
Medicare 2:						PHONE:
Phone	(281) 591-0915	Fax	(281) 591-0921			FAX:
Type:	Parent Agency	Administrator	MIGUEL COLON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/13/2003	Owner Information
License #	008739					TOBI HEALTH CARE SERVICES INC
Lic Expire	11/30/2021					7211 REGENCY SQUARE BLVD SUITE #246
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 953-7680	Fax	(713) 953-1523			FAX:
Type:	Parent Agency	Administrator	TOYIN JAMES			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 10/14/1996
License # 004948 TODAY'S HEALTHCARE LLC
Lic Expire 11/30/2022 8602 JASON STREET
Medicare 1: 459310 HOUSTON, TX 77074
Medicare 2:
Phone (713) 777-0778 Fax (713) 777-3930

Type: Parent Agency Administrator JOHN ONWUDEBE

Owner Information

TODAY'S HEALTHCARE LLC
8602 JASON STREET
HOUSTON, TX 77074
PHONE:
FAX:
Services: Licensed and Certified Home Health Services with Dialysis; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/11/2003
License # 008420 TOFY HEALTH CARE SERVICES, INC
Lic Expire 4/30/2023 4606 FM 1960 W SUITE #215
Medicare 1: 679349 HHA-18 HOUSTON, TX 77069
Medicare 2:
Phone (832) 777-7744 Fax (832) 900-0001

Type: Parent Agency Administrator HILDA RAMIREZ

Owner Information

MGM VISION HEALTHCARE SERVICES INC
4606 FM 1960 W, SUITE 215
HOUSTON, TEXAS 77069
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/01/2011
License # 014536 TOMBALL REGIONAL HOME HEALTH
Lic Expire 9/30/2021 425 HOLDERRIETH BLVD, SUITE 215
Medicare 1: 458148 HHA-18 TOMBALL, TX 773754552
Medicare 2:
Phone (346) 808-5669 Fax (346) 808-5751

Type: Parent Agency Administrator RAMONA MAPLES

Owner Information

TOMBALL TEXAS HOME CARE SERVICES LLC
PO BOX 51266
LAFAYETTE, LA
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 03/19/2014
License # 016097 TOP NOTCH HEALTH CARE ASSISTANCE LLC
Lic Expire 3/31/2022 6575 WEST LOOP SOUTH #500
Medicare 1: BELLAIRE, TX 77401
Medicare 2:
Phone (281) 257-9061 Fax (281) 257-9068

Type: Parent Agency Administrator JOHN GARNER

Owner Information

TOP NOTCH HEALTH CARE ASSISTANCE, LLC
2626 SOUTH LOOP WEST STE. 670
HOUSTON, TX 77054
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/13/2010
License # 013317 TOPICAL HEALTHCARE SERVICES INC
Lic Expire 5/31/2022 18238 ETON RIDGE COURT
Medicare 1: 747719 HHA-18 RICHMOND, TX 77407
Medicare 2:
Phone (713) 866-4015 Fax (713) 866-4016

Type: Parent Agency Administrator ROLAND OMHENKE

Owner Information

TOPICAL HEALTHCARE SERVICES INC
13515 AVONSHIRE DR
HOUSTON, TX 77083
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/27/1997
License # 006486 TOTAL CONCEPT HOME HEALTH AGENCY
Lic Expire 12/31/2022 10575 WESTOFFICE DRIVE
Medicare 1: 459308 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (832) 767-0836 Fax

Type: Parent Agency Administrator JOEL JOSEPH

Owner Information

NEW TOTAL CONCEPT HOME HEALTH AGENCY INC
11842 RICEVILLE SCHOOL ROAD
HOUSTON, TX 77031
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/23/1988
License # 001009 TOTAL HEALTH SERVICES
Lic Expire 5/31/2022 808 LOVETT BOULEVARD SUITE 2
Medicare 1: HOUSTON, TX 77006
Medicare 2:
Phone (713) 942-7557 Fax (713) 942-7831

Type: Parent Agency Administrator OLIVE MCPHERSON

Owner Information

OLIVE MCPHERSONBARTON
PO BOX 66153
HOUSTON, TEXAS 77266
PHONE:
FAX:
Services: Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	03/24/1997	Owner Information	
License #	005424					TOTAL HOME CARE, INC	
Lic Expire	3/31/2024					1419 W 24TH ST	
Medicare 1:	459406 HHA-18					HOUSTON, TEXAS 77008	
Medicare 2:						PHONE:	FAX:
Phone	(713) 647-7036	Fax	(713) 647-9358			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	HARLEY TUBLE				
County	HARRIS	Region	06	Date Licensed	05/08/2020	Owner Information	
License #	019922					TOTAL LOVING CARE	
Lic Expire	5/8/2022					TOTAL LOVING CARE PRIVATE CAREGIVERS LLC	
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(832) 343-6706	Fax	(832) 461-1842			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEMARSENESE GREEN				
County	HARRIS	Region	06	Date Licensed	09/01/2004	Owner Information	
License #	009281					TOUCH OF CLASS	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 858-1165	Fax	(281) 345-9790			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JANET BOWLES				
County	HARRIS	Region	06	Date Licensed	02/04/2021	Owner Information	
License #	020140					TOUCHED BY GUARDIAN ANGELS PERSONAL HOME CARE & AGENCY LLC	
Lic Expire	9/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 741-4299	Fax	(281) 741-4782			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA WILSON				
County	HARRIS	Region	06	Date Licensed	12/17/2018	Owner Information	
License #	019161					A HUNT & ASSOCIATES, LLC	
Lic Expire	12/17/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 781-8077	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALLAN HUNT				
County	HARRIS	Region	06	Date Licensed	06/12/2017	Owner Information	
License #	018269					TRADITIONS HOSPICE OF SOUTH HOUSTON, LLC	
Lic Expire	6/30/2023					PO BOX 9980	
Medicare 1:	671686 HOSPICE					COLLEGE STTION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(281) 333-4048	Fax	(866) 908-8704			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LORI RINEHART				
County	HARRIS	Region	06	Date Licensed	01/10/2017	Owner Information	
License #	017848					TRADITIONS HOSPICE OF GALVESTON, LLC	
Lic Expire	1/31/2023					PO BOX 9980	
Medicare 1:	671684 HOSPICE					COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(281) 919-1780	Fax	(866) 908-8704			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LORI RINEHART				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	06/01/2020	Owner Information
License #	020551					TRADITIONS HOSPICE OF TOMBALL, LLC
Lic Expire	6/1/2022					PO BOX 9980
Medicare 1:	451709 Hospice					COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(281) 646-9900	Fax	(866) 908-8704			FAX:
Type:	Parent Agency	Administrator	JOANNA MATTHEWS			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/01/2012	Owner Information
License #	015118					TRADITIONS HEALTH CARE OF HOUSTONGALVESTON, LLC
Lic Expire	9/30/2022					P.O. BOX 9980
Medicare 1:						COLLEGE STATION, TX 77842
Medicare 2:						PHONE:
Phone	(409) 766-1062	Fax	(866) 908-8704			FAX:
Type:	Branch Agency	Administrator	LISA LEBLANC			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	12/24/2009	Owner Information
License #	013263					AZTEX HEALTH SERVICES INC
Lic Expire	12/31/2023					4888 LOOP CENTRAL DRIVE, SUITE 450
Medicare 1:	747420 HHA-18					HOUSTON, TX 77081
Medicare 2:						PHONE:
Phone	(713) 665-5471	Fax	(281) 936-0199			FAX:
Type:	Parent Agency	Administrator	SANDRA GARZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed		Owner Information
License #	013263					AZTEX HEALTH SERVICES INC
Lic Expire	12/31/2023					4888 LOOP CENTRAL DRIVE, SUITE 450
Medicare 1:	74Q74200001					HOUSTON, TX 77081
Medicare 2:						PHONE:
Phone	(713) 665-5471	Fax				FAX:
Type:	Branch Agency	Administrator	SANDRA GARZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	07/20/2009	Owner Information
License #	012721					TREASURE CARE HOME HEALTH INC
Lic Expire	7/31/2023					440 BENMAR DR, SUITE 1022F
Medicare 1:	747583					HOUSTON, TX 77060
Medicare 2:						PHONE:
Phone	(281) 529-6255	Fax	(281) 670-5178			FAX:
Type:	Parent Agency	Administrator	YERELIS GARCIA JIMENEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	05/03/1996	Owner Information
License #	004485					TRI ACECARE HOME HEALTH SERVICES, INC
Lic Expire	5/31/2022					2506 A NANTUCKET DRIVE
Medicare 1:	459050					HOUSTON, TX 77057
Medicare 2:						PHONE:
Phone	281 9991943	Fax	713 2449875			FAX:
Type:	Parent Agency	Administrator	YVONNE ISIDRO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/07/2021	Owner Information
License #	021257					TRIAGE HOSPICE LLC
Lic Expire	12/7/2024					15022 FM 529 ROAD BLDG 2 SUITE C
Medicare 1:						HOUSTON, TX 77095
Medicare 2:						PHONE:
Phone	(832) 723-4436	Fax	(281) 990-6716			FAX:
Type:	Parent Agency	Administrator	DARLINGTON OFOEFULE			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 04 Date Licensed 05/27/2020
License # 019963 TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC
Lic Expire 5/27/2022 24624 INTERSTATE 45 N SUITE 200
Medicare 1: SPRING, TEXAS 77386
Medicare 2:
Phone (409) 937-0452 Fax
Type: Parent Agency Administrator TYRA JACKSON

Owner Information

TRINITY HEALTHCARE OF SOUTHEAST TEXAS, INC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 01/30/1998
License # 006489 TRINITY HOME HEALTH CARE
Lic Expire 1/31/2022 7324 SOUTHWEST FREEWAY STE 977
Medicare 1: 678253 HOUSTON, TX 77074
Medicare 2:
Phone (713) 665-6666 Fax (713) 665-6663
Type: Parent Agency Administrator STEPHANIE CROSBY

Owner Information

1ST TRINITY HOME HEALTH CARE INC
7322 SOUTHWEST FREEWAY STE 977
HOUSTON, TX 77074
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 09/30/2013
License # 015874 TRINITY HOMECARE
Lic Expire 9/30/2024 5450 NORTHWEST CENTRAL DRIVE SUITE 111
Medicare 1: 678332 HHA-18 HOUSTON, TX 77092
Medicare 2:
Phone (713) 682-3090 Fax (713) 682-3325
Type: Parent Agency Administrator DAVID MORENO

Owner Information

MAJOR HEALTHCARE SYSTEMS LLC
5450 NW CENTRAL DRIVE, STE. 111
HOUSTON, TEXAS 77092
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 10/31/2017
License # 018415 TRINITY HOSPICE
Lic Expire 10/31/2024 9900 WESTPARK DRIVE STE 240
Medicare 1: 741712 HOSPICE HOUSTON, TX 77063
Medicare 2:
Phone 713 6770137 Fax 888 8447961
Type: Parent Agency Administrator ALLURA REYNOLDS

Owner Information

TRUE CARE HOSPICE, LLC
540 E APPLEBY RD., STE 104
FAYETTEVILLE, AR 72703
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 06/23/2020
License # 020009 TRINITY LIVING PROVIDER SERVICES LLC
Lic Expire 6/23/2022 12677 HIRAM CLARKE RD
Medicare 1: HOUSTON, TEXAS 77045
Medicare 2:
Phone 7132428167 ext1 Fax 17132428167
Type: Parent Agency Administrator CHARLENE OKENDU

Owner Information

TRINITY LIVING PROVIDER SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/15/2016
License # 017700 TRIUMPH HEALTH CARE SERVICES INC
Lic Expire 10/31/2022 10333 HARWIN DRIVE SUITE 675
Medicare 1: 747736 HHA-18 HOUSTON, TEXAS 77036
Medicare 2:
Phone (832) 573-6736 Fax (713) 271-2298
Type: Parent Agency Administrator OMOYEME OBEAHON

Owner Information

TRIUMPH HEALTH CARE SERVICES INC
10590 WEST OFFICE DR. SUITE #105
HOUSTON, TX 77042
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/01/2020
License # 020212 TRUE AMOR HEALTH PROFESSIONALS LLC
Lic Expire 10/1/2022 6201 BONHOMME STE. 370N
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (346) 212-7530 Fax
Type: Parent Agency Administrator BRIDNEY CAMPBELL

Owner Information

TRUE AMOR HEALTH PROFESSIONALS LLC
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 07/23/2021
License # 020930 TRUHOME HEALTH & HOSPICE SERVICES LLC
Lic Expire 7/23/2024 9950 WESTPARK DR STE 302
Medicare 1: HOUSTON, TEXAS 77063
Medicare 2:
Phone (832) 409-2687 Fax (281) 982-1817

Type: Parent Agency Administrator JOHNSON AMBROISE

Owner Information

TRUHOME HEALTH & HOSPICE SERVICES LLC

PHONE: FAX:

Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/03/2021
License # 020951 TRUSTING ANGELS HEALTHCARE LLC
Lic Expire 8/3/2024 8414 CHANCELLORSVILLE LN
Medicare 1: HOUSTON, TEXAS 77083
Medicare 2:
Phone (832) 310-6282 Fax
Type: Parent Agency Administrator ETHEL EMEHEL

Owner Information

TRUSTING ANGELS HEALTHCARE LLC

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/27/2006
License # 010842 TTI HOME HEALTH CARE
Lic Expire 10/31/2022 4635 SOUTHWEST FREEWAY SUITE #182
Medicare 1: 679764 HHA-18 HOUSTON, TX 77027
Medicare 2:
Phone (713) 850-0088 Fax (713) 622-0688
Type: Parent Agency Administrator SANDRA SANDS-ARNAEZ

Owner Information

TRITRAX THERAPY INC
12407 SHADOWVALE DRIVE
HOUSTON, TX 77082

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **HARRIS** Region 06 Date Licensed 06/25/2021
License # 020863 TULIP HOME HEALTH, INC
Lic Expire 6/25/2024 2922 ROSEDALE ST
Medicare 1: HOUSTON, TEXAS 77004
Medicare 2:
Phone (713) 780-2006 Fax (713) 780-2024
Type: Parent Agency Administrator JENNIFER ROY

Owner Information

TULIP HOME HEALTH, INC

PHONE: FAX:

Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 12/06/2019
License # 019735 TULIP HOSPICE LLC
Lic Expire 12/6/2024 2922 ROSEDALE STREET
Medicare 1: 971623 Hospice HOUSTON, TEXAS 770046188
Medicare 2:
Phone (713) 874-1234 Fax (713) 521-1277
Type: Parent Agency Administrator JENNIFER ROY

Owner Information

TULIP HOSPICE LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 08/12/2021
License # 020975 TUNNIKS HEALTH CARE LLC
Lic Expire 8/12/2024 1710 S. DAIRY ASHFORD #103E
Medicare 1: HOUSTON, TEXAS 77077
Medicare 2:
Phone (832) 449-9732 Fax (713) 984-4640
Type: Parent Agency Administrator OLANIKE PETERS

Owner Information

TUNNIKS HEALTH CARE LLC
4931 KALE GARDEN CT
KATY, TX 77449

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/24/2020
License # 020118 TURBO HOME CARE INC
Lic Expire 8/24/2022 2800 POST OAK BLVD, SUITE 4100
Medicare 1: HOUSTON, TEXAS 77056
Medicare 2:
Phone 18007739165 Fax
Type: Parent Agency Administrator JALEESA OKENDU

Owner Information

TURBO HOME CARE INC

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/10/2006
License # 010441 UAC HEALTH CARE SERVICES LLC
Lic Expire 5/31/2022 14215 SOUTH POST OAK ROAD
Medicare 1: 679645 HOUSTON, TX 77045
Medicare 2:
Phone (713) 413-2444 Fax (713) 413-1844
Type: Parent Agency Administrator FRANCOISE BANGOURA

Owner Information

UAC HEALTH CARE SERVICES LLC
14206 S POST OAK ROAD
HOUSTON, TX 77045
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/26/2003
License # 008617 ULTIMATE HOME HEALTH SERVICES
Lic Expire 8/31/2022 10103 FONDREN #322
Medicare 1: HOUSTON, TX 77096
Medicare 2:
Phone (713) 988-8668 Fax (713) 988-8985
Type: Parent Agency Administrator AMAETTE OKON

Owner Information

AMA ULTIMATE HOME HEALTH SERVICES, INC
2118 WAR ADMIRAL DR
STAFFORD, TX 77477
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/29/2017
License # 018442 ULTIMATE THERAPY SERVICES
Lic Expire 8/31/2023 9900 WESTPARK DR SUITE 340
Medicare 1: 677999 HHA-18 HOUSTON, TX 77063
Medicare 2:
Phone (832) 252-1030 Fax (832) 252-1062
Type: Parent Agency Administrator NNEAMAKA AKALUSO

Owner Information

UC ULTIMATE THERAPY SERVICES INC
9900 WESTPARK DR., STE 340
HOUSTON, TX 77063
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 05/09/1988
License # 000980 ULTRASTAFF
Lic Expire 5/31/2023 1818 MEMORIAL DRIVE SUITE #200
Medicare 1: HOUSTON, TX 77007
Medicare 2:
Phone (713) 522-7100 Fax (713) 522-0744
Type: Parent Agency Administrator JOLYN WEST SCHEIRMAN

Owner Information

JWS HEALTH CONSULTANTS, INC
1818 MEMORIAL DR SUITE 200
HOUSTON, TX 77007
PHONE: FAX:
Services: Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 11/18/2021
License # 021213 UNICARE PALLIATIVE & HOSPICE CARE, LLC
Lic Expire 9/1/2024 633 E FERNHURST DR SUITE 1305
Medicare 1: 971649 KATY, TX 77450
Medicare 2:
Phone (832) 532-0876 Fax (281) 476-7780
Type: Parent Agency Administrator MOLLY ONYANGO

Owner Information

UNICARE PALLIATIVE & HOSPICE CARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 01/02/2020
License # 019757 UNIQ HEALTHCARE AND THERAPY SERVICE
Lic Expire 1/2/2022 8700 COMMERCE PARK DR STE 108A
Medicare 1: HOUSTON, TEXAS 77071
Medicare 2:
Phone (713) 505-3300 Fax (855) 313-7001
Type: Parent Agency Administrator CHRISTOPHER DAUDU

Owner Information

UNIQ GROUP, INC
7700 W AIRPORT BLVD #910
HOUSTON, TX 77071
PHONE: FAX:
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HARRIS** Region 06 Date Licensed 10/30/2015
License # 017110 UNISTAR HEALTHCARE SERVICES LLC
Lic Expire 10/31/2023 8403 BRIGHTON LAKE LANE
Medicare 1: HOUSTON, TX 77095
Medicare 2:
Phone (713) 732-7395 Fax (713) 583-5660
Type: Parent Agency Administrator TABITHA OMONDI

Owner Information

UNISTAR HEALTHCARE SERVICES, LLC
8403 BRIGHTON LAKE LANE
HOUSTON, TX 77095
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/29/2010
License # 013630 UNITED AMERICA HOME HEALTH SERVICES INC
Lic Expire 6/30/2022 3721 BRIARPARK DR STE 155
Medicare 1: 677869 HHA-18 HOUSTON, TX 77042
Medicare 2:
Phone (713) 975-1310 Fax (713) 975-7312
Type: Parent Agency Administrator STELLA CHIDOKA

Owner Information

UNITED AMERICA HOME HEALTH SERVICE INC
11200 WESTHEIMER ROAD, #350
HOUSTON, TX 77042
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 03/02/2019
License # 019622 UNITED CARE INC
Lic Expire 9/30/2021 6464 SAVOY DRIVE, SUITE 778
Medicare 1: HOUSTON, TX 77036
Medicare 2:
Phone (832) 455-7071 Fax
Type: Parent Agency Administrator MARCEL ACHA

Owner Information

UNITED CARE INC
P O BOX 720903
HOUSTON, TX 77272
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/15/2000
License # 007402 UNITY HOMECARE
Lic Expire 8/31/2021 4000 DOVER STREET SUITE #100
Medicare 1: 679018 HHA-18 HOUSTON, TX 77087
Medicare 2:
Phone (713) 944-0500 Fax (713) 944-0600
Type: Parent Agency Administrator BENITA TURK

Owner Information

GRARUDA ENTERPRISES, INC
SAME
HOUSTON, TX 77087
PHONE: (713) 944-0500 FAX: (713) 944-0600
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HARRIS** Region 06 Date Licensed 05/05/2008
License # 012113 UNIVERSAL HEALTH SERVICES
Lic Expire 5/31/2022 7111 HARWIN DRIVE, SUITE 275
Medicare 1: 678449 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 914-9141 Fax (713) 914-9464
Type: Parent Agency Administrator ALPHONSUS LEWIS

Owner Information

ALPHONSUS LEWIS
7100 REGENCY SQUARE BLVD SUITE #255
HOUSTON, TX 77036-3186
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/08/1998
License # 006751 UNIVERSITY PLACE RETIREMENT COMMUNITY
Lic Expire 12/31/2021 7480 BEECHNUT
Medicare 1: HOUSTON, TX 77074
Medicare 2:
Phone (713) 541-2900 Fax (713) 456-4828
Type: Parent Agency Administrator SAVITHA LAKSHMIKANTH

Owner Information

MEMORIAL HERMANN HEALTH SYSTEM
929 GESSNER RD., STE.2700
HOUSTON, TX 77024
PHONE: (713) 242-2777 FAX: (713) 456-6052
Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 10/11/1994
License # 003259 UNLIMITED HOME CARE INC
Lic Expire 10/31/2023 8633 W AIRPORT BLVD SUITE 1032
Medicare 1: 458331 HHA-18 HOUSTON, TX 77071
Medicare 2:
Phone (713) 988-2261 Fax (713) 988-4117
Type: Parent Agency Administrator ROSALIND PRATT-JAMES

Owner Information

UNLIMITED HOME CARE, INC
8633 W AIRPORT BLVD
HOUSTON, TX 77071
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/06/2021
License # 020677 UNLIMITED PATHWAYS TO CHANGE, LLC
Lic Expire 4/6/2024 5757 WOODWAY DRIVE, SUITE 300
Medicare 1: HOUSTON, TEXAS 77057
Medicare 2:
Phone (832) 305-6706 Fax (318) 625-0636
Type: Parent Agency Administrator RENEKA CLARK

Owner Information

UNLIMITED PATHWAYS TO CHANGE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 11/07/2011
License # 014455 UPCARE HOME HEALTH LLC
Lic Expire 11/30/2021 9896 BISSONNET STREET SUITE 125
Medicare 1: 747853 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (281) 302-6519 Fax (281) 240-6335
Type: Parent Agency Administrator LOLITA USERO

Owner Information

UPCARE HOME HEALTH LLC
9896 BISSONNET STREET, SUITE#125
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 04/04/2008
License # 011955 UPTOWN HOMECARE
Lic Expire 7/28/2022 5858 WESTHEIMER RD SUITE 700
Medicare 1: HOUSTON, TX 77057
Medicare 2:
Phone (713) 622-9877 Fax (713) 622-1241
Type: Parent Agency Administrator MARY KATHERINE KILLIAN

Owner Information

ADVANCED HR SOLUTIONS LTD
5858 WESTHEIMER RD, SUITE 700
HOUSTON, TX 77057

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 08/18/2020
License # 020109 US NATIONAL HEALTHCARE TRAINING SERVICES INC
Lic Expire 8/18/2022 2626 SOUTH LOOP WEST STE 426
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 849-1186 Fax
Type: Parent Agency Administrator KEVIN SIMMS

Owner Information

US NATIONAL HEALTHCARE TRAINING SERVICES INC

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/28/2011
License # 014191 US RENAL CARE HOME THERAPIES LLC
Lic Expire 6/30/2023 8515 FANNIN STREET, SUITE 190
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (713) 668-2744 Fax (713) 595-5959
Type: Parent Agency Administrator TARA KENNEDY

Owner Information

US RENAL CARE HOME THERAPIES, LLC
PO BOX 251549
PLANO, TEXAS 75025

PHONE: FAX:

Services: Licensed Home Health Services with Dialysis

County **HARRIS** Region 06 Date Licensed 10/21/2020
License # 020252 V V EMMANUEL LLC
Lic Expire 10/21/2022 10451 HUFFMEISTER RD #2101
Medicare 1: HOUSTON, TX 77065
Medicare 2:
Phone (832) 833-9520 Fax NA
Type: Parent Agency Administrator AYOTUNDE BANKOLE

Owner Information

V V EMMANUEL LLC
10451 HUFFMEISTER RD #2101
HOUSTON, TEXAS 77065

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 06/25/2020
License # 020015 VALID PRIMARY CARE SERVICES,LLC
Lic Expire 6/25/2022 2600 SOUTH LOOP WEST SUITE 692
Medicare 1: HOUSTON, TEXAS 77054
Medicare 2:
Phone (832) 831-0189 Fax (346) 335-8150
Type: Parent Agency Administrator TINA MCNEAL

Owner Information

VALID PRIMARY CARES SERVICES,LLC
3030 WEST FUQUA STREET UNIT 450211
HOUSTON, TEXAS 77245

PHONE: FAX:

Services: Personal Assistance Services

County **HARRIS** Region 07 Date Licensed 05/14/2015
License # 006515 VALLEY VIEW PRIMARY HOME CARE
Lic Expire 5/31/2022 2200 N. LOOP W, SUITE 106
Medicare 1: HOUSTON, TEXAS 77018
Medicare 2:
Phone (281) 501-0301 Fax (281) 501-0324
Type: Branch Agency Administrator LUZ ELIZARDE

Owner Information

VALLEY VIEW PRIMARY HOME CARE
609 WEST VAN BUREN
HARLINGEN, TX 78550

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County	HARRIS	Region	06	Date Licensed	09/17/2020	Owner Information	
License #	020182					LYDIA AGUEBOR	
Lic Expire	9/17/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 935-5408	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	02/02/2012	Owner Information	
License #	014626					VANTAGE HOSPICE, LLC	
Lic Expire	2/28/2022					21720 KINGSLAND BLVD SUITE 301	
Medicare 1:	671680 HOSPICE					KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(281) 579-5660	Fax	(281) 579-5661			Services:	Hospice
Type:	Parent Agency	Administrator				In-Patient Hospice:	NO
County	HARRIS	Region	06	Date Licensed	10/15/2021	Owner Information	
License #	021133					VARCO HOME HEALTH, LLC	
Lic Expire	10/15/2024					19218 DESERT CALICO LN	
Medicare 1:						RICHMOND, TX 77407	
Medicare 2:						PHONE:	FAX:
Phone	(713) 581-9198	Fax	(888) 286-7442			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	05/27/2021	Owner Information	
License #	020793					VASITY HEALTHCARE SERVICES INC	
Lic Expire	5/27/2024					8303 SOUTHWEST FWY STE 105	
Medicare 1:						HOUSTON, TEXAS 770741606	
Medicare 2:						PHONE:	FAX:
Phone	(832) 646-1788	Fax	(713) 771-1349			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	11/26/2003	Owner Information	
License #	008782					VEMAX HEALTHCARE SERVICES INC	
Lic Expire	11/30/2022					10715 VALLEY HILLS DRIVE	
Medicare 1:	453120 HHA-18					HOUSTON, TX 77071	
Medicare 2:						PHONE:	FAX:
Phone	(713) 751-0016	Fax	(713) 751-0300			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	02/22/2006	Owner Information	
License #	010308					VENTEX HOME HEALTH AGENCY INC	
Lic Expire	2/28/2023					7111 HARWIN DR. #215	
Medicare 1:	679748					HOUSTON, TEXAS 77036	
Medicare 2:						PHONE:	FAX:
Phone	(713) 272-7273	Fax	(713) 272-7276			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator					
County	HARRIS	Region	06	Date Licensed	05/11/2010	Owner Information	
License #	013305					VESSEL HEALTHCARE SERVICES LLC	
Lic Expire	5/31/2022					9950 WESTPARK DRIVE #334	
Medicare 1:						HOUSTON, TX 77063	
Medicare 2:						PHONE:	FAX:
Phone	(832) 538-0911	Fax	(832) 538-0971			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/26/2008	Owner Information
License #	011941					VESTA HOME CARE INC
Lic Expire	3/31/2022					7910 MOLINE STREET, SUITE 110
Medicare 1:	459274 HHA-18					HOUSTON, TX 77087
Medicare 2:						PHONE:
Phone	(281) 661-5900	Fax	(281) 661-6000			FAX:
Type:	Parent Agency	Administrator	BENITA TURK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HARRIS	Region	06	Date Licensed	06/30/2006	Owner Information
License #	010727					VICTORIAS HEALTH CARE INC
Lic Expire	6/30/2022					6074 BONESS RD
Medicare 1:						HUMBLE, TX 77396
Medicare 2:						PHONE:
Phone	(281) 570-6719	Fax	(281) 913-5807			FAX:
Type:	Parent Agency	Administrator	PABLA HERNANDEZ			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	11/29/2005	Owner Information
License #	010158					VICTORY PERSONAL CARE INC
Lic Expire	11/30/2022					P.O. BOX 924615
Medicare 1:						HOUSTON, TX 77292
Medicare 2:						PHONE:
Phone	(713) 884-1985	Fax	(713) 694-1452			FAX:
Type:	Parent Agency	Administrator	ARDIA SPURLING			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	07/27/2010	Owner Information
License #	013495					VIGOR HEALTHCARE SERVICES LLC
Lic Expire	11/30/2022					9894 BISSONNET, SUITE 585
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(713) 715-5899	Fax	(713) 771-5278			FAX:
Type:	Parent Agency	Administrator	GLORY NOSIKE			Services: Personal Assistance Services
County	HARRIS	Region		Date Licensed		Owner Information
License #	021367					VIKING HOSPICE CARE LLC
Lic Expire	2/7/2025					2646 S LOOP W STE 440A
Medicare 1:						HOUSTON, TEXAS 77054
Medicare 2:						PHONE:
Phone	888 9323236	Fax	888 9323236			FAX:
Type:	Parent Agency	Administrator	AZEEZ EMIOLA			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	09/20/2021	Owner Information
License #	021061					VILLAGE CARE HOSPICE
Lic Expire	9/20/2024					515 N SAM HOUSTON PKWY E STE 430
Medicare 1:						HOUSTON, TEXAS 77060
Medicare 2:						PHONE:
Phone	(346) 339-4920	Fax	(281) 208-0179			FAX:
Type:	Parent Agency	Administrator	FEFI JAMES			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	07/13/2010	Owner Information
License #	013456					VINA HEALTH CARE SERVICES INC
Lic Expire	7/31/2022					2500 TANGLEWILDE ST, STE 223
Medicare 1:	747801 HHA-18					HOUSTON, TX 77089
Medicare 2:						PHONE:
Phone	(713) 334-5031	Fax	(713) 334-2527			FAX:
Type:	Parent Agency	Administrator	TONY NWACHAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	09/22/2021	Owner Information	
License #	021065		VINESSEE HOSPICE LLC			VINESSEE HOSPICE LLC	
Lic Expire	9/22/2024		14215 S POST OAK RD				
Medicare 1:			HOUSTON, TX 77045				
Medicare 2:						PHONE:	FAX:
Phone	(713) 367-0064	Fax				Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	CHIDERA AHAWE				
County	HARRIS	Region	06	Date Licensed	07/15/2015	Owner Information	
License #	016913		VISITING ANGELS			RUNNING ANGELS INC	
Lic Expire	7/31/2023		7050 LAKEVIEW HAVEN DRIVE SUITE 116			20126 HARDWIDGE COURT	
Medicare 1:			HOUSTON, TX 77095			KATY, TX 77450	
Medicare 2:						PHONE:	FAX:
Phone	(832) 509-4024	Fax	(832) 509-4002			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PETER LOMBARDI				
County	HARRIS	Region	06	Date Licensed	05/24/2017	Owner Information	
License #	018077		VISITING ANGELS			I FLORISH LLC	
Lic Expire	5/31/2023		14614 FALLING CREEK DR SUITE 208			23318 BRAT PAS DR	
Medicare 1:			HOUSTON, TX 77068			SPRING, TX 77373	
Medicare 2:						PHONE:	(832) 705-8911 FAX:
Phone	(832) 705-8911	Fax	(832) 705-8925			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FLORENCE SONGS				
County	HARRIS	Region	06	Date Licensed	07/22/2014	Owner Information	
License #	016328		VISITING ANGELS			CJ HOMECARE, INC	
Lic Expire	7/31/2022		6236 NORTH HWY 146 SUITE #11			510 2ND ST	
Medicare 1:			BAYTOWN, TX 77523			HUMBLE, TX 77338	
Medicare 2:						PHONE:	FAX:
Phone	(832) 514-6539	Fax	(281) 628-2375			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DUSTIN WOLFE				
County	HARRIS	Region	06	Date Licensed	01/04/2014	Owner Information	
License #	016180		VISITING ANGELS			CJ HOMECARE, INC	
Lic Expire	1/31/2022		510 2ND STREET			510 2ND ST	
Medicare 1:			HUMBLE, TX 77338			HUMBLE, TX 77338	
Medicare 2:						PHONE:	FAX:
Phone	(281) 812-1530	Fax	(281) 446-3959			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JEFF WOLFE				
County	HARRIS	Region	06	Date Licensed	03/16/2009	Owner Information	
License #	012924		VISITING ANGELS			TOMLICO LLC	
Lic Expire	3/31/2024		218 NOBLE STREET			1908 N MEMORIAL WAY	
Medicare 1:			SPRING, TX 77373			HOUSTON, TX 77007	
Medicare 2:						PHONE:	FAX:
Phone	(713) 864-7388	Fax	(281) 288-9111			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN TOMLINSON				
County	HARRIS	Region	06	Date Licensed	12/17/2009	Owner Information	
License #	013037		VISITING ANGELS			I I & D INC	
Lic Expire	12/31/2021		2825 WILCREST DR STE 315			2825 WILCREST DR STE 315	
Medicare 1:			HOUSTON, TX 77042			HOUSTON, TX 77042	
Medicare 2:						PHONE:	FAX:
Phone	(713) 952-4884	Fax	(713) 952-4883			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LOLO BRIGGS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed		Owner Information	
License #	021360					TOPHER HOMECARE, LLC	
Lic Expire	1/17/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 969-8576	Fax	(832) 201-7721			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TIANA CLARK				
County	HARRIS	Region	06	Date Licensed	07/11/2009	Owner Information	
License #	012756					DIVINE ASSISTANCE SERVICES LLC	
Lic Expire	7/31/2024					16940 HIGHWAY 3	
Medicare 1:						WEBSTER, TX 77598	
Medicare 2:						PHONE:	FAX:
Phone	(832) 632-2273	Fax	(832) 632-2256			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	THERESA DIVINE				
County	HARRIS	Region	06	Date Licensed	10/24/2019	Owner Information	
License #	019987					VITAL HEALTHCARE, LLC	
Lic Expire	10/24/2021						
Medicare 1:	679595 (HHA)						
Medicare 2:						PHONE:	FAX:
Phone	(281) 915-9828	Fax	(281) 972-5335			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FARAH HASNIE				
County	HARRIS	Region	06	Date Licensed	08/16/2017	Owner Information	
License #	018751					BLESSING HANDS HOME HEALTH LLC	
Lic Expire	11/30/2021					509 W. TIDWELL ROAD SUITE 318	
Medicare 1:	747675					HOUSTON, TX 77091	
Medicare 2:						PHONE:	FAX:
Phone	(281) 240-0749	Fax	(281) 240-1335			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CAROL SEAMAN				
County	HARRIS	Region	06	Date Licensed	04/30/2003	Owner Information	
License #	006974					VITAS HEALTHCARE OF TEXAS LP	
Lic Expire	11/30/2022					201 S. BISCAYNE BLVD SUITE 400	
Medicare 1:						MIAMI, FL 33131	
Medicare 2:						PHONE:	FAX:
Phone	(281) 895-6351	Fax	(281) 580-1347			Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	WILLIAM WELLER				
County	HARRIS	Region	06	Date Licensed	12/01/1998	Owner Information	
License #	006974					VITAS HEALTHCARE OF TEXAS LP	
Lic Expire	11/30/2022					201 S. BISCAYNE BLVD SUITE 400	
Medicare 1:	451536 HOSPICE					MIAMI, FL 33131	
Medicare 2:						PHONE:	FAX:
Phone	(713) 663-4900	Fax	(713) 663-4990			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ANNETTE PEREZ				
County	HARRIS	Region	06	Date Licensed	01/29/2020	Owner Information	
License #	019711					VIV HEALTH CARE SERVICES LLC	
Lic Expire	11/21/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(404) 484-8912	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA CODIO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	03/05/2012	Owner Information
License #	014679					VOLGA HOME CARE LLC
Lic Expire	3/31/2022					17754 PRESTON RD. SUITE #200
Medicare 1:						DALLAS, TX 75252
Medicare 2:						PHONE:
Phone	(713) 293-2080	Fax	(888) 817-4126			FAX:
Type:	Parent Agency	Administrator	NADEZHDA KOSHKINA			Services: Personal Assistance Services
County	HARRIS	Region	03	Date Licensed	06/14/1999	Owner Information
License #	004131					VOLUNTEERS OF AMERICA TEXAS INC
Lic Expire	11/30/2021					300 E MIDWAY DRIVE
Medicare 1:						EULESS, TX 76039
Medicare 2:						PHONE: (817) 529-7300
Phone	(713) 460-0781	Fax	(713) 460-0988			FAX:
Type:	Branch Agency	Administrator	ERICA SMITH			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	12/29/2015	Owner Information
License #	017387					VYDELL HEALTHCARE SERVICES INC
Lic Expire	12/31/2023					8700 COMMERCE PARK DR SUITE #223
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(832) 363-9696	Fax	(832) 582-5029			FAX:
Type:	Parent Agency	Administrator	PRUDENCIA DEBA			Services: Licensed Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/20/2017	Owner Information
License #	018331					WE ARE ONE HOME CARE, LLC
Lic Expire	9/30/2023					7460 WARREN PARKWAY STE 100
Medicare 1:						FRISCO, TX 75034
Medicare 2:						PHONE:
Phone	469 9864822	Fax	469 2008339			FAX:
Type:	Parent Agency	Administrator	TONI BOOTH			Services: Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	06/02/2006	Owner Information
License #	010505					WELLNESS HEALTHCARE INC
Lic Expire	6/30/2022					11603 POSSUM HOLLOW LANE
Medicare 1:	747216 HHA-18					HOUSTON, TX 77065
Medicare 2:						PHONE:
Phone	832 4370217	Fax	281 3706762			FAX:
Type:	Parent Agency	Administrator	RODDETTE DE VEGA			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	HARRIS	Region	06	Date Licensed	09/05/2019	Owner Information
License #	019578					WESLEY HEALTHCARE LLC
Lic Expire	9/5/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	281 8458261	Fax	713 5888863			FAX:
Type:	Parent Agency	Administrator	VICTOR ARISE			Services: Hospice In-Patient Hospice: NO
County	HARRIS	Region	06	Date Licensed	10/19/2005	Owner Information
License #	010643					WEST WYNDE HEALTH SERVICES INC
Lic Expire	10/31/2023					6201 BONHOMME RD SUITE 264N
Medicare 1:	679210 HHA-18					HOUSTON, TEXAS 77036
Medicare 2:						PHONE:
Phone	(713) 972-1902	Fax	(713) 972-0272			FAX:
Type:	Parent Agency	Administrator	GLADYS IBIK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HARRIS	Region	06	Date Licensed	11/30/2020	Owner Information	
License #	020356					WHITE OAK HOSPICE LLC	
Lic Expire	11/30/2022					7322 SOUTHWEST FWY SUITE 645 ROOM D	
Medicare 1:						HOUSTON, TEXAS 77074	
Medicare 2:							PHONE:
Phone	346 341 0073	Fax	346 341 0036				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DARLENE DYKES WEAVER				
County	HARRIS	Region	06	Date Licensed	11/13/1995	Owner Information	
License #	004096					WILCARE INC	
Lic Expire	11/30/2020					11200 WESTHEIMER RD SUITE #300A	
Medicare 1:						HOUSTON, TX 77042	
Medicare 2:							PHONE:
Phone	(281) 679-6997	Fax	(281) 679-6928				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TED DIEP NGUYEN				
County	HARRIS	Region	06	Date Licensed	05/15/2019	Owner Information	
License #	019378					WILD ROSE HOSPICE	
Lic Expire	5/15/2023					10101 HARWIN DR #315	
Medicare 1:	971559					HOUSTON, TEXAS 77036	
Medicare 2:							PHONE:
Phone	(866) 247-7681	Fax	(832) 830-8406				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MONIQUE BUCHANAN HUNTER				
County	HARRIS	Region	06	Date Licensed	08/10/2021	Owner Information	
License #	020972					WILLOW NURSING CONCIERGE LLC	
Lic Expire	8/10/2024					2007 COMMERCE ST. # 36	
Medicare 1:						HOUSTON, TX 77002	
Medicare 2:							PHONE:
Phone	(936) 306-3658	Fax					FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	INESHIA POTTS				
County	HARRIS	Region	06	Date Licensed	12/15/2021	Owner Information	
License #	021277					WILMINGTON HOSPICE, INC	
Lic Expire	12/15/2024					2922 ROSEDALE STREET	
Medicare 1:						HOUSTON, TEXAS 77004	
Medicare 2:							PHONE:
Phone	(713) 874-1234	Fax	(713) 521-1277				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JENNIFER ROY				
County	HARRIS	Region	06	Date Licensed	06/14/2006	Owner Information	
License #	010537					WINNERS HEALTHCARE SOLUTIONS INC	
Lic Expire	6/30/2022					440 COBIA DRIVE, SUITE 1602	
Medicare 1:						KATY, TX 77494	
Medicare 2:							PHONE:
Phone	(713) 780-9696	Fax	(713) 780-9690				FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLALERE OLALEYE				
County	HARRIS	Region	06	Date Licensed	11/20/2015	Owner Information	
License #	017436					WONDER HOME CARE INC	
Lic Expire	11/30/2021					8110 PRAIRIE SAGE DR	
Medicare 1:	747185 HHA-18					RICHMOND, TX 77406	
Medicare 2:							PHONE:
Phone	(281) 232-8200	Fax	(281) 762-1164				FAX:
						Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FLORENCE MKPARU MKPARU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRIS** Region 06 Date Licensed 03/30/2016
License # 017415 WORLD HEALTH SERVICES INC
Lic Expire 3/31/2022 13111 WESTHEIMER ROAD SUITE 215
Medicare 1: 457847 HOUSTON, TX 77077
Medicare 2:
Phone (713) 541-0651 Fax (713) 541-0652

Owner Information

WORLD HEALTH SERVICES INC
13111 WESTHEIMER ROAD SUITE 120
HOUSTON, TX 77077

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator SAMUEL ANWAEGBU

County **HARRIS** Region 06 Date Licensed 09/03/2021
License # 021025 XCEL COMMUNITY SERVICES, LLC
Lic Expire 9/3/2024 11423 WEATHERING OAKS DR
Medicare 1: HOUSTON, TEXAS 77066
Medicare 2:
Phone (832) 746-7224 Fax (281) 586-7884

Owner Information

XCEL COMMUNITY SERVICES, LLC
11423 WEATHERING OAKS DR.
HOUSTON, TX 77066

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator PAULA MILLER

County **HARRIS** Region 06 Date Licensed 09/16/2008
License # 012316 XTRACARE HOME HEALTH INC
Lic Expire 9/30/2022 9894 BISSONNET SUITE 575
Medicare 1: 679728 HHA-18 HOUSTON, TX 77036
Medicare 2:
Phone (713) 270-1160 Fax (713) 270-1190

Owner Information

XTRACARE HOME HEALTH INC
9894 BISSONNET SUITE 575
HOUSTON, TX 77036

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator ROSEMARY UWAEZUOKE

County **HARRIS** Region 06 Date Licensed 08/13/2021
License # 020979 YANY'S CARE TEAM, INC
Lic Expire 8/13/2024 13326 HIGH STAR DR
Medicare 1: HOUSTON, TX 77083
Medicare 2:
Phone (832) 292-3672 Fax
Type: Parent Agency Administrator YANOCZY CARMOU CET

Owner Information

YANY'S CARE TEAM, INC
13326 HIGH STAR DR
HOUSTON, TX 77083

PHONE: (832) 292-3672 FAX:

Services: Personal Assistance Services

County **HARRIS** Region 06 Date Licensed 12/03/2021
License # 021247 YOUR CHOICE HOSPICE AND PALLIATIVE CARE
Lic Expire 12/3/2024 9100 SOUTHWEST FREEWAY SUITE 105-A
Medicare 1: HOUSTON, TEXAS 77074
Medicare 2:
Phone (713) 357-1594 Fax (713) 357-1594

Owner Information

YOUR CHOICE HOSPICE AND PALLIATIVE CARE INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator FEFI JAMES

County **HARRIS** Region 06 Date Licensed 07/26/2002
License # 008025 YOUR QUALITY HEALTH CARE INC
Lic Expire 7/31/2022 1800 SNAKE RIVER ROAD SUITE D
Medicare 1: 679186 HHA-18 KATY, TX 77449
Medicare 2:
Phone (281) 980-3242 Fax (832) 827-4199

Owner Information

YOUR QUALITY HEALTH CARE, INC
13019 CAREYWOOD DRIVE
SUGAR LAND, TX 77478

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator JENNIFER SOLANO, MS, PA-C

County **HARRIS** Region 06 Date Licensed 05/16/2011
License # 014101 YOU'RE FIRST LLC
Lic Expire 5/31/2023 11019 NORTHPOINTE BLVD, SUITE B
Medicare 1: TOMBALL, TX 77375
Medicare 2:
Phone (281) 382-2754 Fax (281) 430-3281

Owner Information

YOU'RE FIRST LLC
18319 CYPRESS STONE LN
CYPRESS, TX 77429

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator HERMAN MCCLURE

County	HARRIS	Region	06	Date Licensed	03/25/2020	Owner Information	
License #	019902					ZAPHIRO HOME HEALTH, LLC	
Lic Expire	3/25/2022						
Medicare 1:	748019						
Medicare 2:							
Phone	(346) 571-4997	Fax	(346) 571-5964			PHONE:	FAX:
Type:	Parent Agency	Administrator	LIDIBET MOREJON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HARRIS	Region	06	Date Licensed	01/07/2021	Owner Information	
License #	020438					ZENITH PALLIATIVE CARE INC	
Lic Expire	1/7/2023					SAME	
Medicare 1:	971662						
Medicare 2:							
Phone	800 6311429	Fax	800 6311429			PHONE:	FAX:
Type:	Parent Agency	Administrator	NNAMDI OFODIKE			Services: Hospice In-Patient Hospice: NO	
County	HARRIS	Region	06	Date Licensed	09/05/2001	Owner Information	
License #	007719					ZION HOME HEALTH SERVICES INC	
Lic Expire	9/30/2021					7324 SOUTHWEST FREEWAY SUITE # 208	
Medicare 1:						HOUSTON, TX 77074	
Medicare 2:							
Phone	(713) 484-8870	Fax	(713) 484-8871			PHONE:	FAX:
Type:	Parent Agency	Administrator	CINDY ORJI			Services: Licensed Home Health Services	
County	HARRISON	Region	04	Date Licensed	09/24/2020	Owner Information	
License #	020197					BLESSED HEARTS SERVICES	
Lic Expire	9/24/2022					505 TRAVIS ST SUITE 207	
Medicare 1:						MARSHALL, TX 75670	
Medicare 2:							
Phone	(318) 393-7352	Fax	(903) 471-0049			PHONE:	FAX:
Type:	Parent Agency	Administrator	TREONNA JACKSON			Services: Personal Assistance Services	
County	HARRISON	Region	04	Date Licensed	11/01/2017	Owner Information	
License #	018573					MARSHALL HOMECARE LLC	
Lic Expire	10/31/2023					PO BOX 51266	
Medicare 1:	458244 HHA-18					LAFAYETTE, LA	
Medicare 2:							
Phone	903 9271144	Fax	903 9271181			PHONE:	FAX:
Type:	Parent Agency	Administrator	CORTNI GOLDEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HARRISON	Region	04	Date Licensed	06/21/2013	Owner Information	
License #	015767					HEART TO HEART HOSPICE OF EAST TEXAS LLC	
Lic Expire	6/30/2023					7240 CHASE OAKS BLVD.	
Medicare 1:						PLANO, TX 75025	
Medicare 2:							
Phone	(903) 923-0518	Fax	(903) 923-0520			PHONE:	FAX:
Type:	Alternate Delivery Site	Administrator	CHRISTINE BLACK			Services: Hospice In-Patient Hospice: NO	
County	HARRISON	Region	04	Date Licensed	11/28/2007	Owner Information	
License #	002514					HOSPICE LONGVIEW INC	
Lic Expire	4/30/2024					PO BOX 5608	
Medicare 1:						LONGVIEW, TEXAS 75608	
Medicare 2:							
Phone	(903) 938-5200	Fax	(903) 938-1244			PHONE:	FAX:
Type:	Alternate Delivery Site	Administrator	POLLY MAINES			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HARRISON** Region 04 Date Licensed 03/11/2021
License # 020592 INNER QUALITY SERVICES
Lic Expire 3/11/2024 505 E. TRAVIS STREET
Medicare 1: MARSHALL, TX 75670
Medicare 2:
Phone (318) 906-5054 Fax (318) 906-5057
Type: Parent Agency Administrator TANESHA HALL

Owner Information

INNER QUALITY SERVICES LLC
PO BOX 538
STONEWALL, LA 71078
PHONE: FAX:
Services: Personal Assistance Services

County **HARRISON** Region 04 Date Licensed 05/16/2005
License # 009761 MARSHALL HOMECARE AND HOSPICE
Lic Expire 5/31/2022 111 E BURLESON
Medicare 1: 457878 HHA-18;67 MARSHALL, TX 75670
Medicare 2:
Phone (903) 923-8154 Fax (903) 935-3332
Type: Parent Agency Administrator BRANDON WHITE

Owner Information

MARSHALL MANOR HOMECARE LLC
111 E BURESON ST.
MARSHALL, TX 75670
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: NO

County **HARTLEY** Region 01 Date Licensed 06/13/1997
License # 005693 COON MEMORIAL HOSPITAL HOME CARE
Lic Expire 6/30/2022 210 E TEXAS BLVD
Medicare 1: 459416 HHA-18;67 DALHART, TX 79022
Medicare 2:
Phone (806) 244-8738 Fax (806) 244-6604
Type: Parent Agency Administrator RACHEL HUNTER

Owner Information

DALLAMHARTLEY COUNTIES HOSPITAL DISTRICT
PO BOX 2014
DALHART, TX 79022
PHONE: (806) 244-8555 FAX: (806) 244-1665
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HASKELL** Region 01 Date Licensed 03/04/1999
License # 001773 YOUNG COUNTY HOME HEALTH CARE
Lic Expire 7/31/2022 417 SOUTH 1ST
Medicare 1: HASKELL, TX 79521
Medicare 2:
Phone (940) 864-5074 Fax (940) 864-6163
Type: Branch Agency Administrator HARRY TALBOTT

Owner Information

YOUNG COUNTY HOME HEALTH CARE INC
2735 WIND RIVER LANE SUITE 153
DENTON, TX 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HAYS** Region 05 Date Licensed 02/01/2017
License # 018037 ANGELS FOR ELDERS
Lic Expire 1/31/2023 1500 SPOKE HOLLOW ROAD
Medicare 1: WIMBERLEY, TX 78676
Medicare 2:
Phone 512 8477445 Fax (512) 847-1425
Type: Parent Agency Administrator KIMA COLTHARP

Owner Information

PHONE: FAX:
Services: Personal Assistance Services

County **HAYS** Region 05 Date Licensed 05/04/2015
License # 016887 ASCENSION AT HOME
Lic Expire 5/31/2023 1300 DACY LANE SUITE 170
Medicare 1: 679048 HHA-18 KYLE, TX 78640
Medicare 2:
Phone 512 5493490 Fax 512 5493495
Type: Parent Agency Administrator JORDAN WOJNARSKI

Owner Information

SETON RIVER BEND HOME HEALTH LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HAYS** Region 05 Date Licensed
License # 014127 AT HOME HEALTHCARE
Lic Expire 1251 SADLER DRIVE, BUILDING I SUITE 1250
Medicare 1: 45Q7159002 SAN MARCOS, TEXAS 78666
Medicare 2:
Phone (254) 751-1600 Fax
Type: Branch Agency Administrator ERICA SHELLIE THOMAS

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HAYS	Region	05	Date Licensed		Owner Information
License #	014127					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire						506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Medicare 1:	45Q7159002					TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(254) 751-1600					FAX:
Type:	Branch Agency	Administrator				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	07	Date Licensed	07/31/2009	Owner Information
License #	011379					AXYB INC
Lic Expire	6/30/2022					120 N. MESQUITE STREET
Medicare 1:						SAN ANTONIO, TX 78202
Medicare 2:						PHONE:
Phone	(512) 392-5166	Fax	(877) 270-3788			FAX:
Type:	Branch Agency	Administrator				Services: Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	07	Date Licensed	09/11/2013	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(855) 290-2394	Fax	(512) 757-8834			FAX:
Type:	Branch Agency	Administrator				Services: Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	07	Date Licensed	09/11/2013	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(855) 290-2394	Fax	(512) 757-8834			FAX:
Type:	Branch Agency	Administrator				Services: Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	07	Date Licensed	09/11/2013	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(855) 290-2394	Fax	(512) 757-8834			FAX:
Type:	Branch Agency	Administrator				Services: Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	05	Date Licensed	01/27/2017	Owner Information
License #	017887					BENNINGTON HOME HEALTH CARE, LLC
Lic Expire	1/31/2023					215 WEST SAN ANTONIO STREET SUITE 103
Medicare 1:						SAN MARCOS, TX 78666
Medicare 2:						PHONE:
Phone	(512) 667-7068	Fax	(512) 269-0040			FAX:
Type:	Parent Agency	Administrator				Services: Personal Assistance Services
County	HAYS	Region	05	Date Licensed	06/01/2011	Owner Information
License #	014131					BLUE BONNET PALLIATIVE CARE PLLC
Lic Expire	5/31/2023					12111 RANCH RD 12 SPACE 114
Medicare 1:	671713 HOSPICE					WIMBERLEY, TX 78676
Medicare 2:						PHONE:
Phone	(512) 537-8950	Fax	(866) 616-7615			FAX:
Type:	Parent Agency	Administrator				Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HAYS	Region	05	Date Licensed	04/07/2021	Owner Information
License #	020678					BRIDGEWAY HOSPICE, LLC
Lic Expire	4/7/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 565-6182	Fax	(512) 295-7070			FAX:
						Services: Hospice; Licensed Home Health Services; Personal Assistance Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	BRANDIS WILMORE			
County	HAYS	Region	05	Date Licensed	11/01/2020	Owner Information
License #	020455					LHCG CLI, LLC
Lic Expire	11/1/2022					PO BOX 51266
Medicare 1:	451548					LAFAYETTE, LOUISIANA 70505
Medicare 2:						PHONE:
Phone	512 7546159	Fax	512 7541657			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ALLISON HARDY			
County	HAYS	Region	05	Date Licensed	06/01/2010	Owner Information
License #	013546					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	5/31/2022					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	(512) 392-5801	Fax	(512) 392-5806			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	ANNABEL LINSComb			
County	HAYS	Region	05	Date Licensed	06/01/2010	Owner Information
License #	013546					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	5/31/2022					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	(512) 392-5801	Fax	(512) 392-5806			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	ANNABEL LINSComb			
County	HAYS	Region	05	Date Licensed	12/06/2019	Owner Information
License #	019736					KINGFISHER HEALTH, LLC
Lic Expire	12/6/2021					
Medicare 1:	971605 Hospice					
Medicare 2:						PHONE:
Phone	(512) 815-9009	Fax	(512) 233-5161			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	HAYLEY HUGHES			
County	HAYS	Region	05	Date Licensed	02/11/2019	Owner Information
License #	019267					KINGFISHER HEALTH, LLC
Lic Expire	2/11/2023					
Medicare 1:	457094					
Medicare 2:						PHONE:
Phone	512 6676775	Fax	512 6676774			FAX:
						Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	TANYA ROBERTS			
County	HAYS	Region	05	Date Licensed	08/08/2016	Owner Information
License #	017559					HEART TO HEART HOSPICE OF SAN MARCOS LLC
Lic Expire	8/31/2022					7240 CHASE OAKS BLVD.
Medicare 1:	741661 HOSPICE					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(512) 667-6816	Fax	(512) 667-6823			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	TAMMY ALLEN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HAYS	Region	05	Date Licensed	10/25/2011	Owner Information
License #	014439					TANGRAM REHABILITATION NETWORK INC
Lic Expire	10/31/2021					9901 LINN STATION RD
Medicare 1:						LOUISVILLE, KY 40223
Medicare 2:						PHONE: (502) 394-2100 FAX: (502) 394-2285
Phone	(512) 353-1391	Fax	(512) 396-2024			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	DANIEL SMITH			
County	HAYS	Region	06	Date Licensed		Owner Information
License #	009412					IPH HOSPICE CARE INC
Lic Expire	11/30/2022					190 ABNER JACKSON PKWY STE #220
Medicare 1:						LAKE JACKSON, TX 77566
Medicare 2:						PHONE: FAX:
Phone	(281) 793-0515	Fax	(979) 529-9561			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	LISA CHARBULA			
County	HAYS	Region	05	Date Licensed	08/01/2019	Owner Information
License #	019564					JOL HOSPICE KYLE, LLC
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100
Medicare 1:	741615 (HOSPICE)					LEANDER, TEXAS 78641
Medicare 2:						PHONE: FAX:
Phone	(512) 781-3921	Fax	(512) 597-0883			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MARIE SOMMERVILLE			
County	HAYS	Region	05	Date Licensed	04/18/2019	Owner Information
License #	019525					JOL HOME HEALTH KYLE, LLC
Lic Expire	4/18/2024					2006 SOUTH BAGDAD ROAD, STE 180
Medicare 1:	747926 HHA-18					LEANDER, TEXAS 78641
Medicare 2:						PHONE: FAX:
Phone	(512) 786-4198	Fax	(512) 597-0883			Services: Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	KATIE TREVINO			
County	HAYS	Region	05	Date Licensed	08/01/2019	Owner Information
License #	019564					JOL HOSPICE KYLE, LLC
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100
Medicare 1:	741615 (HOSPICE)					LEANDER, TEXAS 78641
Medicare 2:						PHONE: FAX:
Phone	(512) 781-3921	Fax	(512) 597-0883			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MARIE SOMMERVILLE			
County	HAYS	Region	05	Date Licensed	10/26/1995	Owner Information
License #	004098					FAMILY HOSPICE LTD
Lic Expire	10/31/2022					PO BOX 4060, ATTN: REGULATORY
Medicare 1:	451640 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE: FAX:
Phone	(512) 392-9138	Fax	(512) 392-9148			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	APRIL SMITH			
County	HAYS	Region	05	Date Licensed	06/22/2015	Owner Information
License #	016868					NELLIE'S HEART CAREGIVING INC
Lic Expire	6/30/2023					12621 RED BUD TRAIL
Medicare 1:						BUDA, TX 78610
Medicare 2:						PHONE: FAX:
Phone	(512) 361-0008	Fax	(512) 727-8346			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	SANDRA ROBINSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HAYS	Region	05	Date Licensed		Owner Information	
License #	021362				NEXT OF KIN HOMECARE INC		NEXT OF KIN HOMECARE INC
Lic Expire	1/31/2025				262 SOUTHERN SUNSET CV		
Medicare 1:					DRIFTWOOD, TX 78619		
Medicare 2:						PHONE:	FAX:
Phone	(530) 864-3119				Fax		
Type:	Parent Agency				Administrator	JESSICA JAMES	Services: Personal Assistance Services
County	HAYS	Region	05	Date Licensed	07/18/2008	Owner Information	
License #	012109				PAM HEALTH AT HOME		BHH HEALTH LLC
Lic Expire	7/31/2022				825 MAIN ST. STE. 110		
Medicare 1:	747688 HHA-18				BUDA, TEXAS 78610		
Medicare 2:						PHONE:	FAX:
Phone	(512) 295-7000				Fax (512) 295-7070		
Type:	Parent Agency				Administrator	BRANDIS WILMORE	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	05	Date Licensed	03/26/2004	Owner Information	
License #	008988				PROGRESSIVE HOME HEALTH AGENCY		FDN ENTERPRISES LLC
Lic Expire	3/31/2023				1760 FM 967 SUITE B		1766 FM 967 SUITE-B
Medicare 1:	453125 HHA-18				BUDA, TX 78610		BUDA, TX 78610
Medicare 2:						PHONE:	FAX:
Phone	(512) 312-5222				Fax (512) 312-5552		
Type:	Parent Agency				Administrator	MERCY NKANSAH	Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HAYS	Region	05	Date Licensed	03/20/2015	Owner Information	
License #	012568				RIGHT AT HOME 1202		EDWIN YOUNG HEALTHCARE INC
Lic Expire	4/30/2023				120 EBONY STREET SUITE #100		5555 N. LAMAR BLVD., SUITE #C111
Medicare 1:					SAN MARCOS, TX 78666		AUSTIN, TX 78751
Medicare 2:						PHONE:	FAX:
Phone	(512) 291-9495				Fax (512) 465-9901		
Type:	Branch Agency				Administrator	KATRINA VANBENTHUYSEN	Services: Personal Assistance Services
County	HAYS	Region	05	Date Licensed	09/06/2005	Owner Information	
License #	009939				SAN MARCOS COMMUNITY LIVING PROGRAM		THERAPEUTIC COMMUNITIES LLC
Lic Expire	9/30/2023				211 LUCK STREET		P.O. BOX 705
Medicare 1:					SAN MARCOS, TEXAS 78666		SAN MARCOS, TX 78667
Medicare 2:						PHONE:	(512) 567-1704 FAX: (512) 357-4025
Phone	(512) 774-6177				Fax (512) 357-4025		
Type:	Parent Agency				Administrator	RACHELLE GABALDON	Services: Personal Assistance Services
County	HAYS	Region	05	Date Licensed	08/04/2014	Owner Information	
License #	016504				TEXAS HOME HEALTH		NURSES UNLIMITED INC
Lic Expire	8/31/2022				1205 N STATE HIGHWAY 123 SUITE 302		P. O BOX 4534
Medicare 1:					SAN MARCOS, TX 78666		ODESSA, TX 79760
Medicare 2:						PHONE:	FAX:
Phone	(512) 392-4663				Fax (512) 392-4674		
Type:	Parent Agency				Administrator	REGANALD MACKEY	Services: Licensed Home Health Services; Personal Assistance Services
County	HAYS	Region	07	Date Licensed		Owner Information	
License #	007195				VITAS HEALTHCARE OF TEXAS LP		VITAS HEALTHCARE OF TEXAS LP
Lic Expire	11/30/2024				1999 MEDICAL PARKWAY, SUITE C		
Medicare 1:	451591				SAN MARCOS, TEXAS 78666		
Medicare 2:						PHONE:	FAX:
Phone	(512) 871-6300				Fax		
Type:	Alternate Delivery Site				Administrator	JOSEPH BRICKNER	Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HEMPHILL** Region 01 Date Licensed 08/01/1994
License # 003016 HEMPHILL COUNTY HOSPICE
Lic Expire 7/31/2024 1020 SOUTH 4TH STREET
Medicare 1: 451603 HOSPICE CANADIAN, TX 79014
Medicare 2:
Phone (806) 323-6422 Fax (806) 323-8261
Type: Parent Agency Administrator ASHLEY MORALES

Owner Information

HEMPHILL COUNTY HOSPITAL DISTRICT
1020 S 4TH ST.
CANADIAN, TX 79014
PHONE: (806) 323-6422 FAX: (806) 323-8109
Services: Hospice
In-Patient Hospice: NO

County **HEMPHILL** Region 01 Date Licensed 06/18/1991
License # 002219 HEMPHILL COUNTY HOSPITAL HOME HEALTH AGENCY
Lic Expire 6/30/2022 1020 SOUTH 4TH STREET
Medicare 1: 677427 HHA-18 CANADIAN, TX 79014
Medicare 2:
Phone (806) 323-8603 Fax (806) 323-8261
Type: Parent Agency Administrator ASHLEY MORALES

Owner Information

PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HENDERSON** Region 04 Date Licensed 02/23/2006
License # 009025 ANGELS CARE HOME HEALTH OF DALLAS
Lic Expire 2/28/2024 126 W MAIN STREET SUITE F
Medicare 1: GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 887-0364 Fax (903) 887-5963
Type: Branch Agency Administrator RUBY BALDENEGRO

Owner Information

BANNER HEALTH SERVICES INC
104 EAST US HWY 80 SUITE 190
FORNEY, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HENDERSON** Region 03 Date Licensed 01/02/2015
License # 016699 ASANA HOSPICE
Lic Expire 1/31/2023 164 HERITAGE PARKWAY
Medicare 1: GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 880-5000 Fax (903) 880-5015
Type: Alternate Delivery Site Administrator JOSH LASATER

Owner Information

HOSPICE HOLDINGS DFW, LLC
SAME
WHITE PLAINS, NY 10601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 04 Date Licensed 03/15/2021
License # 020708 AVANT HOSPICE, LLC
Lic Expire 3/15/2024 130 LYNN CREEK DR
Medicare 1: MABANK, TEXAS 75156
Medicare 2:
Phone (214) 536-8273 Fax (214) 383-7594
Type: Parent Agency Administrator DAVID GROOM

Owner Information

AVANT HOSPICE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HENDERSON** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 1/31/2025 164 HERITAGE PARKWAY
Medicare 1: 45Q8178003 GUN BARREL CITY, TX 75156
Medicare 2:
Phone (903) 880-5000 Fax (903) 880-5015
Type: Branch Agency Administrator DEBORAH ELLIS

Owner Information

BRIDGEWAY HEALTH SERVICES LLC
3033 W. PRESIDENT GEORGE BUSH HWY, #150
PLANO, TX 75075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HENDERSON** Region 03 Date Licensed 05/15/2017
License # 012995 CAREPATH HOME HEALTH NETWORK
Lic Expire 11/30/2021 425 SOUTH CARROLL STREET
Medicare 1: ATHENS, TX 75751
Medicare 2:
Phone (903) 292-5118 Fax (903) 292-5119
Type: Alternate Delivery Site Administrator DANIEL N EZEUKWU

Owner Information

CAREPARTH HEALTHCARE SYSTEM LLP
720 WEST NATHAN LOWE RD SUITE 100
ARLINGTON, TX 76017
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	HENDERSON	Region	04	Date Licensed	12/13/2004	Owner Information	
License #	009458					MONDINI INC	
Lic Expire	12/31/2022					104 E CORSICANA	
Medicare 1:						ATHENS, TX 75751	
Medicare 2:						PHONE:	FAX:
Phone	(903) 677-3007	Fax	(903) 677-2022			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KAREN MONDINI				
County	HENDERSON	Region	04	Date Licensed	06/09/2016	Owner Information	
License #	017642					L S AND S S INC	
Lic Expire	6/30/2022					1837 W MAIN	
Medicare 1:	451793 HOSPICE					GUN BARREL CITY, TX 75156	
Medicare 2:						PHONE:	FAX:
Phone	(844) 474-4026	Fax	(903) 340-8527			Services: Hospice	
Type:	Parent Agency	Administrator	CHELSEA SMITH			In-Patient Hospice: NO	
County	HENDERSON	Region	04	Date Licensed	12/28/1983	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:	457582 HHA-18;45					MALAKOFF, TEXAS 75148	
Medicare 2:						PHONE:	FAX:
Phone	(903) 489-2043	Fax	(903) 489-2044			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CYNTHIA CALLOWAY			In-Patient Hospice: NO	
County	HENDERSON	Region	04	Date Licensed	12/28/1983	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:	457582 HHA-18;45					MALAKOFF, TEXAS 75148	
Medicare 2:						PHONE:	FAX:
Phone	(903) 489-2043	Fax	(903) 489-2044			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CYNTHIA CALLOWAY			In-Patient Hospice: NO	
County	HENDERSON	Region	04	Date Licensed	01/07/2014	Owner Information	
License #	015957					GENESIS EXTRACARE LLC	
Lic Expire	1/31/2022					1317 S PALESTINE STE C	
Medicare 1:						ATHENS, TX 75751	
Medicare 2:						PHONE:	FAX:
Phone	(903) 286-9081	Fax	(903) 904-5003			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN SHARP				
County	HENDERSON	Region	04	Date Licensed	01/15/2015	Owner Information	
License #	016893					GENESIS HOSPICE INC	
Lic Expire	1/31/2023					1317 S PALESTINE SUITE B	
Medicare 1:	451657 HOSPICE					ATHENS, TX 75751	
Medicare 2:						PHONE:	FAX:
Phone	(903) 675-4730	Fax	(903) 904-5003			Services: Hospice	
Type:	Parent Agency	Administrator	SUSAN SHARP			In-Patient Hospice: NO	
County	HENDERSON	Region	04	Date Licensed	01/01/2019	Owner Information	
License #	019151					MECK, LLC	
Lic Expire	1/1/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(903) 880-5025	Fax	(903) 880-5009			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KIM GASSMAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HENDERSON	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		836 SOUTHPARK CIRCLE, SUITE D			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			ATHENS, TX 75752			MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(903) 675-4444	Fax	(903) 292-1739			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	HENDERSON	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		836 SOUTHPARK CIRCLE, SUITE D			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			ATHENS, TX 75752			MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(903) 675-4444	Fax	(903) 292-1739			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	HENDERSON	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022		836 SOUTHPARK CIRCLE, SUITE D			
Medicare 1:			ATHENS, TX 75752			PHONE:
Medicare 2:						FAX:
Phone	(903) 675-4444	Fax	(903) 292-1739			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	HENDERSON	Region	04	Date Licensed	05/03/2010	Owner Information
License #	013428		KINDRED AT HOME			INTEGRACARE OF ATHENSHOME HEALTH, LLC
Lic Expire	5/31/2022		836 SOUTHPARK CIRCLE SUITE C			12900 FOSTER SUITE 400
Medicare 1:	677193 HHA-18		ATHENS, TX 75752			OVERLAND PARK, KS 66213
Medicare 2:						PHONE:
Phone	(903) 675-5184	Fax	(903) 675-4098			FAX:
Type:	Parent Agency	Administrator	PATRICIA WHEELER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HENDERSON	Region	04	Date Licensed	11/14/2003	Owner Information
License #	008746		PATHFINDER HOME HEALTH			STAR CARE LLP
Lic Expire	11/30/2022		311 S PALESTINE STREET			318 BRIAR ROCK ROAD
Medicare 1:	453144 HHA-18		ATHENS, TX 75751			THE WOODLANDS, TX 77380
Medicare 2:						PHONE:
Phone	(903) 677-8301	Fax	(903) 677-8310			FAX:
Type:	Parent Agency	Administrator	LARI L. SMILEY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HENDERSON	Region	03	Date Licensed		Owner Information
License #	018474		RELIANT AT HOME HOSPICE			BLUE HAVEN HOSPICE LLC
Lic Expire	8/31/2024		164 HERITAGE PARKWAY, GUN BARREL CITY, TX 75156			1101 RAINTREE CIRCLE, SUITE #130
Medicare 1:			GUN BARREL CITY, TEXAS 75156			ALLEN, TX 75013
Medicare 2:						PHONE:
Phone	(214) 667-8040	Fax	(214) 667-8045			FAX:
Type:	Alternate Delivery Site	Administrator	ANGELA HAMMONS			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	HENDERSON	Region	04	Date Licensed	03/01/2018	Owner Information
License #	018716		UT HEALTH EAST TEXAS HOME HEALTH SERVICES			EAST TEXAS HOME HEALTH SERVICES LLC
Lic Expire	2/28/2022		100 MUNICIPAL DRIVE			ONE BURTON HILLS BOULEVARD, STE#250
Medicare 1:			GUN BARREL CITY, TX 75156			NASHVILLE, TN 37215-6195
Medicare 2:						PHONE:
Phone	(903) 767-0135	Fax	(903) 535-6064			FAX:
Type:	Branch Agency	Administrator	KIMBRA BOGUE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HENDERSON** Region 04 Date Licensed 03/01/2018
License # 018716 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 2/28/2022 909 EAST TYLER SUITE 117
Medicare 1: 677586 HHA-18 ATHENS, TX 75751
Medicare 2:
Phone (903) 675-8882 Fax (903) 675-8832
Type: Parent Agency Administrator MICHELLE RAYBURN

Owner Information

EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/30/2017
License # 018141 4 GENESIS PRIMARY HOME CARE LLC
Lic Expire 6/30/2023 9700 N. 23RD ST
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 348-4229 Fax (956) 378-9975
Type: Parent Agency Administrator MANUEL MIRANDA

Owner Information

4 GENESIS PRIMARY HOME CARE LLC
9700 N 23RD ST
MCALLEN, TEXAS 78504

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/05/2014
License # 016413 A & E
Lic Expire 9/30/2022 121 WILSON AVE
Medicare 1: ELSA, TX 78543
Medicare 2:
Phone (956) 262-9390 Fax (956) 567-2320
Type: Parent Agency Administrator ARMANDO LAYTON

Owner Information

ARMANDO RENE LAYTON
P.O BOX 1062
ELSA, TEXAS 78543

PHONE: FAX:

Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/30/2016
License # 017601 A & M HOME HEALTH AGENCY LLC
Lic Expire 8/31/2022 1724 WILCOX DR
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 609-9277 Fax (956) 609-9279
Type: Parent Agency Administrator MARIA VARGAS

Owner Information

A&M HOME HEALTH AGENCY LLC
1724 WILCOX DR
EDINBURG, TX 78542

PHONE: FAX:

Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/27/2007
License # 011505 A BEAUTIFUL DAY HEALTH CARE
Lic Expire 7/31/2022 3102 E. BUS 83 SUITE I
Medicare 1: 747060 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 447-2046 Fax (956) 968-0785
Type: Parent Agency Administrator JAVIER SEPULVEDA

Owner Information

29 HHA INC
260 SOUTH TEXAS BLVD SUITE 300
WESLACO, TX 78596

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/22/2004
License # 009474 A HEALING TOUCH HOME HEALTH
Lic Expire 12/31/2022 2900 N TEXAS SUITE 101
Medicare 1: 457890 HHA-18 WESLACO, TX 78596
Medicare 2:
Phone (956) 447-1803 Fax (956) 447-1813
Type: Parent Agency Administrator CYNTHIA GAMEZ

Owner Information

BPG LLC
2900 N TEXAS SUITE 101
WESLACO, TX 78596

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/14/2016
License # 017677 A HEALING TOUCH HOSPICE
Lic Expire 10/31/2022 2900 N TEXAS SUITE 104
Medicare 1: 741730 HOSPICE WESLACO, TX 78599
Medicare 2:
Phone (956) 447-1803 Fax (956) 447-1813
Type: Parent Agency Administrator CYNTHIA GAMEZ

Owner Information

GRPP LLC
2900 N TEXAS SUITE 104
WESLACO, TX 78599

PHONE: FAX:

Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	02/04/2020	Owner Information	
License #	019803					A PLUS PROVIDER SERVICES, LLC	
Lic Expire	2/4/2022					8463 E. HWY 107 SUITE C	
Medicare 1:						EDINBURG, TX 78542	
Medicare 2:						PHONE:	FAX:
Phone	(956) 533-4079	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BERTHA TAMEZ				
County	HIDALGO	Region	07	Date Licensed	09/23/2010	Owner Information	
License #	013572					RGBGM GROUP LLC	
Lic Expire	9/30/2022					PO BOX 8465	
Medicare 1:						HIDALGO, TX 78557	
Medicare 2:						PHONE:	FAX:
Phone	(956) 843-9074	Fax	(956) 627-3572			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BLANCA MENDEZ				
County	HIDALGO	Region	07	Date Licensed	01/13/2016	Owner Information	
License #	017223					ABC PRIMARY HOME CARE SERVICES LLC	
Lic Expire	1/31/2025					SAME	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-0282	Fax	(956) 627-0358			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA SALINAS				
County	HIDALGO	Region	07	Date Licensed	01/14/2021	Owner Information	
License #	020461					ABSOLUTION HEALTH CARE, INC	
Lic Expire	1/14/2023					609 S. RESPLANDOR ST	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:						PHONE:	FAX:
Phone	956 4592771	Fax	(956) 529-1288			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA LOZANO				
County	HIDALGO	Region	07	Date Licensed	03/13/2020	Owner Information	
License #	019854					ABUELITOS PRIMARY HOME CARE LLC	
Lic Expire	3/13/2022					122 E. PARK AVENUE	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 739-0516	Fax	(956) 386-9927			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CINDY RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	03/01/2000	Owner Information	
License #	007268					ABUNDANT HEALTH CARE INC	
Lic Expire	2/28/2023					1305 EAST NOLANA SUITE B & C	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 631-0012	Fax	(956) 631-0054			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID RUTLEDGE				
County	HIDALGO	Region	07	Date Licensed	01/01/1999	Owner Information	
License #	007025					ABUNDANT HEALTH CARE INC	
Lic Expire	12/31/2024					1305 EAST NOLANA SUITE B & C	
Medicare 1:	459311 HHA-18					MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 631-0012	Fax	(956) 631-0054			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID RUTLEDGE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/04/2017	Owner Information	
License #	017951		ACCHEALTH			ASC HEALTHCARE INC	
Lic Expire	1/31/2023		200 S 10TH STREET SUITE 103			200 S 10TH ST BOX 130	
Medicare 1:	679367 HHA-18		MCALLEN, TX 78501			MCALLEN, TX 78576	
Medicare 2:						PHONE:	FAX:
Phone	(888) 407-4108	Fax	(956) 202-0260			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	JESSICA OCHOA				
County	HIDALGO	Region	07	Date Licensed	12/27/2005	Owner Information	
License #	010212		ACE PRIMARY HOME CARE INC			ACE PRIMARY HOME CARE INC	
Lic Expire	12/31/2023		920 W FERGUSON AVE			4313 D1 N 10TH STREET	
Medicare 1:			PHARR, TX 78577			MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 781-7229	Fax	(956) 781-2588			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANTONIO SALINAS				
County	HIDALGO	Region	07	Date Licensed	05/07/1998	Owner Information	
License #	006523		ADL SERVICES INC			ADL SERVICES INC	
Lic Expire	5/31/2022		512 SOUTH WESTGATE SUITE D			512 SOUTH WESTGATE SUITE D	
Medicare 1:			WESLACO, TX 78596			WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 973-2803	Fax	(956) 969-8236			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REYNALDO DELGADO				
County	HIDALGO	Region	07	Date Licensed	02/12/2010	Owner Information	
License #	013106		ADORE PRIMARY HOME CARE INC			ADORE PRIMARY HOME CARE INC	
Lic Expire	2/28/2022		105 PALMVIEW DRIVE SUITE C			105 PALMVIEW DRIVE SUITE C	
Medicare 1:			MISSION, TX 78572			MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 581-1600	Fax	(956) 581-2181			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ARABEL LEAL				
County	HIDALGO	Region	07	Date Licensed	10/21/2020	Owner Information	
License #	020254		AGAPE LOVE PRIMARY HOME CARE, LLC			AGAPE LOVE PRIMARY HOME CARE, LLC	
Lic Expire	10/21/2022		315 N NEBRASKA AVE				
Medicare 1:			SAN JUAN, TEXAS 78589				
Medicare 2:						PHONE:	FAX:
Phone	(956) 624-3003	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA LUCIO				
County	HIDALGO	Region	07	Date Licensed	03/30/2007	Owner Information	
License #	011206		AIMA HOME HEALTH			AIMA HEALTH CARE LLC	
Lic Expire	3/31/2024		8305 N LA HOMA BLVD SUITE D			P O BOX 3360	
Medicare 1:	747059 HHA-18		MISSION, TX 78574			MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-2552	Fax	(956) 580-2585			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRENE EROMOSELE				
County	HIDALGO	Region	07	Date Licensed	11/28/2007	Owner Information	
License #	011712		ALEGRE HOME HEALTH CARE LLC			ALEGRE HOME HEALTH CARE, LLC	
Lic Expire	11/30/2022		1904 E GRIFFIN PARKWAY			3400 N MCCOLL RD STE B2	
Medicare 1:	747341 HHA-18		MISSION, TEXAS 78572			MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 668-7730	Fax	(956) 668-7732			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALICIA DELEON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 11/28/2007
License # 011712 ALEGRE HOME HEALTH CARE LLC
Lic Expire 11/30/2022 1904 E GRIFFIN PARKWAY
Medicare 1: 747341 HHA-18 MISSION, TEXAS 78572
Medicare 2:
Phone (956) 668-7730 Fax (956) 668-7732
Type: Parent Agency Administrator ALICIA DELEON

Owner Information

ALEGRE HOME HEALTH CARE, LLC
3400 N MCCOLL RD STE B2
MCALLEN, TX 78501

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/19/2006
License # 010951 ALEGRIA PRIMARY HOME CARE INC
Lic Expire 12/31/2023 900 E REDBUD AVENUE SUITE E
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 627-2844 Fax (956) 627-2846
Type: Parent Agency Administrator FRANCISCO NINO

Owner Information

ALEGRIA PRIMARY HOME CARE INC
SAME AS PHYSICAL ADDRESS
SAN JUAN, TX 78589

PHONE: FAX:

Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/16/2009
License # 012508 ALL GENERATIONS HEALTH CARE INC
Lic Expire 3/31/2023 4709 EAST CURRY ROAD
Medicare 1: 747422 ; 971552 (H EDINBURG, TX 78542
Medicare 2:
Phone (956) 928-1001 Fax (956) 928-1493
Type: Parent Agency Administrator NEFTALI GUAJARDO

Owner Information

ALL GENERATIONS HEALTH CARE, INC
4709 EAST CURRY ROAD
EDINBURG, TEXAS 78542

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services with Dialysis; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 10/19/2006
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 3320 WEST ALBERTA RD
Medicare 1: 747500 HHA-18 EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 584-7444 Fax (956) 584-8573
Type: Parent Agency Administrator AMBROSE HERNANDEZ

Owner Information

LEGACY HOME CARE SERVICES INC
PO BOX 61180
CORPUS CHRISTI, TX 78466

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/26/2020
License # 019841 ALL STAR PRIMARY HOME CARE, LLC
Lic Expire 2/26/2022 2513 E. GRIFFIN PKWY
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 789-1117 Fax
Type: Parent Agency Administrator ISRAEL PENA JR.

Owner Information

ALL STAR PRIMARY HOME CARE, LLC
2513 E. GRIFFIN PKWY
MISSION, TX 78572

PHONE: (956) 789-1117 FAX:

Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/02/2018
License # 018736 ALL VALLEY HOME CARE INC
Lic Expire 5/31/2022 1802 SCOBEEY AVE. SUITE B
Medicare 1: DONNA, TX 78537
Medicare 2:
Phone (956) 970-6221 Fax (956) 464-8706
Type: Parent Agency Administrator BRENDA ANDERSON

Owner Information

ALL VALLEY HOME CARE, INC
1802 SCOBEEY AVE SUITE B
DONNA, TX 78537

PHONE: FAX:

Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/31/1995
License # 003255 ALL VALLEY HOME HEALTH INC
Lic Expire 3/31/2022 1910 TESORO BOULEVARD
Medicare 1: 458416 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 782-9002 Fax (956) 782-9888
Type: Parent Agency Administrator FELIPE GAZCA

Owner Information

ALLVALLEY HOME HEALTH, INC
PO BOX 5367
MCALLEN, TX 78502-5367

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	11/23/1999	Owner Information	
License #	007171					ALL VALLEY PRIMARY HOME CARE INC	
Lic Expire	11/30/2023					1910 TESORO BOULEVARD	
Medicare 1:						PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 782-9002	Fax	(956) 782-9888			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	FELIPE GAZCA				
County	HIDALGO	Region	07	Date Licensed	05/01/2014	Owner Information	
License #	016284					HEALTH COM MANAGEMENT, LLC	
Lic Expire	4/30/2022					116 W TOM LANDRY	
Medicare 1:	679530 HHA-18					MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 519-4646	Fax	(956) 519-3811			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARLA DALINDA MUNOZ MUNOZ				
County	HIDALGO	Region	07	Date Licensed	05/10/2010	Owner Information	
License #	013304					ALLSTATE HOSPICE LLC	
Lic Expire	5/31/2022					4622 S. CLOSNER	
Medicare 1:	671657 HOSPICE					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-8588	Fax	(956) 287-8586			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SEDAT NECIPOGLU				
County	HIDALGO	Region	07	Date Licensed	12/06/2007	Owner Information	
License #	011833					VERGE PRIMARY HOME CARE LLC	
Lic Expire	12/31/2023					4622 S. CLOSNER BLVD	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-8585	Fax	(956) 287-8586			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SEDAT NECIPOGLU				
County	HIDALGO	Region	07	Date Licensed	09/08/2009	Owner Information	
License #	012991					ONE LAC INC	
Lic Expire	5/30/2022					701 EAST ESPERANZA SUITE A	
Medicare 1:	747144 HHA-18					MCALLEN, TEXAS 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 631-1022	Fax	(956) 631-1224			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	FRANK MORA				
County	HIDALGO	Region	07	Date Licensed	10/01/2015	Owner Information	
License #	017196					AMADO HEALTH CARE, LLC	
Lic Expire	9/30/2024					2020 E. GRIFFIN PARKWAY	
Medicare 1:	679599 HHA-18					MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 583-0807	Fax	(956) 583-0977			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERNESTO GARCIA				
County	HIDALGO	Region	07	Date Licensed	07/17/2007	Owner Information	
License #	011598					AMANECER HOME HEALTH CARE LLC	
Lic Expire	10/31/2023					7108 NORTH CYNTHIA ST.	
Medicare 1:	457971 HHA-18					MCLLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 668-8886	Fax	(956) 971-0090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CELIA OJEAGA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	12/18/2015	Owner Information
License #	017403					AMANECER PRIMARY HOME CARE LLC
Lic Expire	12/31/2023					2017 E GRIFFIN PKWY
Medicare 1:						MISSION, TX 78574
Medicare 2:						PHONE:
Phone	(956) 583-0303	Fax	(956) 583-0382			FAX:
Type:	Parent Agency	Administrator	YURIDIA ALVAREZ			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	12/30/2014	Owner Information
License #	016584					AMAR HOME HEALTHCARE LLC
Lic Expire	12/31/2022					2318 E FREDDY GONZALEZ DR.
Medicare 1:						EDINBURG, TEXAS
Medicare 2:						PHONE:
Phone	(956) 380-4431	Fax	(888) 789-1978			FAX:
Type:	Parent Agency	Administrator	SARAH E MENA			Services: Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	05/19/2010	Owner Information
License #	013335					CBJI HOME CARE LLC
Lic Expire	5/31/2022					615 BLAZE BLVD
Medicare 1:	671671 HOSPICE					EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 283-1550	Fax	(956) 961-4910			FAX:
Type:	Parent Agency	Administrator	CRISTINA TERRY			Services: Hospice In-Patient Hospice: YES
County	HIDALGO	Region	07	Date Licensed	07/15/2019	Owner Information
License #	019482					AMAVI HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire	7/15/2023					
Medicare 1:	971564					
Medicare 2:						PHONE:
Phone	956 803 0081	Fax	956 467 1907			FAX:
Type:	Parent Agency	Administrator	BLANCA QUINTANILLA			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	05/15/2015	Owner Information
License #	016835					AMAZING VALLEY HEALTH SERVICES INC
Lic Expire	5/31/2021					217 CONQUEST BLVD STE B
Medicare 1:						EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 348-2194	Fax	(956) 316-4042			FAX:
Type:	Parent Agency	Administrator	DANIEL TORRES			Services: Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	09/24/2021	Owner Information
License #	021082					AMBER LOVE PRIMARY HOME CARE
Lic Expire	9/24/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 329-1034	Fax	18774089290			FAX:
Type:	Parent Agency	Administrator	MANICA MARISSA MONCIVAIS			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	09/05/2017	Owner Information
License #	018296					AMEN PROVIDER SERVICES INC
Lic Expire	9/30/2024					401 S KANSAS AVE STE D-2
Medicare 1:						WESLACO, TX 78596
Medicare 2:						PHONE:
Phone	(956) 854-4429	Fax	(956) 854-4432			FAX:
Type:	Parent Agency	Administrator	RAMONA SUAREZ			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 05/21/2012
License # 015230 AMICARE NURSING SERVICE PLLC
Lic Expire 5/31/2022 1103 NORTH RAUL LONGORIA ROAD
Medicare 1: 458302 HHA-18 SAN JUAN, TX 78589
Medicare 2:
Phone (956) 783-7368 Fax (956) 783-7860
Type: Parent Agency Administrator JORGE ARANGO

Owner Information

AMICARE NURSING SERVICES PLLC
1103 N RAUL LONGORIA ROAD
SAN JUAN, TX 78589
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/18/2016
License # 017406 AMIGOS DEL VALLE HOME HEALTH CARE INC
Lic Expire 5/31/2022 1300 N 10TH ST SUITE 480-B
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 755-7620 Fax (956) 800-4741
Type: Parent Agency Administrator NUBIA MARQUEZ

Owner Information

AMIGOS DEL VALLE HOME HEALTH CARE, INC
1300 N 10TH ST. SUITE #480-B
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/03/2010
License # 013745 AMIGOS Y FAMILIA PRIMARY HOME CARE INC
Lic Expire 12/31/2022 1424 HILL DRIVE
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 424-0060 Fax (956) 424-3053
Type: Parent Agency Administrator NORMA CHAPA

Owner Information

AMIGOS Y FAMILIA PRIMARY HOME CARE, INC
P.O. BOX 1662
MISSION, TX 78573
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/26/2015
License # 016704 AMISTAD PHC SERVICES
Lic Expire 3/31/2023 4814 N 11TH STREET STE D
Medicare 1: MC ALLEN, TX 78504
Medicare 2:
Phone (956) 627-3970 Fax (956) 627-3975
Type: Parent Agency Administrator SILVIA GOMEZ

Owner Information

AMISTAD PHC, LLC
4814 N 11TH STREET SUITE D
MCALLEN, TX 78504
PHONE: (956) 627-3970 FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/26/2008
License # 012320 AMISTAD PRIMARY HOME CARE INC
Lic Expire 11/30/2022 119 N 9TH AVE
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 383-7660 Fax (956) 383-7316
Type: Parent Agency Administrator ADELA HOUSER

Owner Information

AMISTAD PRIMARY HOME CARE, INC
119 N. 9TH AVE
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/12/2008
License # 012246 AMISTAD PROVIDER AGENCY INC
Lic Expire 7/31/2022 601 EAST MCINTYRE
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 318-3235 Fax (956) 318-3240
Type: Parent Agency Administrator MARIA ALICIA GARZA

Owner Information

AMISTAD PROVIDER AGENCY INC
601 EAST MCINTYRE
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/24/2018
License # 018899 AMOR EN CASA PHC SERVICES
Lic Expire 8/31/2022 3000 N MCCOLL ROAD, BLDG B, SUITE 4
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 803-0185 Fax (956) 803-0184
Type: Parent Agency Administrator MELISSA SALINAS

Owner Information

VENTURA CARE SERVICES, LLC
2138 E GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	11/13/2020	Owner Information	
License #	020315					AMOR ETERNO PROVIDER SERVICES, LLC	
Lic Expire	11/13/2022					702 WEST INTERSTATE 2, SUITE C2	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:							PHONE:
Phone	(956) 685-5036	Fax	(956) 685-5037				FAX:
Type:	Parent Agency	Administrator	DANA LOPEZ			Services:	Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	02/11/2020	Owner Information	
License #	019822					AMOR Y ESPERANZA PRIMARY HOME CARE LLC	
Lic Expire	2/11/2022					121 WILSON AVE	
Medicare 1:						ELSA, TEXAS 78543	
Medicare 2:							PHONE:
Phone	(956) 262-9390	Fax	(956) 567-2320				FAX:
Type:	Parent Agency	Administrator	ARMANDO LAYTON			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	11/19/2021	Owner Information	
License #	021216					AMOR Y TERNURA PRIMARY HOME CARE, LLC	
Lic Expire	11/19/2024					5401 N CAGE BLVD	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:							PHONE:
Phone	(956) 662-0653	Fax					FAX:
Type:	Parent Agency	Administrator	ERIKA MORA			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	01/31/2014	Owner Information	
License #	016008					MARYBEL T SANCHEZ	
Lic Expire	1/31/2022					1922 RUBY STREET	
Medicare 1:						EDINBURG, TX 78504	
Medicare 2:							PHONE:
Phone	(956) 383-2667	Fax	(956) 383-2668				FAX:
Type:	Parent Agency	Administrator	MARLENE SEPULVEDA			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	01/08/2020	Owner Information	
License #	019769					AMORCITOS PHC, LLC	
Lic Expire	1/8/2022					4504 N. KENYON ROAD	
Medicare 1:						EDINBURG, TX 78542	
Medicare 2:							PHONE:
Phone	956 7324058	Fax					FAX:
Type:	Parent Agency	Administrator	MARLENE SEPULVEDA			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	02/07/2011	Owner Information	
License #	013867					AMORES PRIMARY HOME CARE LLC	
Lic Expire	2/28/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						MISSION, TX 78572	
Medicare 2:							PHONE:
Phone	(956) 598-5440	Fax	(956) 598-5612				FAX:
Type:	Parent Agency	Administrator	RUDY GUZMAN			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	05/15/2020	Owner Information	
License #	019943					AMOROCHO HOME CARE LLC	
Lic Expire	5/15/2022					SAME AS PHYSICAL ADDRESS	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:							PHONE:
Phone	956 5997513	Fax	956 6008562				FAX:
Type:	Parent Agency	Administrator	MARTHA MUNOZ			Services:	Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	04/06/2018	Owner Information	
License #	018690	AMOROSA HEALTHCARE SERVICES LLC			AMOROSA HEALTHCARE SERVICES LLC		
Lic Expire	4/30/2022	900 E. REDBUD AVE BLD. 17 STE. B					
Medicare 1:		MCALLEN, TX 78504					
Medicare 2:					PHONE:	FAX:	
Phone	956 6831842	Fax	956 6838862		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	GILDA HERR				
County	HIDALGO	Region	07	Date Licensed	03/11/2021	Owner Information	
License #	020595	ANCHOR OF LOVE HOSPICE			LD5 LLC		
Lic Expire	3/11/2023	1532 DOVE AVE. STE. E					
Medicare 1:		MCALLEN, TEXAS 78504					
Medicare 2:					PHONE:	FAX:	
Phone	(956) 578-8284	Fax	(956) 290-8284		Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	LISA BLUM				
County	HIDALGO	Region	07	Date Licensed	01/30/2018	Owner Information	
License #	018582	ANGEL WINGS HOSPICE SERVICES LLC			ANGEL WINGS HOSPICE SERVICES LLC		
Lic Expire	1/31/2025	923 W BUSINESS 83 STE B			923 W BUSINESS 83 STE B		
Medicare 1:	74-1738	WESLACO, TX 78596			WESLACO, TX 78596		
Medicare 2:					PHONE:	FAX:	
Phone	(956) 647-5261	Fax	(956) 351-5313		Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	JOSE CASTILLO				
County	HIDALGO	Region	07	Date Licensed	08/04/2005	Owner Information	
License #	010100	ANGELICAL HOME HEALTH INC			ANGELICAL HOME HEALTH, INC		
Lic Expire	8/31/2023	504 LAKE POINT ST			730 E EXPRESSWAY 83 STE 9		
Medicare 1:	677881 HHA-18	LA JOYA, TEXAS 78560			LA JOYA, TX 78560		
Medicare 2:					PHONE:	FAX:	
Phone	(956) 581-1251	Fax	(956) 581-4859		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	BLANCA GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	07/05/2004	Owner Information	
License #	009182	ANGELITOS HOME HEALTH CARE INC			ANGELITOS HOME HEALTH CARE INC		
Lic Expire	7/31/2023	704 E GRIFFIN PARKWAY SUITE 120			704 E GRIFFIN PARKWAY SUITE 120		
Medicare 1:	453180 HHA-18	MISSION, TX 78572			MISSION, TX 78572		
Medicare 2:					PHONE:	FAX:	
Phone	(956) 584-2410	Fax	(956) 584-8752		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	CORINA SAENZ				
County	HIDALGO	Region	07	Date Licensed	04/24/1998	Owner Information	
License #	006460	ANGELITOS PRIMARY HOME CARE INC			ANGELITOS PRIMARY HOME CARE INC		
Lic Expire	4/30/2023	704 EAST GRIFFIN PARKWAY STE 100			704 E GRIFFIN PKWYSTE 100		
Medicare 1:		MISSION, TX 78572			MISSION, TX 78572		
Medicare 2:					PHONE:	(956) 624-6965	FAX: (956) 581-9918
Phone	(956) 581-6242	Fax	(956) 581-9918		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	JUAN PEREZ JR				
County	HIDALGO	Region	07	Date Licensed	11/10/2004	Owner Information	
License #	009584	ANGELS OF MERCY HOME HEALTH LLC			ANGELS OF MERCY HOME HEALTH LLC		
Lic Expire	11/30/2022	910 EAST PALMA VISTA DRIVE			1000 E. EXPRESSWAY 83 SUITE 2		
Medicare 1:	679466 HHA-18	PALMVIEW, TX 78572			LA JOYA, TX 78560		
Medicare 2:					PHONE:	FAX:	
Phone	(956) 583-9995	Fax	(956) 583-1305		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	ELIA C. CANALES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/18/2021	Owner Information	
License #	021138					ANGELS ON EARTH PRIMARY HOME CARE, INC	
Lic Expire	10/18/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 223-1002	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LETICIA GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	01/01/1997	Owner Information	
License #	005556					HJC HOME HEALTH CARE SERVICES INC	
Lic Expire	12/31/2022					SAME	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-2610	Fax	(956) 627-2613			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IRAIDA HINOJOSA				
County	HIDALGO	Region	02	Date Licensed	09/13/2011	Owner Information	
License #	014398					APC HOME HEALTH SERVICE, INC	
Lic Expire	9/30/2023					1805 BELL STREET	
Medicare 1:						HARLINGEN, TX	
Medicare 2:						PHONE: () - 1	FAX:
Phone	956 7831191	Fax	956 7815028			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOVIE CANTU				
County	HIDALGO	Region	07	Date Licensed	04/29/2008	Owner Information	
License #	012117					APEX PRIMARY CARE INC	
Lic Expire	4/30/2022					11321 N BENTSEN	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 383-8887	Fax	(956) 383-8897			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIO FLORES				
County	HIDALGO	Region	07	Date Licensed	04/08/2019	Owner Information	
License #	019439					APICAL HEALTHCARE, INC	
Lic Expire	6/24/2021					839 RICARDO AVENUE	
Medicare 1:						PALMVIEW, TX 78574	
Medicare 2:						PHONE:	FAX:
Phone	(956) 342-4375	Fax	18665090326			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CESAR DUQUE				
County	HIDALGO	Region	07	Date Licensed	09/12/2014	Owner Information	
License #	016417					ARBOLEDA HOME HEALTHCARE LLC	
Lic Expire	9/30/2022					720 W PALMA VISTA DRIVE STE 7	
Medicare 1:						PALMVIEW, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 529-5262	Fax	(956) 529-5263			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA TIJERINA				
County	HIDALGO	Region	07	Date Licensed	11/03/1995	Owner Information	
License #	004067					ARISE HOME HEALTH CARE INC	
Lic Expire	11/30/2023					215 W 9TH SUITE A	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-1155	Fax	(956) 580-7911			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA DAVILA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	08/10/2007	Owner Information	
License #	011517					AT HOME HEALTH CARE LLC	
Lic Expire	8/31/2022					117 E LOEB ST	
Medicare 1:						EDINBURG, TX 78541	
Medicare 2:							
Phone	(956) 387-0000	Fax	(956) 387-0012			PHONE:	FAX:
Type:	Parent Agency	Administrator	JOSE RAMOS			Services:	Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	03/07/2012	Owner Information	
License #	014807					EPIC HEALTH SERVICES INC	
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:							
Phone	(956) 510-8777	Fax	(956) 854-4338			PHONE:	FAX:
Type:	Parent Agency	Administrator	EDUARDO HINOJOSA			Services:	Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	02/27/2007	Owner Information	
License #	011303					PEDIATRIC SERVICES OF AMERICA LLC	
Lic Expire	2/28/2022					SIX CONCOURSE PARKWAY, SUITE 1100	
Medicare 1:	458339 HHA-18					ATLANTA, GA 30328-6117	
Medicare 2:							
Phone	(956) 972-1920	Fax	(956) 972-0339			PHONE:	FAX:
Type:	Parent Agency	Administrator	ISAAC GUZMAN			Services:	Licensed and Certified Home Health Services
County	HIDALGO	Region	07	Date Licensed	10/22/2021	Owner Information	
License #	021148					EPIC HEALTH SERVICES INC	
Lic Expire	10/22/2024					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:							
Phone	(361) 265-4596	Fax	(956) 278-3886			PHONE:	FAX:
Type:	Parent Agency	Administrator	RAYMOND BECKLEY			Services:	Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	03/06/2018	Owner Information	
License #	018644					AZUL HOMECARE, LLC	
Lic Expire	3/31/2022					2032 E. GRIFFIN PKWY STE. D	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:							
Phone	(956) 424-6161	Fax	(956) 424-6068			PHONE:	FAX:
Type:	Parent Agency	Administrator	SASHA ESPINOZA			Services:	Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/02/2013	Owner Information	
License #	005782					FIRST PRIMARY HOME CARE, INC	
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:							
Phone	(855) 313-5795	Fax	(956) 627-2594			PHONE:	FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services:	Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/02/2013	Owner Information	
License #	005782					FIRST PRIMARY HOME CARE, INC	
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:							
Phone	(855) 313-5795	Fax	(956) 627-2594			PHONE:	FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services:	Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	07/02/2013	Owner Information	
License #	005782					FIRST PRIMARY HOME CARE, INC	
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(855) 313-5795	Fax	(956) 627-2594			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	MICHAEL THIEL				
County	HIDALGO	Region	07	Date Licensed	08/24/2021	Owner Information	
License #	020999					BELLA PRIMARY HOME SERVICES, LLC	
Lic Expire	8/24/2024					SAME	
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 272-1970	Fax	(956) 513-0339			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	YVONNE ZAMORA				
County	HIDALGO	Region	07	Date Licensed	08/03/2016	Owner Information	
License #	017553					BELLOS MOMENTOS HOMECARE INC	
Lic Expire	8/31/2022					4033 N FM 492	
Medicare 1:						MISSION, TX 78574	
Medicare 2:						PHONE:	FAX:
Phone	(956) 587-1023	Fax	(844) 302-0895			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JENNIFER MUNGUA				
County	HIDALGO	Region	07	Date Licensed	09/25/2019	Owner Information	
License #	019615					BELOVED ANGELS PRIMARY HOME CARE LLC	
Lic Expire	9/25/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 360-4747	Fax	(956) 585-5520			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JOSE C. HERNANDEZ III				
County	HIDALGO	Region	07	Date Licensed	02/07/2020	Owner Information	
License #	019815					BEST CAREPHC LLC	
Lic Expire	2/7/2022					PO BOX 2656	
Medicare 1:						ELSA, TEXAS 78543	
Medicare 2:						PHONE:	FAX:
Phone	(956) 564-3781	Fax	(956) 255-4252			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MYRTA GARCIA				
County	HIDALGO	Region	07	Date Licensed	02/29/2004	Owner Information	
License #	008975					RGV ELDER HEALTH SYSTEMS INC	
Lic Expire	2/28/2022					P. O. BOX 1136	
Medicare 1:						MISSION, TEXAS 78573	
Medicare 2:						PHONE:	(956) 583-8013 FAX:
Phone	(956) 583-0103	Fax	(956) 583-5120			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	BENJAMIN MADRIGALES				
County	HIDALGO	Region	07	Date Licensed	11/06/2018	Owner Information	
License #	019498					BEYOND DREAMS PRIMARY HOME CARE, INC	
Lic Expire	7/26/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 254-8075	Fax	(956) 435-0253			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JULI GONZALEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 10/27/2006
License # 010836 BIENVENIDOS HOME HEALTH CARE LLC
Lic Expire 10/31/2022 932 SOUTH MISSOURI AVE
Medicare 1: 679737 HHA-18 MERCEDES, TX 78570
Medicare 2:
Phone (956) 565-0000 Fax (956) 565-0700
Type: Parent Agency Administrator MARIA RAMOS

Owner Information

BIENVENIDOS HOME HEALTH CARE LLC
10806 QUESADA STREET
MERCEDES, TX 78570
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/18/2015
License # 017138 BK HOME HEALTH THERAPY SERVICES
Lic Expire 11/30/2023 801 E FERN SUITE 160
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 627-0902 Fax (956) 627-0690
Type: Parent Agency Administrator MARIA QUINTERO

Owner Information

BK THERAPY SERVICES INC
801 EAST FERN AVENUE SUITE 160
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 07/31/2012
License # 014966 BLESSED HOME CARE INC
Lic Expire 7/31/2022 2700-A EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone 956 6273917 Fax 956 6184631
Type: Parent Agency Administrator MONICA CENTENO

Owner Information

BLESSED HOME CARE, INC
2700-A EAST GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/13/2016
License # 017354 BRAVO HOME CARE
Lic Expire 4/30/2022 208 WEST FERGUSON ST UNIT 4 SUITE 5
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 223-4528 Fax (956) 601-1357
Type: Parent Agency Administrator JULIO CANTU

Owner Information

CANVI GROUP LLC
208 W FERGUSON UNIT 4 SUITE 5
PHARR, TX 78577-2455
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/10/2012
License # 013807 BRIGHTSTAR CARE
Lic Expire 1/31/2023 2715 CORNERSTONE BLVD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 627-2717 Fax (956) 627-2720
Type: Branch Agency Administrator VERONICA TAMEZ

Owner Information

PW HEALTH SERVICES, LLC
615A GALE ST.
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/01/2016
License # 017675 BUENA SUERTE HOME HEALTH
Lic Expire 6/30/2022 216 E EXPRESSWAY 83 SUITE F
Medicare 1: 679514 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 702-9933 Fax (956) 702-9966
Type: Parent Agency Administrator LISA GONZALEZ

Owner Information

PENSOT INVESTMENTS LLC
PO BOX
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/10/2006
License # 010339 CALIDAD HEALTH CARE SERVICES INC
Lic Expire 3/31/2022 3202 N CLOSNER BLVD SUITE A
Medicare 1: EDINBURG, TX 78542
Medicare 2:
Phone (956) 720-8887 Fax (956) 289-1046
Type: Parent Agency Administrator SANTHOSH SKARIAH

Owner Information

CALIDAD HEALTH CARE SERVICES INC
PO BOX 4601
EDINBURG, TEXAS 78540
PHONE: FAX:
Services: Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	05/24/2021	Owner Information	
License #	020784					CALVARY'S LOVE HOME CARE SERVICES	CALVARY'S LOVE HOME CARE SERVICES
Lic Expire	5/24/2024					1811 N 23RD STE 121	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:							PHONE: FAX:
Phone	(956) 732-3712					Fax	Services: Personal Assistance Services
Type:	Parent Agency					Administrator	CLARISE AGBOR
County	HIDALGO	Region	07	Date Licensed	12/16/2015	Owner Information	
License #	017325					CARE HOME HEALTH SERVICES	ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					6618 FONTANA PT	4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2:							PHONE: FAX:
Phone	(210) 541-0131					Fax (210) 541-0227	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency					Administrator	SYLVIA MONTEZ
County	HIDALGO	Region	07	Date Licensed	12/16/2015	Owner Information	
License #	017325					CARE HOME HEALTH SERVICES	ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					6618 FONTANA PT	4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2:							PHONE: FAX:
Phone	(210) 541-0131					Fax (210) 541-0227	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency					Administrator	SYLVIA MONTEZ
County	HIDALGO	Region	07	Date Licensed	12/16/2015	Owner Information	
License #	017325					CARE HOME HEALTH SERVICES	ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					6618 FONTANA PT	4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2:							PHONE: FAX:
Phone	(210) 541-0131					Fax (210) 541-0227	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency					Administrator	SYLVIA MONTEZ
County	HIDALGO	Region	07	Date Licensed	12/16/2015	Owner Information	
License #	017325					CARE HOME HEALTH SERVICES	ALL TEX HOME HEALTH AGENCY INC
Lic Expire	12/31/2021					6618 FONTANA PT	4910 GOLDEN QUAIL STE 170
Medicare 1:						SAN ANTONIO, TX 78240	SAN ANTONIO, TX 78240
Medicare 2:							PHONE: FAX:
Phone	(210) 541-0131					Fax (210) 541-0227	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency					Administrator	SYLVIA MONTEZ
County	HIDALGO	Region	07	Date Licensed	04/09/2014	Owner Information	
License #	003165					CARING FOR YOU HOME HEALTH INC	CARING FOR YOU HOME HEALTH INC
Lic Expire	9/30/2024					1212 N 10TH STREET	PO BOX 6218
Medicare 1:						MCALLEN, TX 78501	BROWNSVILLE, TX 78523
Medicare 2:							PHONE: FAX:
Phone	(956) 972-0707					Fax (956) 972-0797	Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency					Administrator	NOEMI TORRE
County	HIDALGO	Region	07	Date Licensed	04/12/1996	Owner Information	
License #	004452					CARING FOR YOU HOME HEALTH INC	CARING FOR YOU HOME HEALTH INC
Lic Expire	4/30/2023					1212 N. 10TH ST	PO BOX 6218
Medicare 1:	678300 HHA-18					MCALLEN, TX 78501	BROWNSVILLE, TX 78523
Medicare 2:							PHONE: FAX:
Phone	(956) 972-0707					Fax (956) 972-0797	Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency					Administrator	CHRISTEL VASQUEZ
County	HIDALGO	Region	07	Date Licensed	10/01/2001	Owner Information	
License #	007917					CARING SENIOR SERVICE OF MCALLEN	CARING SENIOR SERVICE USA LTD
Lic Expire	9/30/2023					1321 WEST PECAN BOULEVARD SUITE C	201 E. PARK AVENUE
Medicare 1:						MCALLEN, TX 78501	SAN ANTONIO, TX 78212
Medicare 2:							PHONE: FAX:
Phone	(956) 687-9494					Fax (866) 687-9393	Services: Personal Assistance Services
Type:	Parent Agency					Administrator	GENEVIEVE RAMIREZ

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	04/07/2009	Owner Information	
License #	011519					MRNG, INC	
Lic Expire	7/31/2022					PO BOX 568	
Medicare 1:						BENAVIDES, TX 78341	
Medicare 2:						PHONE:	FAX:
Phone	(956) 664-9199	Fax	(956) 783-9006			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	IRMA P GARZA				
County	HIDALGO	Region	07	Date Licensed	04/07/2009	Owner Information	
License #	011519					MRNG, INC	
Lic Expire	7/31/2022					PO BOX 568	
Medicare 1:						BENAVIDES, TX 78341	
Medicare 2:						PHONE:	FAX:
Phone	(956) 664-9199	Fax	(956) 783-9006			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	IRMA P GARZA				
County	HIDALGO	Region	07	Date Licensed	01/31/2017	Owner Information	
License #	017892					CASA HOME CARE	
Lic Expire	1/31/2023					1712 EAST GRIFFEN PKWY STE H	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 598-8818	Fax	(956) 598-8550			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA MENDOZA				
County	HIDALGO	Region	07	Date Licensed	12/11/2018	Owner Information	
License #	019145					CASA MIA HOME CARE, LLC	
Lic Expire	12/11/2022					SAME	
Medicare 1:						'	
Medicare 2:						PHONE:	FAX:
Phone	(956) 843-0740	Fax	(855) 534-5187			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TALMA HINOJOSA				
County	HIDALGO	Region	07	Date Licensed	07/06/2021	Owner Information	
License #	020883					CASA MIA HOSPICE CARE, LLC	
Lic Expire	7/6/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 843-0740	Fax	(956) 534-5187			Services: Hospice	
Type:	Parent Agency	Administrator	SUZANNE BALDERRAMA			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	08/03/2017	Owner Information	
License #	018223					CASITA CORAZON HEALTHCARE AGENCY, LLC	
Lic Expire	8/31/2023					2717 BRONCO STREET	
Medicare 1:						ROMA, TX 78584-6684	
Medicare 2:						PHONE:	FAX:
Phone	(956) 353-6253	Fax	(956) 353-6389			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EDGARDO RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	01/04/2006	Owner Information	
License #	010228					MYG VENTURES INC	
Lic Expire	1/31/2023					3218 S SUGAR RD	
Medicare 1:	679554					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 318-1520	Fax	(956) 318-1530			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LYDIA BAZAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	03/26/2009	Owner Information	
License #	012683					CHARITY HOME HEALTH, INC	
Lic Expire	3/31/2023					1609 NORTH 6TH STREET	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE: (956) 686-5600	FAX:
Phone	(956) 686-5600	Fax	(956) 686-7577			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA MOYA				
County	HIDALGO	Region	07	Date Licensed	10/13/2020	Owner Information	
License #	020230					CIELITO LINDO PRIMARY HOME CARE LLC	
Lic Expire	10/13/2022					8012 W EXPRESSWAY 83 SUITE B	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 458-4949	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSEFINA ROMO				
County	HIDALGO	Region	07	Date Licensed	02/21/2019	Owner Information	
License #	019275					CIELO AZUL PROVIDER SERVICES, LLC	
Lic Expire	2/21/2023					3241 N. 38TH ST.	
Medicare 1:						MCALLEN, TEXAS 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 567-9711	Fax	(956) 420-0444			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAUDIA HARO				
County	HIDALGO	Region	07	Date Licensed	10/15/2021	Owner Information	
License #	021135					CIRCLE OF FRIENDS HOME CARE LLC	
Lic Expire	10/15/2024					4601 E CURRY RD	
Medicare 1:						EDINBURG, TEXAS 78542	
Medicare 2:						PHONE:	FAX:
Phone	(956) 383-4991	Fax	(956) 383-6464			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ASHLEY FUGATE				
County	HIDALGO	Region	07	Date Licensed	05/27/2021	Owner Information	
License #	020791					COMPASSION PROVIDER SERVICES LLC	
Lic Expire	5/27/2024					1600 W 27TH ST	
Medicare 1:						MISSION, TEXAS 78574	
Medicare 2:						PHONE:	FAX:
Phone	(956) 599-9066	Fax	(956) 599-9160			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	06/15/2020	Owner Information	
License #	020001					CON AMOR PROVIDER SERVICES, LLC	
Lic Expire	6/15/2022					2041 ORCHID AVE.	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-6100	Fax	(956) 627-6101			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NAYFA SATARAIN				
County	HIDALGO	Region	07	Date Licensed	08/21/2000	Owner Information	
License #	007396					CON CARINO INC	
Lic Expire	8/31/2024					P.O. BOX1102	
Medicare 1:						WESLACO, TEXAS 78599	
Medicare 2:						PHONE: (956) 447-4001	FAX: (956) 447-4062
Phone	(956) 447-4002	Fax	(956) 447-4062			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	REYNALDO LIMAS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	12/14/2011	Owner Information	
License #	014524					CON ENCANTO HEALTHCARE LLC	
Lic Expire	12/31/2021					207 S. CAGE BLVD SUITE A-3	
Medicare 1:	747802 HHA-18					PHARR, TEXAS 78577	
Medicare 2:							PHONE:
Phone	956 6855081	Fax	956 6855082				FAX:
Type:	Parent Agency	Administrator	EDGARDO RODRIGUEZ			Services: Licensed and Certified Home Health Services	
County	HIDALGO	Region	07	Date Licensed	12/27/2018	Owner Information	
License #	019167					CONCORD HOSPICE CARE LLC	
Lic Expire	12/27/2022					7981 MILE 17 N, SUITE C	
Medicare 1:	97-1507 (HOSPICE)					EDCOUCH, TEXAS 78538	
Medicare 2:							PHONE:
Phone	(956) 532-7983	Fax	(956) 271-6182				FAX:
Type:	Parent Agency	Administrator	DAVID LOPEZ			Services: Hospice In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	09/11/2017	Owner Information	
License #	018308					CONTIGO HOSPICE LLC	
Lic Expire	9/30/2023					4900 W. EXPRESSWAY 83 SUITE 105	
Medicare 1:	741719 HOSPICE					MCALLEN, TX 78501	
Medicare 2:							PHONE:
Phone	(956) 300-2273	Fax	(956) 435-0239				FAX:
Type:	Parent Agency	Administrator	CASSANDRA LOSOYA			Services: Hospice In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	08/19/2019	Owner Information	
License #	019536					CORAZON DIVINO LLC	
Lic Expire	8/19/2021					1409 S 9TH AVE STE 225	
Medicare 1:						EDINBURG, TEXAS 785395527	
Medicare 2:							PHONE:
Phone	(956) 609-8250	Fax	(888) 879-6223				FAX:
Type:	Parent Agency	Administrator	MARIA IBARRA			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	12/16/2013	Owner Information	
License #	016022					CORAZON HEALTH CARE SERVICES LLC	
Lic Expire	12/31/2023					102 SOUTH BROADWAY STREET	
Medicare 1:	679587 HHA-18					MCALLEN, TX 78501	
Medicare 2:							PHONE:
Phone	(956) 618-9911	Fax	(956) 618-9913				FAX:
Type:	Parent Agency	Administrator	ALECK RIOS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	07/20/2017	Owner Information	
License #	018183					CORAZON HOSPICE LLC	
Lic Expire	7/31/2023					102 S BROADWAY STE C	
Medicare 1:	74-1735					MCALLEN, TX 78501	
Medicare 2:							PHONE:
Phone	(956) 627-4336	Fax	(956) 618-9913				FAX:
Type:	Parent Agency	Administrator	ALECK RIOS			Services: Hospice In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	01/16/2019	Owner Information	
License #	019204					CORAZON PROVIDER SERVICES, LLC	
Lic Expire	1/16/2021					109 N. INDIANA	
Medicare 1:						MERCEDES, TEXAS 78570	
Medicare 2:							PHONE:
Phone	(956) 272-1971	Fax	(956) 348-0888				FAX:
Type:	Parent Agency	Administrator	ROLANDO GARZA			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/12/2012	Owner Information	
License #	015135					CREATIONS THERAPY LLC	
Lic Expire	10/31/2020					216 EAST INTERSTATE 2 SUITE 2	
Medicare 1:						PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 588-4060	Fax	(877) 797-3584			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	SHANNON RAE MCLAUGHLIN				
County	HIDALGO	Region	07	Date Licensed	03/29/2021	Owner Information	
License #	020180					CRUZ HOMECARE, LLC	
Lic Expire	9/16/2022					702 E. GRIFFIN PKWY STE 3	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 600-8770	Fax	(956) 600-7934			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DENISE CRUZ				
County	HIDALGO	Region	07	Date Licensed	03/29/2021	Owner Information	
License #	020485					CRUZ PRIMARY HOMECARE, LLC	
Lic Expire	1/25/2024					702 E GRIFFIN PKWY STE 3B	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 933-2909	Fax	(956) 600-7934			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DENISE CRUZ				
County	HIDALGO	Region	07	Date Licensed	11/14/2016	Owner Information	
License #	017739					CRYSTAL PRIMARY CARE LLC	
Lic Expire	11/15/2023					102 S BROADWAY	
Medicare 1:						MC ALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-4804	Fax	(956) 618-9913			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALECK RIOS				
County	HIDALGO	Region	07	Date Licensed	11/02/2010	Owner Information	
License #	013686					CV HOME HEALTH LLC	
Lic Expire	11/30/2022					1700 E. 28TH STREET SUITE B	
Medicare 1:	747919 HHA-18					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 968-7833	Fax	(956) 854-4090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	YOLANDA CUELLAR				
County	HIDALGO	Region	07	Date Licensed	12/01/2004	Owner Information	
License #	009435					ODP MANAGEMENT LLC	
Lic Expire	11/30/2024					P O BOX 267	
Medicare 1:	673132 HHA-18					WESLACO, TX 78599	
Medicare 2:						PHONE:	FAX:
Phone	(956) 973-9700	Fax	(956) 973-9788			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BLANCA GONZALEZ LMSW-AP				
County	HIDALGO	Region	07	Date Licensed	02/06/2018	Owner Information	
License #	018595					D&D PRIMARY HOME CARE LLC	
Lic Expire	2/28/2022					PO BOX 497	
Medicare 1:						PENITAS, TX 78576	
Medicare 2:						PHONE:	FAX:
Phone	(956) 897-3970	Fax	(956) 513-0697			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DILENY OLIVARES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	02/11/2021	Owner Information	
License #	020532					D&Z PRIMARY HOME CARE, LLC	
Lic Expire	2/11/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 929-0911	Fax	(956) 513-0394			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DIEGO SAENZ				
County	HIDALGO	Region	07	Date Licensed	04/28/2020	Owner Information	
License #	019248					DE FE PROVIDER HEALTH SERVICES LLC	
Lic Expire	2/11/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 520-8127	Fax	(956) 520-8137			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VANESSA RAMOS				
County	HIDALGO	Region	07	Date Licensed	05/09/2017	Owner Information	
License #	018047					MAYRA A DE LEON	
Lic Expire	5/31/2023					611 W EAGLE AVENUE	
Medicare 1:						PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 223-9118	Fax	(833) 860-7214			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELISA LOPEZ				
County	HIDALGO	Region	07	Date Licensed	10/01/2020	Owner Information	
License #	019867					DE LOS ANGELES HOME HEALTH SERVICES LLC	
Lic Expire	4/6/2022					8318 RIVERBEND CANYON LN	
Medicare 1:						HOUSTON, TEXAS 77089	
Medicare 2:						PHONE:	FAX:
Phone	(956) 616-3544	Fax	(956) 378-9975			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	03/31/2021	Owner Information	
License #	020663					DE LOS SANTOS PRIMARY HOME CARE, INC #2	
Lic Expire	3/31/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(800) 585-9120	Fax	(956) 435-0105			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIBEL DE LOS SANTOS				
County	HIDALGO	Region	07	Date Licensed	12/10/2020	Owner Information	
License #	019895					DE LOS SANTOS PRIMARY HOME CARE, LLC	
Lic Expire	4/24/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 373-9868	Fax	(956) 435-0105			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LIZETTE DE LOS SANTOS				
County	HIDALGO	Region	07	Date Licensed	06/24/2016	Owner Information	
License #	017480					FUERA INVESTMENT GROUP LLC	
Lic Expire	6/30/2022					2216 N 47TH ST	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 928-1811	Fax	(956) 928-1814			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE FUENTES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 04/20/2018
License # 018720 DEL SOL PERSONAL ASSISTANCE SERVICES LLC
Lic Expire 4/30/2020 5224 N CAGE STE 1-A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 666-9007 Fax (956) 782-8847
Type: Parent Agency Administrator LUIS E GONZALEZ

Owner Information

DEL SOL PERSONAL ASSISTANCE SERVICES, LLC
PO BOX 1562
MISSION, TEXAS 78572
PHONE: (956) 666-9007 FAX: (956) 666-9008
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/26/2021
License # 021159 DEVINE PRIMARY HOME CARE LLC
Lic Expire 10/26/2024 3003 WISTERIA DRIVE
Medicare 1: MISSION, TEXAS 78574
Medicare 2:
Phone (956) 890-0222 Fax
Type: Parent Agency Administrator ANDRINA DE ANDA

Owner Information

DEVINE PRIMARY HOME CARE LLC
3003 WISTERIA DR.
MISSION, TEXAS 78574
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/11/2022
License # 021319 DEVOTED HELPING HANDS
Lic Expire 1/11/2025 21714 CANYON TERRACE LANE
Medicare 1: KATY, TEXAS 77450
Medicare 2:
Phone (832) 349-2567 Fax
Type: Parent Agency Administrator SYLVIA TEMPLE

Owner Information

DEVOTED HELPING HANDS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/10/2011
License # 013812 DHC DIVINE HEALTH CARE LLC
Lic Expire 1/31/2023 4309 N 10TH ST STE C
Medicare 1: 747735 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 563-7509 Fax (956) 687-7509
Type: Parent Agency Administrator LISA BLUM

Owner Information

DHC DIVINE HEALTH CARE LLC
4311 N. 10TH ST. STE #B1
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/09/2011
License # 014151 DHR HEALTH HOSPICE
Lic Expire 6/30/2023 2717 MICHAEL ANGELO DR, STE 302
Medicare 1: 671788 HOSPICE EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 362-5780 Fax (956) 362-5789
Type: Parent Agency Administrator MARISSA ANDERSON

Owner Information

PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 03/24/2011
License # 013979 DOGWOOD HOME HEALTH CARE LLC
Lic Expire 3/31/2023 1216 W VETERANS BLVD, STE A
Medicare 1: 747762 HHA-18 PALMVIEW, TEXAS 78572
Medicare 2:
Phone (956) 580-3957 Fax (956) 580-8188
Type: Parent Agency Administrator JAVIER MONTELONGO

Owner Information

DOGWOOD HOME HEALTH CARE, LLC
720 WEST PALMA VISTA DRIVE SUITE 5
PALMVIEW, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/26/2009
License # 012619 DOLCE VIDA HOME HEALTH LLC
Lic Expire 5/31/2023 1401 E RIDGE ROAD SUITE F-1
Medicare 1: 747657 HHA-18 MCALLEN, TEXAS 78503
Medicare 2:
Phone (956) 630-1231 Fax (956) 627-4936
Type: Parent Agency Administrator LORENZO CARRILLO

Owner Information

DOLCE VIDA HOME HEALTH LLC
1401 E RIDGE ROAD SUITE F-1
MCALLEN, TEXAS 78503
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/18/2021
License # 020841 DONA MARI'S RGV PRIMARY HOME CARE, LLC
Lic Expire 6/18/2024 2602 GARDENIA DR
Medicare 1: SAN JUAN, TEXAS 78589
Medicare 2:
Phone (956) 310-8275 Fax (956) 513-0429
Type: Parent Agency Administrator VANEZA OCHOA

Owner Information

DONA MARI'S RGV PRIMARY HOME CARE, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/01/2018
License # 019403 DULCE AMOR Y PAZ PRIMARY HOME CARE LLC
Lic Expire 5/31/2021 5401 N CAGE BLVD STE A
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 731-9903 Fax 18888910277
Type: Parent Agency Administrator ERIKA MORA

Owner Information

DULCE AMOR Y PAZ PRIMARY HOME CARE, LLC
7608 N. 20TH STREET
MCALLEN, TEXAS 78504
PHONE:
FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/09/2007
License # 011139 DULCE ESPERANZA HOME HEALTH CARE LLC
Lic Expire 3/31/2022 3000 N TAYLOR ROAD
Medicare 1: 743106 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 580-2119 Fax (956) 580-1119
Type: Parent Agency Administrator NORMA AMALIA TORRES

Owner Information

DULCE ESPERANZA HOME HEALTH CARE LLC
3000 N TAYLOR ROAD
MCALLEN, TX 78501
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 06/30/2015
License # 016886 DULCE VIDA PROVIDER SERVICES
Lic Expire 6/30/2024 1418 BEECH AVENUE STE 131
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 800-5502 Fax (956) 800-5503
Type: Parent Agency Administrator AIDA VILLARREAL

Owner Information

LIZT, INC
1418 BEECH AVENUE SUITE 131
MCALLEN, TX 78501
PHONE:
FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/12/2020
License # 019826 EL JARDIN PROVIDER SERVICES, LLC
Lic Expire 2/12/2022 711 W NOLANA AVE. STE 103-L
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 803-0162 Fax (956) 803-0169
Type: Parent Agency Administrator JOSE A. DE LA O

Owner Information

EL JARDIN PROVIDER SERVICES, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/19/2007
License # 010998 EL MUNDO FELIZ
Lic Expire 1/31/2023 415 S. INTERNATIONAL BLVD. - SUITE 4
Medicare 1: WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 792-5080 Fax (956) 514-0603
Type: Parent Agency Administrator DANIEL MARTINEZ JR

Owner Information

EL MUNDO FELIZ
524 E LOS EBANOS
BROWNSVILLE, TX 78520
PHONE:
FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/13/2003
License # 008591 EL REY PRIMARY HEALTHCARE LLC
Lic Expire 8/31/2022 3622 MORELAND DR
Medicare 1: WESLACO, TX 78596
Medicare 2:
Phone (956) 968-7100 Fax (956) 968-7116
Type: Parent Agency Administrator MONICA MEAVE

Owner Information

EL REY PRIMARY HEALTHCARE LLC
110 EAST AGOSTADERO STREET SUITE B
WESLACO, TX 78596
PHONE:
FAX:
Services: Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	04/01/2007	Owner Information	
License #	011272					CHARTWELL COMMUNITY SERVICES, INC	
Lic Expire	3/31/2023					14295 MIDWAY ROAD SUITE 400	
Medicare 1:						ADDISON, TX 75001	
Medicare 2:						PHONE:	FAX:
Phone	(956) 381-5804	Fax	(956) 381-5901			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JACLYN SCHULTZ				
County	HIDALGO	Region	07	Date Licensed	10/09/2017	Owner Information	
License #	018367					ENCINO PRIMARY HOME CARE LLC	
Lic Expire	10/31/2023					2607 SPADES AVENUE	
Medicare 1:						EDINBURG, TX 78542	
Medicare 2:						PHONE:	FAX:
Phone	(956) 929-1054	Fax	(877) 784-1426			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA CARMEN CAVAZOS				
County	HIDALGO	Region	07	Date Licensed	05/13/2021	Owner Information	
License #	020749					ENTRUSTED CARE LLC	
Lic Expire	5/13/2024					1512 EAST GRIFFIN PARKWAY, SUITE 5	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(214) 837-9976	Fax	(956) 581-9568			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAETITIA FOMBON				
County	HIDALGO	Region	07	Date Licensed	10/06/2004	Owner Information	
License #	009348					ESSENTIAL HOME CARE INC	
Lic Expire	10/31/2022					PO BOX 720346	
Medicare 1:	457858 HHA-18					MCALLEN, TEXAS 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 683-0505	Fax	(956) 686-9484			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TERESITA CONTRERAS				
County	HIDALGO	Region	07	Date Licensed	11/03/2009	Owner Information	
License #	012942					ESTRELLA PHC SERVICES, LLC	
Lic Expire	11/30/2023					3513 W ALBERTA RD	
Medicare 1:						EDINBURG, TEXAS 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 994-1717	Fax	(956) 994-1818			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CYNTHIA CHAVEZ				
County	HIDALGO	Region	07	Date Licensed	11/30/2021	Owner Information	
License #	021238					EVERCARE HEALTHCARE, INC	
Lic Expire	11/30/2024					1713 W. GRIFFIN PKWY. STE. A	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 212-6198	Fax	(956) 391-2345			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	DUQUE CESAR				
County	HIDALGO	Region	07	Date Licensed	06/10/2021	Owner Information	
License #	020823					EVOLUTION HOME HEALTH LLC	
Lic Expire	6/10/2024					2806 JONQUIL AVENUE	
Medicare 1:						MCALLEN, TEXAS 785016249	
Medicare 2:						PHONE:	FAX:
Phone	(956) 648-3425	Fax	(956) 686-2676			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RAFAEL BENAVIDES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/26/2017	Owner Information	
License #	017876					EXCEL PRIMARY HOME CARE LLC	
Lic Expire	1/31/2023					PO BOX 235	
Medicare 1:						HARGILL, TEXAS 78549	
Medicare 2:						PHONE:	FAX:
Phone	(956) 845-6152	Fax	(855) 278-8213			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOEL CANTU				
County	HIDALGO	Region	07	Date Licensed	03/28/2016	Owner Information	
License #	017358					EXPERT PRIMARY HOME HEALTH CARE, INC	
Lic Expire	3/31/2022					909 BUSINESS PARKSTE 3	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE: (956) 584-7100	FAX: (956) 584-8778
Phone	(956) 387-0500	Fax	(956) 387-0501			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BETH PETERS				
County	HIDALGO	Region	07	Date Licensed	12/01/2020	Owner Information	
License #	020364					FAITH HOME CARE, INC	
Lic Expire	12/1/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 258-5558	Fax	(956) 258-5558			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ILSIA KAREN HIPOLITO				
County	HIDALGO	Region	07	Date Licensed	08/22/2018	Owner Information	
License #	019089					FAITH PRIMARY HOME CARE LLC	
Lic Expire	8/22/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 272-1950	Fax	18885597871			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LYDIA SANDOVAL				
County	HIDALGO	Region	07	Date Licensed	10/17/2012	Owner Information	
License #	015140					FAMILIA PRIMARY HOME CARE INC	
Lic Expire	10/31/2022					2700 E GRIFFIN PARKWAY, SUITE D-2	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	956 5834620	Fax	956 5834621			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EVELIA GUTIERREZ				
County	HIDALGO	Region	07	Date Licensed	03/22/2021	Owner Information	
License #	020039					FAMILIA UNIDA HOME HEALTHCARE, LLC	
Lic Expire	7/7/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 272-1968	Fax	(956) 928-9544			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAMANTHA SALINAS				
County	HIDALGO	Region	07	Date Licensed	10/31/2006	Owner Information	
License #	010847					FAMILY AND FRIENDS HOME HEALTH CARE INC	
Lic Expire	10/31/2023					508 W CANTON ROAD SUITE A	
Medicare 1:	679780 HHA-18					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 381-8253	Fax	(956) 381-8353			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	FELIPE GARZA JR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/06/1995	Owner Information	
License #	003459					VALLEY HOME HEALTH INC	
Lic Expire	1/31/2025					606 SOUTH MCCOLL ROAD	
Medicare 1:	458294 HHA-18					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 381-9294	Fax	(956) 381-9293			Services:	Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ARNULFO MARTINEZ				
County	HIDALGO	Region	07	Date Licensed	12/21/2001	Owner Information	
License #	008177					FRONTLINE HEALTH SERVICES INC	
Lic Expire	12/31/2023					3049 W. ALBERTA ROAD	
Medicare 1:	459199					EDINBURG, TEXAS 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 664-2659	Fax	(956) 664-2689			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARCIAL ZAMORA				
County	HIDALGO	Region	07	Date Licensed	05/06/2011	Owner Information	
License #	014081					FIRST CHOICE INHOME CARE LLC	
Lic Expire	5/31/2023					2301 EAST BUSINESS HWY 83 LOT A	
Medicare 1:						HIDALGO, TX 78537	
Medicare 2:						PHONE:	FAX:
Phone	(956) 246-9737	Fax	(956) 461-0032			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARIA RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	08/21/2013	Owner Information	
License #	015722					FIRST CLASS PROVIDER SERVICES LLC	
Lic Expire	8/31/2023					214 N. 16TH STREET SUITE:122	
Medicare 1:						MCALLEN, TEXAS 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 821-1273	Fax	(956) 627-4789			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ARIANNA ANTU				
County	HIDALGO	Region	07	Date Licensed	11/03/2015	Owner Information	
License #	016722					FIRST HOME HEALTHCARE LLC	
Lic Expire	2/28/2023					PO BOX 1877	
Medicare 1:						ALICE, TX	
Medicare 2:						PHONE:	FAX:
Phone	(956) 720-4256	Fax	(956) 287-4988			Services:	Personal Assistance Services
Type:	Branch Agency	Administrator	ARELY MATHEWS				
County	HIDALGO	Region	07	Date Licensed	09/19/2012	Owner Information	
License #	015072					PASOS D AMOR LLC	
Lic Expire	9/30/2022					4004 NORTH JACKSON RD	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 683-9339	Fax	(956) 683-9329			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	BELINDA DOLLINGER				
County	HIDALGO	Region	07	Date Licensed	03/27/2020	Owner Information	
License #	019857					FLORESITA HOMECARE, LLC	
Lic Expire	3/27/2022					PO BOX 721004	
Medicare 1:						MCALLEN, TEXAS 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 540-7172	Fax	(956) 540-7127			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	DENISE SANDOVAL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	08/28/2019	Owner Information	
License #	019561					FLOWERS PRIMARY HOME CARE LLC	
Lic Expire	8/28/2021					1221 INTERNATIONAL ST	
Medicare 1:						EDINBURG, TEXAS 78539	
Medicare 2:							PHONE:
Phone	(956) 378-9128	Fax	(956) 287-4582				FAX:
Type:	Parent Agency	Administrator	NORMA FLORES			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	09/17/2009	Owner Information	
License #	012860					FOCUSING IN HOME CARE INC	
Lic Expire	12/31/2021					1001 W BUS 83 STE C	
Medicare 1:	747615 HHA-18					MISSION, TX 78572	
Medicare 2:							PHONE:
Phone	(956) 583-9261	Fax	(956) 583-9267				FAX:
Type:	Parent Agency	Administrator	ROLANDO SANCHEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	04/18/2017	Owner Information	
License #	018006					FOREMOST HEALTHCARE SERVICES LLC	
Lic Expire	4/30/2024					701 E. ESPERANZA AVENUE SUITE B	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:							PHONE:
Phone	(956) 618-3757	Fax	(956) 686-3420				FAX:
Type:	Parent Agency	Administrator	MIGUEL ESPINOZA			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	10/07/2020	Owner Information	
License #	020216					FORTALEZA Y AMISTAD PRIMARY HOME CARE, LLC	
Lic Expire	10/7/2022					500 LLANO GRANDE AVE.	
Medicare 1:						EDCOUCH, TEXAS 785380245	
Medicare 2:							PHONE:
Phone	(956) 975-1222	Fax	(956) 517-1361				FAX:
Type:	Parent Agency	Administrator	RICARDO FLORES			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	03/22/2007	Owner Information	
License #	011179					FREEDOM HEALTHCARE INC	
Lic Expire	3/31/2022					5111 N 10TH #207	
Medicare 1:	747029					MCALLEN, TEXAS 78505	
Medicare 2:							PHONE:
Phone	(956) 686-9948	Fax	(956) 686-9949				FAX:
Type:	Parent Agency	Administrator	MELISSA VANDORN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HIDALGO	Region	07	Date Licensed	03/25/2008	Owner Information	
License #	012125					FRIENDS HEALTH CARE SERVICES INC	
Lic Expire	3/31/2022					401 S KANSAS AVENUE SUITE D	
Medicare 1:	459489 HHA-18					WESLACO, TX 78596	
Medicare 2:							PHONE:
Phone	(956) 854-4424	Fax	(956) 854-4430				FAX:
Type:	Parent Agency	Administrator	DAVID SUAREZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	05/13/2015	Owner Information	
License #	016802					FUNCTIONAL GAINZ THERAPEUTICS LLC	
Lic Expire	5/31/2023					2708 BAYLOR AVENUE	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:							PHONE:
Phone	(956) 447-4246	Fax	(956) 973-0707				FAX:
Type:	Parent Agency	Administrator	FERNANDO CASTELLANO			Services: Licensed Home Health Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	03/09/2018	Owner Information
License #	018647					GARDENIA PHC SERVICES LLC
Lic Expire	3/31/2022					704 S. 11TH ST. STE. C
Medicare 1:						MCALLEN, TEXAS 78501
Medicare 2:						PHONE: FAX:
Phone	(956) 800-4273	Fax	(956) 800-4283			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ROSIE MIGUEL			
County	HIDALGO	Region	07	Date Licensed	07/02/2018	Owner Information
License #	018815					GARDENIA PRIMARY HOME CARE LLC
Lic Expire	7/31/2022					370 E. BOWIE AVE.
Medicare 1:						ALAMO, TX 78516
Medicare 2:						PHONE: FAX:
Phone	(956) 720-4979	Fax	(956) 720-4979			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MARITES TAUTHO			
County	HIDALGO	Region	07	Date Licensed	11/17/2017	Owner Information
License #	018459					GENESIS PHC SERVICES, LLC
Lic Expire	11/30/2023					824 DEL ORO LN. STE. B
Medicare 1:						PHARR, TX 78577
Medicare 2:						PHONE: FAX:
Phone	(956) 540-7133	Fax	(956) 540-7134			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	NICKIE YBARRA			
County	HIDALGO	Region	07	Date Licensed	12/11/2017	Owner Information
License #	018498					GENTLE ARMS HEALTHCARE SERVICES, LLC
Lic Expire	12/31/2023					2209 WALNUT GROVE SUITE 1
Medicare 1:						MERCEDES, TEXAS 78570
Medicare 2:						PHONE: FAX:
Phone	956 5142595	Fax	866 7626313			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	MELISSA SANDOVAL			
County	HIDALGO	Region	07	Date Licensed	06/13/2013	Owner Information
License #	015601					GENTLE TOUCH PRIMARY HOME CARE LLC
Lic Expire	6/30/2023					7123 N BENTSEN PALM DRIVE, SUITE 4
Medicare 1:						MISSION, TX
Medicare 2:						PHONE: FAX:
Phone	(956) 581-3271	Fax	(956) 581-3487			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	RAQUEL CRUZ			
County	HIDALGO	Region	07	Date Licensed	03/31/2011	Owner Information
License #	013995					GENUINE HEALTHCARE SERVICES INC
Lic Expire	3/31/2024					SAME
Medicare 1:	747702 HHA-18					EDINBURG, TX 78539
Medicare 2:						PHONE: FAX:
Phone	(956) 683-6296	Fax	(956) 271-0637			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	DANIEL VILLALOBOS			
County	HIDALGO	Region	07	Date Licensed	07/29/2009	Owner Information
License #	011757					GIRLING HEALTH CARE, INC
Lic Expire	11/30/2023					12900 FOSTER
Medicare 1:						OVERLAND PARK, NC 28117
Medicare 2:						PHONE: FAX:
Phone	(956) 682-4864	Fax	(956) 682-4875			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	IRIS MEDINA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	06/24/2003	Owner Information	
License #	008521					GMC PHC SERVICES INC	
Lic Expire	6/30/2022					4106 N 22ND STE 3	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 664-0608	Fax	(956) 664-0708			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIBEL MANRIQUE				
County	HIDALGO	Region	07	Date Licensed	10/30/2015	Owner Information	
License #	017205					JHONSDTC INC	
Lic Expire	10/31/2024					4901 S. MCCOLL RD STE B	
Medicare 1:	747691 HHA-18					EDINBURG, TEXAS 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 618-4653	Fax	(956) 618-4656			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARISOL GARZA				
County	HIDALGO	Region	07	Date Licensed	03/23/2012	Owner Information	
License #	014704					GOLDEN YEARS HEALTH SERVICES INC	
Lic Expire	3/31/2022					5009 N MCCOLL ROAD	
Medicare 1:	747858 HHA-18					MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-4090	Fax	(956) 627-0773			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VICTOR BENAVIDES				
County	HIDALGO	Region	07	Date Licensed	11/16/2015	Owner Information	
License #	017127					GABRIELA AGUILLON	
Lic Expire	11/30/2023					422 E SAMANO	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 381-0906	Fax	(956) 287-4744			(956) 380-0461	(956) 287-4744
Type:	Parent Agency	Administrator	GABRIELA AGUILLON			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	12/07/2007	Owner Information	
License #	011744					GOOD SHEPHERD PRIMARY HEALTH CARE LLC	
Lic Expire	12/31/2022					7981 MILE 17 NORTH	
Medicare 1:	747135 HHA-18					EDCOUCH, TX 78538	
Medicare 2:						PHONE:	FAX:
Phone	(956) 262-7445	Fax	(956) 262-0008			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MACARIA SALINAS				
County	HIDALGO	Region	07	Date Licensed	11/15/2012	Owner Information	
License #	015208					GOODWILL HEALTHCARE TEAM, INC	
Lic Expire	11/30/2022					SAME AS PHYSICAL ADDRESS	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	956 5408695	Fax	956 5408699			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE LUIS FLORES				
County	HIDALGO	Region	07	Date Licensed	03/24/2015	Owner Information	
License #	016698					GPHHT LLC	
Lic Expire	3/31/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 217-5999	Fax	(210) 941-0500			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ADRIANA CAVAZOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/01/2018	Owner Information
License #	019240					REGENCY IHS HOSPICE SERVICES LLC
Lic Expire	10/1/2022					101 W GOODWIN AVE STE 600
Medicare 1:	671659					VICTORIA, TX 77901
Medicare 2:						PHONE:
Phone	(956) 661-1177	Fax	(956) 661-1178			FAX:
Type:	Parent Agency	Administrator	ERNESTO MORENO			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed		Owner Information
License #	012169					GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire	8/31/2022					605 MACO DRIVE
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(956) 688-9797	Fax	(956) 428-2541			FAX:
Type:	Alternate Delivery Site	Administrator	DANIELLE MARTINEZ			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	12/30/2014	Owner Information
License #	016589					GUADALUPE HOME CARE INC
Lic Expire	12/31/2022					7801 S CAGE BLVD STE 102
Medicare 1:						PHARR, TX 78577
Medicare 2:						PHONE:
Phone	(956) 783-4900	Fax	(956) 783-4905			FAX:
Type:	Parent Agency	Administrator	ERIKA DELATORRE			Services: Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/05/2021	Owner Information
License #	020881					GUARDIAN HOME CARE LLC
Lic Expire	7/5/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 631-4421	Fax	(956) 631-5540			FAX:
Type:	Parent Agency	Administrator	MAYTE GARZA			Services: Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	08/03/2011	Owner Information
License #	014251					HACIENDA HEALTH CARE LLC
Lic Expire	8/31/2023					2187 MILE 10 N
Medicare 1:	747848 HHA-18					MERCEDES, TEXAS 78570
Medicare 2:						PHONE:
Phone	(956) 565-1110	Fax	(956) 565-1116			FAX:
Type:	Parent Agency	Administrator	CARLOS GARZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	09/24/2021	Owner Information
License #	021078					HACIENDA LAS FUENTES PHC, LLC
Lic Expire	9/24/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 591-0777	Fax				FAX:
Type:	Parent Agency	Administrator	LUZELMA ROSALES			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	06/18/2012	Owner Information
License #	014957					ARC PRIMARY CARE LLC
Lic Expire	6/30/2022					2517 W. TRENTON ROAD
Medicare 1:						EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 475-3531	Fax	(956) 475-3541			FAX:
Type:	Parent Agency	Administrator	MARY MORENO			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	02/12/2013	Owner Information
License #	015364					HARBOR HOSPICE OF HARLINGEN LP
Lic Expire	2/28/2023					3406 COLLEGE STREET
Medicare 1:	741705 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(361) 595-3066	Fax	(361) 593-6490			FAX:
Type:	Parent Agency	Administrator	CLARISSA TABOADA			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	02/12/2013	Owner Information
License #	015366					HARBOR HOSPICE OF MCALLEN LP
Lic Expire	2/28/2023					3406 COLLEGE STREET
Medicare 1:	741537 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(956) 800-4977	Fax	(956) 800-4979			FAX:
Type:	Parent Agency	Administrator	NOE REYES			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	02/12/2013	Owner Information
License #	015365					HARBOR HOSPICE OF SOUTH TEXAS LP
Lic Expire	2/28/2023					3406 COLLEGE STREET
Medicare 1:						BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(956) 800-4977	Fax	(956) 800-4979			FAX:
Type:	Parent Agency	Administrator	LEONEL BETANCOURT			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	02/10/2020	Owner Information
License #	019818					HARMONY HEALTH NETWORK LLC
Lic Expire	2/10/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 212-8005	Fax	(956) 631-3810			FAX:
Type:	Parent Agency	Administrator	SONIA ANCISO			Services: Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	03/05/2010	Owner Information
License #	013444					HEALTH CARE PARTNERS INCORPORATED DBA HCP, INC
Lic Expire	3/31/2022					300 E. NOLANA LOOP STE. J
Medicare 1:	677834 HHA-18					PHARR, TEXAS 78577
Medicare 2:						PHONE:
Phone	(956) 633-0043	Fax	(956) 633-0044			FAX:
Type:	Parent Agency	Administrator	RIZALINA LAGAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	11/26/1990	Owner Information
License #	002164					HEALTH CARE UNLIMITED, INC
Lic Expire	11/30/2022					1100 E LAUREL
Medicare 1:	677285 HHA-18					MCALLEN, TX 78504
Medicare 2:						PHONE:
Phone	(956) 994-9911	Fax	(956) 630-0452			FAX:
Type:	Parent Agency	Administrator	JOSEPH RAMON, III			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	02/26/2009	Owner Information
License #	012472					PPL COMPADRES INC
Lic Expire	2/28/2023					944 WEST NOLANA LOOP SUITE F
Medicare 1:	747861 HHA-18					PHARR, TX 78577
Medicare 2:						PHONE:
Phone	(956) 322-3888	Fax	(956) 322-3288			FAX:
Type:	Parent Agency	Administrator	JOEL PEREZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	05/19/2021	Owner Information	
License #	020764					HEART OF GOLD PRIMARY CARE SVCS	
Lic Expire	5/19/2024					517 ROBIN ST	
Medicare 1:						SULLIVAN CITY, TEXAS 78595	
Medicare 2:							PHONE:
Phone	(956) 420-2178	Fax	(956) 485-6149				FAX:
Type:	Parent Agency	Administrator	JUDY TANGUMA			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	08/31/2018	Owner Information	
License #	019807					HEARTS OF TEXAS PROVIDER SERVICES, LLC	
Lic Expire	2/6/2022					702 W INTERSTATE 2, STE C1	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:							PHONE:
Phone	(956) 666-9055	Fax	(956) 517-2021				FAX:
Type:	Parent Agency	Administrator	DANA LOPEZ			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	12/30/2009	Owner Information	
License #	013056					HEAVENLY CARE PHC SERVICES	
Lic Expire	12/31/2024					2204 W SPRAGUE STREET	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:							PHONE:
Phone	(956) 720-4490	Fax	(956) 720-4402				FAX:
Type:	Parent Agency	Administrator	DALYLA JASSO DEAN			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	11/22/2016	Owner Information	
License #	017755					HEAVENLY GRACE OURANIOS, INC	
Lic Expire	1/31/2022					813 N MAIN ST SUITE 315	
Medicare 1:						MCALLEN, TEXAS 78501	
Medicare 2:							PHONE:
Phone	(956) 821-2556	Fax	(956) 627-6630				FAX:
Type:	Parent Agency	Administrator	ALFREDO CUELLAR			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	06/19/2006	Owner Information	
License #	010551					HEAVENLY HEALTH CARE LLC	
Lic Expire	6/30/2022					1506 E. GRIFFIN PARKWAY STE B	
Medicare 1:	679656 HHA-18					MISSION, TX 78572	
Medicare 2:							PHONE:
Phone	(956) 271-4755	Fax	(956) 598-5098				FAX:
Type:	Parent Agency	Administrator	CYNTHIA OCHOA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HIDALGO	Region	07	Date Licensed	10/09/2013	Owner Information	
License #	015804					HEAVENLY HELPERS HOME CARE LLC	
Lic Expire	10/31/2021					710 WEST 2ND STREET	
Medicare 1:						MERCEDES, TX 78570	
Medicare 2:							PHONE:
Phone	(956) 463-0723	Fax	(956) 565-6457				FAX:
Type:	Parent Agency	Administrator	AARON CAMARGO			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	09/13/2017	Owner Information	
License #	018317					HEAVENLY STALLIONS PHC LLC	
Lic Expire	9/30/2023					127 SOUTH 8TH STREET	
Medicare 1:						DONNA, TEXAS 78537	
Medicare 2:							PHONE:
Phone	(956) 375-2009	Fax	(956) 375-2047				FAX:
Type:	Parent Agency	Administrator	MELISSA FLORES			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 09/04/2002
License # 008091 HELPING HANDS HOME HEALTH CARE
Lic Expire 9/30/2023 306 WEST CAMELLIA AVE.
Medicare 1: 679232 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-7070 Fax (956) 631-7001
Type: Parent Agency Administrator BRIAN ROCK

Owner Information

MCALLEN HEALTH NETWORK INC
306 WEST CAMELLIA AVENUE
MCALLEN, TX 78501-2070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 12/03/2021
License # 021248 HELPING HANDS PRIMARY HOME CARE, LLC
Lic Expire 12/3/2024 4004 S LAS NUBES
Medicare 1: PHARR, TEXAS 78577
Medicare 2:
Phone (956) 867-5345 Fax (956) 222-0441
Type: Parent Agency Administrator ROSA C. YSQUIRERDO

Owner Information

HELPING HANDS PRIMARY HOME CARE, LLC
SAME
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/20/2006
License # 010819 HELPING HANDS PROVIDER SERVICE
Lic Expire 10/31/2023 2200 EAST GRIFFIN PARKWAY
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 585-0547 Fax (956) 600-7473
Type: Parent Agency Administrator CARLOS LUGO

Owner Information

CSL ENTERPRISES INC
2200 E GRIFFIN PARKWAY
MISSION, TX 78572
PHONE: (956) 585-0547 FAX: (956) 600-7473
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/14/2021
License # 021048 HERMOSA VICTORIA PROVIDER AGENCY LLC
Lic Expire 9/14/2024 2511 BUDDY OWENS AVE STE. E
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 322-8020 Fax (956) 992-1327
Type: Parent Agency Administrator JAVIER HERNANDEZ

Owner Information

HERMOSA VICTORIA PROVIDER AGENCY LLC
1960 ZENAIDA AVE
MCALLEN, TEXAS 78504
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/27/2021
License # 020936 HERNANDEZ HOME HEALTH, LLC
Lic Expire 7/27/2024 206 N. BROADWAY SUITE #2
Medicare 1: ELSA, TEXAS 78543
Medicare 2:
Phone 956 2610336 Fax 800 8485649
Type: Parent Agency Administrator DALIA HERNANDEZ

Owner Information

HERNANDEZ HOME HEALTH, LLC
P.O. BOX 202
ELSA, TEXAS 78543
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/15/2004
License # 008864 HHN HEALTHCARE LLC
Lic Expire 1/31/2023 2007 E. GRIFFIN PARKWAY STE. A
Medicare 1: 679476 HHA-18 MISSION, TEXAS 78572
Medicare 2:
Phone (956) 683-8662 Fax (956) 683-1484
Type: Parent Agency Administrator SASHA ESPINOZA

Owner Information

HHN HEALTHCARE,LLC
SAME
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/26/2006
License # 010831 HIGH POINT HOME HEALTH
Lic Expire 10/31/2023 1700 WEST GRIFFIN PARKWAY
Medicare 1: 679752 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 583-8876 Fax (956) 580-2356
Type: Parent Agency Administrator OMAR CONTRERAS

Owner Information

HIGH POINT HOME HEALTH LP
SAME
MISSION, TX 78572
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/21/2010	Owner Information	
License #	013666					HOLISTIC PERSONAL ASSISTANCE SERVICES, LLC	
Lic Expire	10/31/2022					2017 E GRIFFIN PARKWAY	
Medicare 1:						MISSION, TEXAS 78574	
Medicare 2:						PHONE:	FAX:
Phone	(956) 424-2317	Fax	(956) 600-8007			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YURIDIA ALVAREZ				
County	HIDALGO	Region	07	Date Licensed	11/13/2021	Owner Information	
License #	021205					HOME WATCH PROVIDER SERVICE INC	
Lic Expire	11/13/2024					5303 N MCCOLL RD	
Medicare 1:						MCALLEN, TEXAS 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 575-7111	Fax	(956) 664-9957			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAEOR MANDEVILLE				
County	HIDALGO	Region	07	Date Licensed	02/17/2017	Owner Information	
License #	017971					HEMOCARE DIMENSIONS, INC	
Lic Expire	2/28/2023					12500 NETWORK BLVD SUITE 210	
Medicare 1:						SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-0554	Fax	(956) 627-0724			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	ASHLEIGH STRICKLAND				
County	HIDALGO	Region	07	Date Licensed	01/28/2015	Owner Information	
License #	016861					HEALTH COM MANAGEMENT, LLC	
Lic Expire	1/31/2023					116 W TOM LANDRY	
Medicare 1:	679070 HHA-18					MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 519-1000	Fax	(956) 584-1413			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARLA MUNOZ				
County	HIDALGO	Region	07	Date Licensed	03/05/2021	Owner Information	
License #	020572					HOSPICE CARE GOOD SHEPHERD LLC	
Lic Expire	3/5/2023					7938 MILE 17 ROAD	
Medicare 1:						EDCOUCH, TEXAS 78538	
Medicare 2:						PHONE:	FAX:
Phone	956 5326584	Fax	(877) 717-7229			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JULIAN SILVA, JR.				
County	HIDALGO	Region	07	Date Licensed	05/05/2009	Owner Information	
License #	012576					HOSPICE COMPASSIONATE CARE SERVICES LLC	
Lic Expire	5/31/2024					2411 E. GRIFFIN PKWY,	
Medicare 1:	671642 HOSPICE					MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 581-9450	Fax	(956) 581-8660			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	FERNEY MEDINA				
County	HIDALGO	Region	07	Date Licensed	05/31/2006	Owner Information	
License #	010495					HOSPITAL AT HOME LLC	
Lic Expire	5/31/2020					P.O. BOX 5475	
Medicare 1:	679782 HHA-18					MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 342-9092	Fax	(956) 971-0090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CELIA T OJEAGA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/25/2021	Owner Information		
License #	020486					HUMBLE CARE, INC		
Lic Expire	1/25/2023					3912 EUCALIPTUS AVE		
Medicare 1:						MCALLEN, TEXAS 78501		
Medicare 2:						PHONE:		FAX:
Phone	(956) 591-0357	Fax	(956) 591-0417			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	BRIDGET FOMBON-NAMBOUH					
County	HIDALGO	Region	07	Date Licensed	04/13/2020	Owner Information		
License #	019874					HUMILDE HOME CARE, LLC		
Lic Expire	4/13/2022					1601 W. TRENTON RD STE L		
Medicare 1:						EDINBURG, TEXAS 78539		
Medicare 2:						PHONE:		FAX:
Phone	(956) 513-8444	Fax	(956) 513-8440			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	BIANCA DELGADO					
County	HIDALGO	Region	07	Date Licensed	04/07/1994	Owner Information		
License #	002876					IPH HOME HEALTH CARE INC		
Lic Expire	4/30/2024					1300 N 10TH STREET STE 210		
Medicare 1:	458032 HHA-18					MCALLEN, TX 78501		
Medicare 2:						PHONE:		FAX:
Phone	(956) 971-0224	Fax	(956) 971-0298			Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	MIRNA LUGO					
County	HIDALGO	Region	07	Date Licensed	01/01/1999	Owner Information		
License #	007074					IMS HOME HEALTH CARE, INC		
Lic Expire	12/31/2022					623A S. TEXAS BLVD		
Medicare 1:	678299 HHA-18					WESLACO, TX 78596		
Medicare 2:						PHONE:		FAX:
Phone	(956) 464-9111	Fax	(956) 464-6611			Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	LINDA GARDNER					
County	HIDALGO	Region	07	Date Licensed	05/10/2017	Owner Information		
License #	018048					IMS HOSPICE CARE INC		
Lic Expire	5/31/2023					623A S. TEXAS BLVD		
Medicare 1:	74-1746					WESLACO, TX 78596		
Medicare 2:						PHONE:		FAX:
Phone	(956) 975-2615	Fax	(956) 975-2619			Services: Hospice		
Type:	Parent Agency	Administrator	ALICIA RODRIGUEZ			In-Patient Hospice: NO		
County	HIDALGO	Region	07	Date Licensed	08/24/2004	Owner Information		
License #	009264					JAL HEALTH SERVICES INC		
Lic Expire	8/31/2024					SAME AS PHYSICAL ADDRESS		
Medicare 1:	673164					WESLACO, TEXAS 78596		
Medicare 2:						PHONE:		FAX:
Phone	956 6272264	Fax	956 6273354			Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	MARIA MORENO					
County	HIDALGO	Region	07	Date Licensed	07/31/2008	Owner Information		
License #	012126					JAL COMMUNITY SERVICES, INC		
Lic Expire	7/31/2024					1713 W GRIFFIN PKWY		
Medicare 1:						MISSION, TEXAS 78572		
Medicare 2:						PHONE:	(956) 600-7042	FAX: (956) 391-2345
Phone	(956) 600-7042	Fax	(956) 391-2345			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MARICELA RIOS					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 11/26/2008
License # 012321 INFINITY CARE HOME HEALTH LLC
Lic Expire 11/30/2022 1910 S 1ST, STE 500
Medicare 1: 747308 HHA-18 MCALLEN, TX 78503
Medicare 2:
Phone (956) 630-3001 Fax (956) 630-3011
Type: Parent Agency Administrator ABEL MARTINEZ

Owner Information

INFINITY CARE HOME HEALTH LLC
5211 S MCCOLL RD SUITE D
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/22/2021
License # 021225 INNOVATIVE HOME CARE SOLUTIONS, LLC
Lic Expire 11/22/2024 1904 JONATHON DR. STE B
Medicare 1: MISSION, TX 78572
Medicare 2:
Phone (956) 598-7322 Fax (956) 594-4225
Type: Parent Agency Administrator JOSE HERNANDEZ

Owner Information

INNOVATIVE HOME CARE SOLUTIONS, LLC
SAME
,
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 02/03/2009
License # 012543 IPH HOSPICE CARE INC
Lic Expire 5/1/2023 1100 E. JASMINE AVE. STE. 203
Medicare 1: 671573 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 682-4234 Fax (956) 631-1677
Type: Parent Agency Administrator YVETTE HUERTA

Owner Information

IPH HOME CARE SERVICES INC DBA IPH HOSPICE CARE INC
1100 E JASMINE AVE SUITE 203
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 09/30/1997
License # 006027 IPH PRIMARY HOME CARE INC
Lic Expire 9/30/2023 900 KERRIA AVE.
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 971-9732 Fax (956) 971-9307
Type: Parent Agency Administrator DEYLAH MUNOZ

Owner Information

IPH PRIMARY HOME CARE INC
1100 E. JASMINE AVE SUITE 203
MCALLEN, TX 78501
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/30/2020
License # 020279 JIREH HEALTHCARE SERVICES, LLC
Lic Expire 10/30/2022 3000 N. MCCOLL RD STE 6
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 569-4220 Fax (956) 569-4220
Type: Parent Agency Administrator MARISSA BADILLO

Owner Information

JIREH HEALTHCARE SERVICES, LLC
SAME
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/18/2012
License # 014592 JOJEMAR HOME HEALTH INC
Lic Expire 1/31/2022 300 E NOLANA LOOP SUITE H
Medicare 1: 747799 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 621-1715 Fax (956) 621-1906
Type: Parent Agency Administrator PACIFICO MARAVILLAS

Owner Information

JOJEMAR HOME HEALTH INC
300 EAST NOLANA LOOP SUITE A-1
PHARR, TX 78577
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 10/05/2021
License # 021100 JOYFUL PROVIDER SERVICES LLC
Lic Expire 10/5/2024 2528 BUDDY OWENS AVENUE
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 627-4358 Fax
Type: Parent Agency Administrator LAURI VELLASQUEZ

Owner Information

JOYFUL PROVIDER SERVICES LLC

PHONE: FAX:
Services: Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	03/04/2021	Owner Information	
License #	020568					JUST HAPPY PRIMARY HOME CARE, LLC	
Lic Expire	3/4/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 405-3406	Fax	(956) 405-3005			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE HINOJOSA				
County	HIDALGO	Region	07	Date Licensed	02/11/2021	Owner Information	
License #	020534					KAMILA HOME CARE, INC	
Lic Expire	2/11/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 685-1046	Fax	(956) 685-1072			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GRISELLE RIOS				
County	HIDALGO	Region	07	Date Licensed	01/28/2011	Owner Information	
License #	013856					BRADWELL DIVERSIFIED INC	
Lic Expire	1/31/2023					526 W 2ND ST	
Medicare 1:						MERCEDES, TEXAS	
Medicare 2:						PHONE:	FAX:
Phone	(956) 230-3301	Fax	(956) 391-2825			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ISRAEL MALDONADO				
County	HIDALGO	Region	07	Date Licensed	01/12/1996	Owner Information	
License #	004197					KELLYS HEALTH CARE INC	
Lic Expire	1/31/2022					2007 N CONWAY SUITE C	
Medicare 1:	678225					MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 519-8118	Fax	(956) 584-8572			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	JAYNIE CHAPA				
County	HIDALGO	Region	07	Date Licensed	05/06/1998	Owner Information	
License #	006524					KELLYS PRIMARY CARE INC	
Lic Expire	7/31/2019					2007 NORTH CONWAY AVE., SUITE D	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 583-0141	Fax	(956) 583-0143			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JAYNIE CHAPA				
County	HIDALGO	Region	07	Date Licensed	09/11/2012	Owner Information	
License #	015058					RENAISSANCE OUTPATIENT THERAPY CENTER, LLCKIDS KORNER HOME THERAPY	
Lic Expire	9/30/2022					910 EAST 8TH STREET SUITE 7	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 682-2621	Fax	(956) 994-3888			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	TRAVIS FRENCH				
County	HIDALGO	Region	07	Date Licensed	05/16/2007	Owner Information	
License #	011490					KSC HOME CARE LLC	
Lic Expire	5/31/2023					1101 W VETERANS BLVD STE A	
Medicare 1:	459486 HHA-18					PALMVIEW, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 585-7266	Fax	(956) 585-7388			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	NICOLAS JUSTANCE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	08/11/2016	Owner Information	
License #	017567					L & A PRIMARY HOME CARE, LLC	
Lic Expire	8/31/2022					P O BOX 733	
Medicare 1:						PENITAS, TEXAS 78576	
Medicare 2:						PHONE:	FAX:
Phone	(956) 400-5181	Fax	(956) 513-0745			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AURORA CASTILLO				
County	HIDALGO	Region	07	Date Licensed	07/09/2021	Owner Information	
License #	020894					LA BENDICION PRIMARY HOME CARE, LLC	
Lic Expire	7/9/2024					SAME AS PHYSICAL ADDRESS	
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	956 5108058	Fax	956 5108098			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GENOVEVA V. BRIONES				
County	HIDALGO	Region	07	Date Licensed	09/24/2004	Owner Information	
License #	009325					LA FUENTE HOME HEALTH SERVICES INC	
Lic Expire	9/30/2021					PO BOX 280	
Medicare 1:	677835 HHA-18					SULLIVAN CITY, TEXAS 78595	
Medicare 2:						PHONE:	FAX:
Phone	(956) 485-1190	Fax	(956) 485-1193			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA ALEMAN				
County	HIDALGO	Region	07	Date Licensed	02/06/2001	Owner Information	
License #	007540					LA FUENTE INCORPORATED	
Lic Expire	2/28/2023					PO BOX 280	
Medicare 1:						SULLIVAN CITY, TX 78595	
Medicare 2:						PHONE: (956) 485-9650	FAX: (956) 485-9652
Phone	(956) 485-2400	Fax	(956) 485-1193			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA ALEMAN				
County	HIDALGO	Region	07	Date Licensed	08/17/2020	Owner Information	
License #	019891					LA HACIENDA HOMECARE, LLC	
Lic Expire	4/22/2022					PO BOX 721004	
Medicare 1:						MCALLEN, TEXAS 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 567-9719	Fax	(866) 580-0923			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RICARDO BENITEZ				
County	HIDALGO	Region	07	Date Licensed	09/11/2017	Owner Information	
License #	018307					LA MISION PALLIATIVE CARE AND HOSPICE, LLC	
Lic Expire	9/30/2023					3521 W FREDDY GONZALEZ STE A-3	
Medicare 1:	741704 HOSPICE					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 515-5050	Fax	(888) 926-9306			Services: Hospice	
Type:	Parent Agency	Administrator	JOSE JUAREZ			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	02/09/2018	Owner Information	
License #	018606					LA PALMA PROVIDER SERVICES LLC	
Lic Expire	2/28/2022					P.O. BOX 1614	
Medicare 1:						ELSA, TX 78543	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-0333	Fax	(956) 287-1986			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MANUEL IBARRA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/11/2016	Owner Information	
License #	017449					PRIVILEGE CARE LLC	
Lic Expire	1/31/2022					PO BOX 4277	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 271-6161	Fax	(956) 322-4128			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	I SELA TREVINO				
County	HIDALGO	Region	07	Date Licensed	02/28/2019	Owner Information	
License #	019286					LAS MARIPOSAS PRIMARY HOME CARE, LLC	
Lic Expire	6/30/2021					1801 EDWARD DRIVE STE A	
Medicare 1:						EDINBURG, TEXAS 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 598-7576	Fax	(956) 599-9749			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORENA SALIANS				
County	HIDALGO	Region	07	Date Licensed	07/20/2021	Owner Information	
License #	020918					LEE'S PRIMARY HOME CARE, INC	
Lic Expire	7/20/2024					1503 GARDEN RIDGE AVE, STE A	
Medicare 1:						SAN JUAN, TX 78589	
Medicare 2:						PHONE:	FAX:
Phone	(844) 956-5337	Fax	(956) 338-5801			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIBEL DE LOS SANTOS				
County	HIDALGO	Region	07	Date Licensed	05/10/2006	Owner Information	
License #	008442					LEGACY HOME HEALTH AGENCY INC	
Lic Expire	2/28/2023					6655 FIRST PARK TEN BLVD, SUITE 200	
Medicare 1:						SAN ANTONIO, TEXAS 78213	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-9100	Fax	(956) 580-9110			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	AMBROSE HERNANDEZ				
County	HIDALGO	Region	07	Date Licensed	02/16/2007	Owner Information	
License #	008442					LEGACY HOME HEALTH AGENCY INC	
Lic Expire	2/28/2023					6655 FIRST PARK TEN BLVD, SUITE 200	
Medicare 1:						SAN ANTONIO, TEXAS 78213	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-9150	Fax	(956) 580-9111			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	AMBROSE HERNANDEZ			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	09/13/2021	Owner Information	
License #	021039					LIBERTY PRIMARY HOME CARE, LLC	
Lic Expire	9/13/2024					4701 FIR AVE.	
Medicare 1:						MCALLEN, TEXAS 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 800-4097	Fax	(956) 322-3911			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VANESSA I. REGULES				
County	HIDALGO	Region	07	Date Licensed	10/07/2014	Owner Information	
License #	016623					LIFE HOME HEALTH CARE INC	
Lic Expire	10/31/2022					1609 DAVENPORT ST STE B	
Medicare 1:	747136 HHA-18					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-7080	Fax	(956) 287-7084			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ARTURO RAMOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 12/10/2008
License # 012339 LIFE TOUCH HOME HEALTH SERVICES, LLC
Lic Expire 12/31/2022 2215 CORNERSTONE BLVD
Medicare 1: 747248 HHA-18 EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 664-0106 Fax (956) 664-0107
Type: Parent Agency Administrator JONSETE REYNA

Owner Information

LIFE TOUCH HOME HEALTH SERVICES LLC
6316 N 10TH STREET BLDG.A SUITE 103
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 01/27/2021
License # 020492 LION OF JUDAH PRIMARY HOMECARE
Lic Expire 1/27/2023 813 N MAIN ST. SUITE 320
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 258-2381 Fax (956) 258-2381
Type: Parent Agency Administrator ADRIAN FLORES JR

Owner Information

ADRIAN FLORES JR
PO BOX 5014
MCALLEN, TEXAS 78502
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/26/2018
License # 019591 LITTLE WARRIORS PEDIATRIC HOME CARE, LLC
Lic Expire 9/10/2021 1409 S. 9TH AVE. SUITE #224
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 429-1191 Fax (956) 380-6968
Type: Parent Agency Administrator ESTELA RODRIGUEZ

Owner Information

LITTLE WARRIORS PEDIATRIC HOME CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/06/2016
License # 017767 LOS MILAGROS PHC LLC
Lic Expire 12/31/2022 810 E VETERANS BLVD #K
Medicare 1: PALMVIEW, TX 78572
Medicare 2:
Phone (956) 600-7936 Fax (956) 599-9027
Type: Parent Agency Administrator KENYA MORENO

Owner Information

LOS MILAGROS PHC, LLC
810 E VETERANS BLVD # K
PALMVIEW, TX 78572
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/31/2010
License # 013925 LOS REYES HOME CARE
Lic Expire 12/31/2022 5428 S. JACKSON RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 584-9200 Fax (956) 584-9205
Type: Parent Agency Administrator DEANNETTE CORTEZ

Owner Information

DDNJ, INC
P.O. BOX 1445
EDINBURG, TX 78542
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/01/2010
License # 013724 LOVE 'N CARE
Lic Expire 10/31/2022 3523 W ALBERTA RD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone 956 6888116 Fax 956 6649967
Type: Parent Agency Administrator MAGDALENA CEPEDA

Owner Information

VELA INVESTMENT CORPORATION
3523 W ALBERTA RD
EDINBURG, TX 78539
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/14/2021
License # 021046 LOVE 'N CARE
Lic Expire 9/14/2024 3523 W. ALBERTA ROAD
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone 956 6888116 Fax 956 6649967
Type: Parent Agency Administrator MAGDALENA CEPEDA

Owner Information

VELA INVESTMENT CORPORATION
3523 W ALBERTA RD
EDINBURG, TX 78539
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	05/27/2020	Owner Information	
License #	019961					LOVING HANDS HOME CARE LLC	
Lic Expire	5/27/2022					4713 N. KENYON ROAD	
Medicare 1:						EDINBURG, TX 78542	
Medicare 2:							PHONE:
Phone	(956) 624-0128	Fax					FAX:
Type:	Parent Agency	Administrator	BENJAMIN SALINAS			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	04/14/2017	Owner Information	
License #	018002					LYNNCARE HOSPICE SERVICES LLC	
Lic Expire	4/30/2023					1611 DAVENPORT ST STE B	
Medicare 1:	741693 HOSPICE					WESLACO, TX 78596	
Medicare 2:							PHONE:
Phone	(956) 684-5957	Fax	(956) 520-8048				FAX:
Type:	Parent Agency	Administrator	LINDA NUNEZ			Services: Hospice In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	02/01/2007	Owner Information	
License #	011052					M & G PRIMARY HOME CARE INC	
Lic Expire	1/31/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						MISSION, TX 78572	
Medicare 2:							PHONE:
Phone	(956) 618-4620	Fax	(956) 618-4631				FAX:
Type:	Parent Agency	Administrator	MONICA E CENTENO			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	02/08/2017	Owner Information	
License #	017910					MAMI ROSA HOMECARE INC	
Lic Expire	2/28/2023					219 S CASE SUITE #8	
Medicare 1:						PHARR, TX 78577	
Medicare 2:							PHONE:
Phone	(956) 685-5420	Fax	(956) 685-5310				FAX:
Type:	Parent Agency	Administrator	EDGARDO RODRIGUEZ			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	08/01/2018	Owner Information	
License #	018861					MANO AMIGA PRIMARY HOME CARE LLC	
Lic Expire	7/31/2022					711 W NOLANA AVE SUITE 103J	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:							PHONE:
Phone	(956) 331-8523	Fax	(956) 331-8625				FAX:
Type:	Parent Agency	Administrator	JULIO FERNANDEZ			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	06/03/2005	Owner Information	
License #	009787					MANOS DE ORO PHC, INC	
Lic Expire	6/30/2022					1418 BEECH AVE. STE #124	
Medicare 1:	679516 HHA-18					MCALLEN, TX 78505	
Medicare 2:							PHONE:
Phone	(956) 618-3480	Fax	(956) 618-3396				FAX:
Type:	Parent Agency	Administrator	YAMEIDA CHAVANA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	04/09/2018	Owner Information	
License #	018692					MARIPOSA HOME CARE INC	
Lic Expire	4/30/2022					7420 S. COLORADO LANE	
Medicare 1:						PHARR, TX 78577	
Medicare 2:							PHONE:
Phone	(956) 884-7200	Fax	(956) 884-7202				FAX:
Type:	Parent Agency	Administrator	LAURA GUTIERREZ			Services: Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	04/04/2007	Owner Information	
License #	011226					MAS QUE AMIGOS HOME HEALTH INC	
Lic Expire	4/30/2024					902 LORENA CT	
Medicare 1:						DONNA, TX 78537	
Medicare 2:						PHONE:	FAX:
Phone	(956) 472-3080	Fax	(956) 464-1248			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EVERLINDA GALLEGOS				
County	HIDALGO	Region	07	Date Licensed	05/18/2007	Owner Information	
License #	011518					MASE'S HOME HEALTH INC	
Lic Expire	5/31/2023					1406 SOUTH INSPIRATION BLVD	
Medicare 1:	747190 HHA-18					MISSION, TEXAS 78573	
Medicare 2:						PHONE:	FAX:
Phone	(956) 342-1554	Fax	(956) 583-1594			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARGARITA MOLINA				
County	HIDALGO	Region	07	Date Licensed	07/06/2021	Owner Information	
License #	020882					MAX PRIMARY HOME CARE, LLC	
Lic Expire	7/6/2024					2601 FRANBOYLLAN ST.	
Medicare 1:						EDINBURG, TEXAS 78541	
Medicare 2:						PHONE:	FAX:
Phone	(956) 900-1020	Fax	(956) 253-4389			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA R MARTINEZ				
County	HIDALGO	Region	07	Date Licensed	01/15/2010	Owner Information	
License #	013385					MAXIMUM HOME HEALTH LLC	
Lic Expire	1/31/2024					1609 E DAVENPORT	
Medicare 1:	457985 HHA-18					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 289-1200	Fax	(956) 289-1221			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBERTA REYES				
County	HIDALGO	Region	07	Date Licensed	06/29/2018	Owner Information	
License #	018813					MAXIMUM QUALITY HOSPICE LLC	
Lic Expire	6/30/2022					1609 DAVENPORT STE D	
Medicare 1:	971584					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 520-8004	Fax	(956) 289-1221			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ARTURO RAMOS JR				
County	HIDALGO	Region	07	Date Licensed	08/10/2018	Owner Information	
License #	018883					MEDI LAB PROVIDER SERVICES LLC	
Lic Expire	8/31/2022					605 S 10TH STREET SUITE B	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 732-4482	Fax	(956) 800-5311			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRENDA PEREZ				
County	HIDALGO	Region	07	Date Licensed	02/08/1999	Owner Information	
License #	006960					D & R HEALTH CARE PROVIDERS, INC	
Lic Expire	2/28/2023					702 WEST INTERSTATE STE F	
Medicare 1:	458060 HHA-18					PHARR, TX 78577-6508	
Medicare 2:						PHONE:	FAX:
Phone	(956) 781-9600	Fax	(956) 781-9808			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DIANA GUERRA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/07/2009	Owner Information	
License #	012388					MEDSS PRIMARY HOME CARE LLC	
Lic Expire	1/31/2023					5701 N FM 1015, SUITE B	
Medicare 1:						WESLACO, TEXAS 78599	
Medicare 2:						PHONE:	FAX:
Phone	(956) 565-9600	Fax	(956) 565-9700			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	06/04/2021	Owner Information	
License #	020810					MEJOR SALUD LLC	
Lic Expire	6/4/2024					1101 GREENBRIAR AVE	
Medicare 1:						MISSION, TX 785721135	
Medicare 2:						PHONE:	FAX:
Phone	(956) 222-8110	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NUBIA QUINTANILLA				
County	HIDALGO	Region	07	Date Licensed	11/10/2010	Owner Information	
License #	013707					MEMORY LANE HEALTHCARE SERVICES, INC	
Lic Expire	11/30/2022					1207 JOANN COURT	
Medicare 1:						EDINBURG, TEXAS 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-2999	Fax	(956) 287-2998			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LETISIA CABALLERO				
County	HIDALGO	Region	07	Date Licensed	06/07/2001	Owner Information	
License #	007650					MI CASA PHC INC	
Lic Expire	6/30/2023					3907 S SUGAR DRIVE	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 380-2220	Fax	(956) 383-6337			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BLANCA PALOMO				
County	HIDALGO	Region	07	Date Licensed	01/16/2019	Owner Information	
License #	019207					MI CASITA HOMECARE, LLC	
Lic Expire	1/16/2023					PO BOX 1614	
Medicare 1:						ELSA, TEXAS 78543	
Medicare 2:						PHONE:	FAX:
Phone	(956) 567-2342	Fax	(956) 420-0222			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CUAHEMOC MARTINEZ				
County	HIDALGO	Region	07	Date Licensed	04/15/2011	Owner Information	
License #	014042					MI MARANATHA HOME HEALTH INC	
Lic Expire	4/30/2023					P.O. BOX 721032	
Medicare 1:	747920 HHA-18					MCALLEN, TEXAS 78504	
Medicare 2:						PHONE:	FAX:
Phone	956 6836219	Fax	956 2873776			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GABRIELA DELEON			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	09/19/2016	Owner Information	
License #	017635					AEMS ENTERPRISES, LLC	
Lic Expire	9/30/2022					PO BOX 1139	
Medicare 1:						ELSA, TX 78543	
Medicare 2:						PHONE:	FAX:
Phone	(956) 929-6961	Fax	(888) 799-0101			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BLANCA LOPEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	12/21/2016	Owner Information
License #	017810					MILESTONES THERAPEUTIC ASSOCIATES
Lic Expire	12/31/2022					7001 N. 10TH STREET SUITE 303
Medicare 1:						MCALLEN, TEXAS
Medicare 2:						PHONE:
Phone	(956) 994-9650	Fax	(844) 274-0941			FAX:
Type:	Parent Agency	Administrator	VALERIE NEVAREZ			Services: Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	08/20/2014	Owner Information
License #	016540					MILLENNIUM COMFORT HOME HEALTHCARE
Lic Expire	8/31/2022					2116 E GRIFFIN PARKWAY
Medicare 1:	679681 HHA-18					MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(956) 583-1500	Fax	(956) 583-8865			FAX:
Type:	Parent Agency	Administrator	ANA VILLARREAL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/18/2006	Owner Information
License #	010619					MIRASOL HEALTH SERVICES INC
Lic Expire	7/31/2022					710 EAST GRIFFIN PARKWAY #B
Medicare 1:						MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(956) 581-7493	Fax	(956) 581-2306			FAX:
Type:	Parent Agency	Administrator	YOLANDA BALDERAS			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/21/1998	Owner Information
License #	006581					MIRASOL PRIMARY HOME CARE LLC
Lic Expire	7/31/2022					710 E. GRIFFIN PARKWAY SUITE # C
Medicare 1:						MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(956) 581-1351	Fax	(956) 581-2306			FAX:
Type:	Parent Agency	Administrator	YOLANDA BALDERAS			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	11/21/2017	Owner Information
License #	018462					MIS ABRAZOS HOMECARE LLC
Lic Expire	11/30/2023					SAME
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE:
Phone	(956) 386-9821	Fax	(866) 762-6313			FAX:
Type:	Parent Agency	Administrator	HAROLD ALDAPE			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	06/02/2006	Owner Information
License #	011201					MS HEALTH CARE INC
Lic Expire	6/30/2022					P O BOX 3764
Medicare 1:	679201 HHA-18					MCALLEN, TX 78502-3764
Medicare 2:						PHONE:
Phone	(956) 687-9000	Fax	(956) 687-9009			FAX:
Type:	Parent Agency	Administrator	EDUARDO CASTRO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HIDALGO	Region	07	Date Licensed	04/10/2012	Owner Information
License #	014736					MY MORNING STAR ATTENDANT SERVICES INC
Lic Expire	4/30/2022					300 EAST NOLANA SUITE D
Medicare 1:						PHARR, TX 78577
Medicare 2:						PHONE:
Phone	(956) 781-7832	Fax	(956) 781-7830			FAX:
Type:	Parent Agency	Administrator	MARISSA SOTELO			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	02/22/2006	Owner Information
License #	010306					MY MORNING STAR HOME CARE INC
Lic Expire	6/30/2021					4325 N 23RD ST STE A
Medicare 1:						MCALLEN, TX 78504
Medicare 2:						PHONE:
Phone	(956) 781-7827	Fax	(956) 781-7830			FAX:
Type:	Parent Agency	Administrator	ESTELA T SOTELO			Services: Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/02/1996	Owner Information
License #	004670					NEW ERA MEDICAL SERVICES INC
Lic Expire	7/31/2023					PO BOX 3181
Medicare 1:						MCALLEN, TX 78502
Medicare 2:						PHONE:
Phone	(956) 928-0609	Fax	(956) 928-0619			FAX:
Type:	Parent Agency	Administrator	EVANGELINA FLORES			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/28/2021	Owner Information
License #	020941					BARDZ GROUP LLC
Lic Expire	7/28/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 280-2414	Fax				FAX:
Type:	Parent Agency	Administrator	RAISA BARRERA			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	10/01/2004	Owner Information
License #	009347					A&E HEALTH SERVICES, INC
Lic Expire	9/30/2023					2115 LOTT ROAD
Medicare 1:						DONNA, TEXAS 78537
Medicare 2:						PHONE:
Phone	956 4647741	Fax	956 4640007			FAX:
Type:	Parent Agency	Administrator	JOSE LUGO			Services: Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	05/14/2004	Owner Information
License #	009099					ALL VALLEY HEALTH CARE INC
Lic Expire	5/31/2022					2115 LOTT ROAD
Medicare 1:	453185 HHA-18					DONNA, TX 78537
Medicare 2:						PHONE:
Phone	(956) 783-4746	Fax	(956) 783-7831			FAX:
Type:	Parent Agency	Administrator	JOSE E LUGO JR			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	10/30/1998	Owner Information
License #	006705					CON MI GENTE INC
Lic Expire	10/31/2024					1616 E GRIFFIN PKWY PMB 157
Medicare 1:						MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(956) 789-3744	Fax	(956) 581-9560			FAX:
Type:	Parent Agency	Administrator	AURORA GONZALEZ			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	06/29/2011	Owner Information
License #	014193					NUUESTRA ESPERANZA PRIMARY HOME CARE LLC
Lic Expire	6/30/2023					SAME AS PHYSICAL ADDRESS
Medicare 1:						MCALLEN, TX 78503
Medicare 2:						PHONE:
Phone	(956) 630-6411	Fax	(956) 618-4631			FAX:
Type:	Parent Agency	Administrator	MONICA CENTENO			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 06/20/2006
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 6/30/2022 4811 S. JACKSON RD.
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 627-3434 Fax (956) 627-3699
Type: Parent Agency Administrator ANA MARIA HERNANDEZ

Owner Information

NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
1005 E 10TH STREET STE A
WESLACO, TX 78596
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/22/1992
License # 002388 NURSES THAT CARE
Lic Expire 9/30/2022 5411 NORTH MCCOLL ROAD
Medicare 1: 677548 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-0800 Fax (956) 682-1120
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information

AMS A MEDICAL SERVICE, INC
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 09/22/1992
License # 002388 NURSES THAT CARE
Lic Expire 9/30/2022 5411 NORTH MCCOLL ROAD
Medicare 1: 677548 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-0800 Fax (956) 682-1120
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information

AMS A MEDICAL SERVICE, INC
PO BOX 338
MCALLEN, TX 78505
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/05/1996
License # 004672 NURSES THAT CARE SITTEER SERVICES INC
Lic Expire 4/30/2023 5411 N MCCOLL ROAD
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 668-0029 Fax (956) 682-6461
Type: Parent Agency Administrator ANDY SANCHEZ

Owner Information

NURSES THAT CARE SITTEER SERVICES, INC
PO BOX 52562
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 12/20/2000
License # 007496 OASIS PRIMARY HOMECARE INC
Lic Expire 12/31/2022 3202 N CLOSNER BLVD SUITE A
Medicare 1: EDINBURG, TX 78541
Medicare 2:
Phone (956) 289-1883 Fax (956) 289-1046
Type: Parent Agency Administrator SANTHOSH SKARIAH

Owner Information

OASIS PRIMARY HOMECARE INC
PO BOX 2167
EDINBURG, TX 78540
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 04/09/2010
License # 013402 ODYSSEY PRIMARY HOMECARE INC
Lic Expire 4/30/2022 3224 SOUTH SUGAR ROAD SUITE L
Medicare 1: 747593 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 287-2600 Fax (956) 685-1374
Type: Parent Agency Administrator DALIA MOLINA

Owner Information

ODYSSEY PRIMARY HOMECARE INC
3224 SOUTH SUGAR ROAD SUITE L
EDINBURG, TX 78539
PHONE: (956) 287-2600 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 11/19/2018
License # 019108 ONE HEART HOME CARE LLC
Lic Expire 11/19/2022 1800 N 23RD ST STE 50
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 627-5799 Fax (956) 631-5730
Type: Parent Agency Administrator HERMELINDA GUAJARDO

Owner Information

ONE HEART HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 09/11/2012
License # 015059 ONECARE PEDIATRIC THERAPY HOME SERVICES
Lic Expire 9/30/2022 300 S 2ND ST STE A-B
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 627-4990 Fax (956) 627-4991
Type: Parent Agency Administrator PAOLA TAMEZ

Owner Information

ALL JOY HEALTH SERVICES LLC
300 S 2ND ST. STE A-B
MCALLEN, TEXAS 78501
PHONE: FAX:
Services: Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 09/08/2008
License # 012337 ONLY LOVE HOME CARE
Lic Expire 9/30/2022 833 E ESPERANZA AVE STE A
Medicare 1: 747404 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-8844 Fax (956) 631-8855
Type: Parent Agency Administrator CYNTHIA SALAZAR

Owner Information

TEN LAC INC
833 E ESPERANZA SUITE A
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HIDALGO** Region 07 Date Licensed 10/26/2010
License # 013675 ONLY LOVE HOSPICE
Lic Expire 10/31/2022 833 E ESPERANZA AVENUE SUITE A
Medicare 1: 671687 HOSPICE MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-0616 Fax (956) 631-0313
Type: Parent Agency Administrator MELODY CLARKE

Owner Information

ONLY LOVE HOSPICE LLC
833 E ESPERANZA AVENUE SUITE A
MCALLEN, TX 78501
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 07/25/2009
License # 012804 ONLY LOVE PCS & PROVIDER CARE SERVICES
Lic Expire 7/31/2024 833 E ESPERANZA AVE STE A
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 631-7228 Fax (956) 631-7885
Type: Parent Agency Administrator CYNTHIA SALAZAR

Owner Information

MI VALLE HEALTH CARE LLC
833 E ESPERANZA AVE SUITE A
MCALLEN, TX 78501-1457
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed
License # 018026 OPUSCARE OF TEXAS
Lic Expire 12/31/2022 101 E. EXPRESSWAY 83
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (210) 988-1461 Fax (210) 404-9887
Type: Alternate Delivery Site Administrator SONIA VELEZ

Owner Information

MY OWN HOSPICE LLC
200 NAVARRO STREET SUITE 100
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 06/03/2009
License # 012641 OUR SACRED HEART HOME HEALTH INC
Lic Expire 6/30/2023 1018 W. WISCONSIN RD.
Medicare 1: EDINBURG, TEXAS 78539
Medicare 2:
Phone (956) 348-2052 Fax (956) 348-2123
Type: Parent Agency Administrator JESUS RUBEN MORENO

Owner Information

OUR SACRED HEART HOME HEALTH, INC
SAME AS PHYSICAL ADDRESS
,
PHONE: FAX:
Services: Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed
License # 007332 OUTREACH HOME CARE
Lic Expire 5/31/2023 5311 S MCCOLL
Medicare 1: EDINBURG, TX 785399168
Medicare 2:
Phone (956) 664-0963 Fax (956) 664-1013
Type: Branch Agency Administrator JULIA LERMA

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	05/04/2001	Owner Information
License #	007813					PACE HEALTH CARE INC
Lic Expire	5/31/2022					P O BOX 655
Medicare 1:	459037 HHA-18					WESLACO, TX
Medicare 2:						PHONE:
Phone	(956) 447-8886	Fax	(956) 447-2032			FAX:
Type:	Parent Agency	Administrator	THELMA M CAVAZOS, RN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	07/08/2015	Owner Information
License #	016955					PALLIMED HOSPICE LLC
Lic Expire	7/31/2024					1310 E MAIN AVE SUITE B
Medicare 1:	741530 HOSPICE					ALTON, TX 78573
Medicare 2:						PHONE:
Phone	(956) 627-2744	Fax	(956) 627-5625			FAX:
Type:	Parent Agency	Administrator	CLARISE AGBOR			Services: Hospice In-Patient Hospice: NO
County	HIDALGO	Region	07	Date Licensed	08/08/2003	Owner Information
License #	008584					PALM VALLEY HEALTH CARE II INC
Lic Expire	8/31/2024					119E CANTON
Medicare 1:	679465 HHA-18					EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 994-3200	Fax	(956) 994-3231			FAX:
Type:	Parent Agency	Administrator	HORACIO CANALES			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	12/14/2005	Owner Information
License #	010192					PALM VALLEY HEALTH CARE, INC
Lic Expire	12/31/2022					209 E CANTON SUITE B
Medicare 1:						EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 292-0920	Fax	(956) 292-0923			FAX:
Type:	Parent Agency	Administrator	CLAUDIA NAVAS			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	01/02/1997	Owner Information
License #	005158					PALM VALLEY HEALTH CARE, INC
Lic Expire	1/31/2023					209 E CANTON SUITE B
Medicare 1:	459167 HHA-18					EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 292-0900	Fax	(956) 292-0918			FAX:
Type:	Parent Agency	Administrator	CLAUDIA NAVAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	02/04/2019	Owner Information
License #	019239					PALM VALLEY PRIMARY HOME CARE, INC
Lic Expire	2/4/2023					209 E CANTON RD STE A
Medicare 1:						EDINBURG, TX 78539
Medicare 2:						PHONE:
Phone	(956) 292-0920	Fax	(956) 292-0923			FAX:
Type:	Parent Agency	Administrator	CLAUDIA NAVAS			Services: Personal Assistance Services
County	HIDALGO	Region	07	Date Licensed	12/21/2020	Owner Information
License #	020193					PALMS HEALTHCARE
Lic Expire	9/23/2022					5205 W STATE HIGHWAY 107 SUITE B
Medicare 1:						EDINBURG, TEXAS 78539
Medicare 2:						PHONE:
Phone	(956) 239-8631	Fax	(956) 313-8894			FAX:
Type:	Parent Agency	Administrator	CHRISTIAN ANDERSON			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	08/11/2015	Owner Information	
License #	016960					PALOMA PRIMARY HOME CARE LLC	
Lic Expire	8/31/2023					31 ALVARADO AVENUE	
Medicare 1:						RANCHO VIEJO, TX 78575	
Medicare 2:						PHONE:	FAX:
Phone	(956) 766-1836	Fax	(956) 585-4050			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ELIA CANALES				
County	HIDALGO	Region	07	Date Licensed	09/02/2016	Owner Information	
License #	017613					AMOR D & B LLC	
Lic Expire	9/30/2022					1020 N. CONWAY AVENUE	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 583-3330	Fax	(956) 519-2884			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA MELENDEZ				
County	HIDALGO	Region	07	Date Licensed	02/20/2020	Owner Information	
License #	019835					PALOMITA ATTENDANT SERVICES, LLC	
Lic Expire	2/20/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 800-5026	Fax	(877) 670-5089			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA SALINAS				
County	HIDALGO	Region	07	Date Licensed	12/16/2016	Owner Information	
License #	017795					SPEARS HOME CARE INC	
Lic Expire	12/31/2022					PO BOX 721032	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 887-7014	Fax	(956) 887-7015			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GABRIELA DELEON				
County	HIDALGO	Region	07	Date Licensed	09/23/2010	Owner Information	
License #	013575					PARTNERS IN CARE LLC	
Lic Expire	9/30/2022					912 S CLOSNER BLVD SUITE A	
Medicare 1:	747728 HHA-18					EDINBURG, TX 78599	
Medicare 2:						PHONE:	FAX:
Phone	(956) 351-5923	Fax	(956) 351-5925			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID LOPEZ				
County	HIDALGO	Region	07	Date Licensed	10/17/2009	Owner Information	
License #	012907					PAS HOME CARE LLC	
Lic Expire	10/31/2023					604 E. 6TH STREET	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 854-4008	Fax	(956) 854-4003			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDY SALINAS				
County	HIDALGO	Region	07	Date Licensed	09/23/2018	Owner Information	
License #	019738					NICE VIEW HOME CARE, LLC	
Lic Expire	12/6/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 252-5950	Fax	(956) 316-0505			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CESARIO MONTALVO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	06	Date Licensed		Owner Information
License #	013941					PATIENT RECOVERY HOME HEALTHCARE SERVICES LLC
Lic Expire	3/31/2023					7324 SOUTHWEST FREEWAY #970
Medicare 1:						HOUSTON, TX 77074
Medicare 2:						PHONE: FAX:
Phone	(281) 447-1010	Fax	(281) 447-1313			Services: Personal Assistance Services
Type:	Branch Agency	Administrator	DYRREN DAVIS			
County	HIDALGO	Region	07	Date Licensed	09/22/2008	Owner Information
License #	012236					PAX VILLA INC
Lic Expire	9/30/2022					PO BOX 5957
Medicare 1:	671643 HOSPICE					MCALLEN, TX 78502
Medicare 2:						PHONE: FAX:
Phone	(956) 686-4414	Fax	(956) 686-3993			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SAMUEL ETIENNE			
County	HIDALGO	Region	07	Date Licensed	03/12/2009	Owner Information
License #	012598					PAZ HOME HEALTH, LLC
Lic Expire	3/31/2023					205 EAST EXPRESSWAY 83
Medicare 1:	679579 HHA-18					PHARR, TX 78577
Medicare 2:						PHONE: FAX:
Phone	(956) 781-8445	Fax	(956) 781-8448			Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MEIR BERMEA			
County	HIDALGO	Region	07	Date Licensed	11/21/2011	Owner Information
License #	014480					PAZ HOME HEALTHIII, LLC
Lic Expire	11/30/2023					1300 N 10TH ST ST 410
Medicare 1:	747945 HHA-18					MCALLEN, TX 78501
Medicare 2:						PHONE: FAX:
Phone	(956) 627-0937	Fax	(956) 627-0740			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MEIR BERMEA			
County	HIDALGO	Region	07	Date Licensed	02/13/2007	Owner Information
License #	011071					VOLVER A CASA HOME HEALTH SERVICES INC
Lic Expire	2/28/2022					1801 S 5TH STREET SUITE 117A
Medicare 1:	679795					MCALLEN, TX 78503
Medicare 2:						PHONE: FAX:
Phone	(956) 353-6055	Fax	(956) 353-6011			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JOSE FLORES			
County	HIDALGO	Region	07	Date Licensed	09/06/2017	Owner Information
License #	018298					PLATINUM HEARTS HEALTH CARE LLC
Lic Expire	9/30/2021					923 W BUSINESS 83
Medicare 1:						WESLACO, TX 78596
Medicare 2:						PHONE: FAX:
Phone	(956) 375-2843	Fax	(956) 405-3280			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JOSE LUIS CASTILLO			
County	HIDALGO	Region	07	Date Licensed	10/08/2010	Owner Information
License #	013622					PLATINUM PRIMARY CARE LLC
Lic Expire	10/31/2020					1629 CYPRESS DRIVE, STE 3
Medicare 1:						WESLACO, TX 78599
Medicare 2:						PHONE: FAX:
Phone	(956) 968-0969	Fax	(956) 647-5602			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ERIKA AGUIRRE			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 02/08/2017
License # 018100 PRECIOUS LIFE HOME HEALTH INC
Lic Expire 2/28/2023 1701 QUAMASIA AVE
Medicare 1: 747189 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 683-8050 Fax (866) 309-3196
Type: Parent Agency Administrator OMAR GOMEZ

Owner Information

PRECIOUS LIFE HOME HEALTH, INC
1701 QUAMASIA AVE
MCALLEN, TX 78504
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/10/2004
License # 009247 PRESIDENTE HOME CARE INC
Lic Expire 8/31/2022 405 N MAIN STREET SUITE 1
Medicare 1: 673101 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone (956) 687-6760 Fax (956) 687-6763
Type: Parent Agency Administrator ROMEO VALLADARES

Owner Information

PRESIDENTE HOME CARE INC
405 N MAIN STREET SUITE 1
MCALLEN, TX 78501
PHONE:
FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **HIDALGO** Region 07 Date Licensed 09/16/2015
License # 017174 PROACTIVE HOMECARE
Lic Expire 9/30/2021 704 S. 11TH ST STE. B
Medicare 1: 677813 HHA-18 MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 720-4575 Fax (956) 258-5012
Type: Parent Agency Administrator LORENA SALINAS

Owner Information

FREDDY'S INVESTMENTS, INC
301 N. CAGE BLVD SUITE #H
PHARR, TX 78577
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 08/13/2012
License # 015001 PROFESSIONAL REHAB SERVICES
Lic Expire 8/31/2022 801 E NOLANA AVE STE 10
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone 9566649889, 95656095 Fax (956) 664-9879
Type: Parent Agency Administrator ALMA R POLICARPIO

Owner Information

POLICARPIO ENTERPRISES LLC
801 E NOLANA AVE, STE 10
MCALLEN, TEXAS 78504
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 05/26/2006
License # 010488 PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC
Lic Expire 5/31/2023 940 W. NOLANA SUITE C
Medicare 1: 743107 HHA-18 PHARR, TX 78577
Medicare 2:
Phone (956) 702-4466 Fax (956) 702-4477
Type: Parent Agency Administrator BRENDA BELCHER

Owner Information

PROGRESSIVE SKILLED HOME HEALTH SERVICES LLC
940 W. NOLANA SUITE C
PHARR, TX 78577
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 10/26/2010
License # 013769 PROMESA HOME HEALTH INC
Lic Expire 10/31/2022 1005 E. 10TH STREET SUITE A&B
Medicare 1: 679680 HHA-18 WESLACO, TEXAS 78596
Medicare 2:
Phone (956) 994-0370 Fax (956) 994-8737
Type: Parent Agency Administrator SONIA TORRES

Owner Information

PROMESA HOME HEALTH, INC
1005 E. 10TH ST. SUITE A & B
WESLACO, TEXAS 78596
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 03/13/2013
License # 015428 PROSPERITY HEALTH CARE LLC
Lic Expire 3/31/2023 5425 N. MCCOLL ROAD SUITE B
Medicare 1: MCALLEN, TEXAS 78504
Medicare 2:
Phone (956) 664-9300 Fax (956) 627-2933
Type: Parent Agency Administrator VERONICA RODRIGUEZ

Owner Information

PROSPERITY HEALTH CARE, LLC
5425 N MCCOLL ROAD SUITE B
MCALLEN, TEXAS 78504
PHONE:
FAX:
Services: Personal Assistance Services

County	HIDALGO	Region	07	Date Licensed	08/29/2017	Owner Information	
License #	018284					PROVIDERS PLUS SERVICES LLC	
Lic Expire	8/31/2024					4751 S JACKSON RD STE 108	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 888-0098	Fax	18887778119			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BARBARA GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	07/19/2016	Owner Information	
License #	017533					PROVISION HOME CARE SERVICES, LLC	
Lic Expire	7/31/2022					PO BOX 163	
Medicare 1:						WESLACO, TX 78599	
Medicare 2:						PHONE:	FAX:
Phone	(956) 854-4518	Fax	(956) 854-4488			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARISELA GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	08/30/2021	Owner Information	
License #	021014					PUSH THERAPY LLC	
Lic Expire	8/30/2024					PO BOX 341	
Medicare 1:						PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 272-7499	Fax	(866) 903-7799			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ROSA ALANIZ				
County	HIDALGO	Region	07	Date Licensed	09/28/2017	Owner Information	
License #	018348					QTP II INC	
Lic Expire	9/30/2023					PO BOX 1136	
Medicare 1:						MERCEDES, TEXAS 78570	
Medicare 2:						PHONE:	FAX:
Phone	(956) 825-9551	Fax	(956) 514-1554			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MICHAEL D. HERNANDEZ				
County	HIDALGO	Region	07	Date Licensed	06/02/2020	Owner Information	
License #	019975					RAICES PROVIDER SERVICES, LLC	
Lic Expire	6/2/2022					P.O. BOX 949	
Medicare 1:						SAN JUAN, TEXAS 78589	
Medicare 2:						PHONE:	FAX:
Phone	(956) 402-1603	Fax	(956) 510-8466			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AIDEE LOPEZ				
County	HIDALGO	Region	07	Date Licensed	05/09/2013	Owner Information	
License #	015532					REGALCARE HOME HEALTH SERVICES INC	
Lic Expire	5/31/2023					702 WEST EXPRESSWAY 83 STE D	
Medicare 1:	747949 HHA-18					PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 287-4265	Fax	(956) 287-4449			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MA CORNELIA GRACIA ZARCO				
County	HIDALGO	Region	07	Date Licensed	02/01/2007	Owner Information	
License #	011051					REGIONAL NURSING SERVICES MGMT, INC	
Lic Expire	1/31/2025					1601 DAVENPORT ST	
Medicare 1:	747446 HHA-18					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-2845	Fax	(956) 287-7084			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ARTURO RAMOS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/28/2021	Owner Information	
License #	021171					RESET HOME HEALTH AGENCY LLC	
Lic Expire	10/28/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 627-5535	Fax	(956) 627-5525			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	MACARENA ADAMES				
County	HIDALGO	Region	06	Date Licensed	06/15/2012	Owner Information	
License #	009621					RESOURCE CARE CORPORATION	
Lic Expire	11/30/2022					7211 REGENCY SQUARE #116	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(956) 686-0282	Fax	(956) 683-0292			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ROSE NWABUISI				
County	HIDALGO	Region	06	Date Licensed	03/13/2012	Owner Information	
License #	007241					RESOURCE HEALTH SERVICES INC	
Lic Expire	8/31/2020					7211 REGENCY SQUARE BLVD SUITE 102	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(956) 686-7872	Fax	(956) 686-7875			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ROSA NWABUISI				
County	HIDALGO	Region	07	Date Licensed	12/03/2018	Owner Information	
License #	019129					RESPIRE CARE SERVICES OF TEXAS, LLC	
Lic Expire	12/3/2022					SAME	
Medicare 1:						EDINBURG, TEXAS 78540	
Medicare 2:						PHONE:	FAX:
Phone	(956) 609-9059	Fax	(956) 609-9249			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MERCY FLORES				
County	HIDALGO	Region	07	Date Licensed	08/29/2006	Owner Information	
License #	009828					MANAGEMENT & BUSINESS ASSOCIATES INC	
Lic Expire	2/28/2023					7330 SAN PEDRO STE 800	
Medicare 1:						SAN ANTONIO, TX 78216	
Medicare 2:						PHONE:	FAX:
Phone	(956) 630-1116	Fax	(877) 626-0431			Services:	Licensed Home Health Services
Type:	Branch Agency	Administrator	ROSE CHACON				
County	HIDALGO	Region	07	Date Licensed	08/05/2021	Owner Information	
License #	020960					REYES TOP CARE, LLC	
Lic Expire	8/5/2024					SAME	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 272-1952	Fax	(956) 513-0369			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	DANIA REYES				
County	HIDALGO	Region	07	Date Licensed	07/28/2010	Owner Information	
License #	013499					REYNA HEALTH CARE INC	
Lic Expire	7/31/2022					121 S 21ST AVE	
Medicare 1:						EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	9563830162 956383056	Fax	956 2878144			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ODILIA SALINAS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 10/21/2013
License # 015821 RGV ANGELS OF CARE HOME HEALTH
Lic Expire 10/31/2023 848 E EXPRESSWAY 83 SUITE 2
Medicare 1: 747959 HHA-18 LA JOYA, TX 78560
Medicare 2:
Phone (956) 585-2466 Fax (956) 585-2395

Owner Information

RGV ANGELS OF CARE LLC
848 E EXPRESSWAY 83 SUITE 2
LA JOYA, TX 78560

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator DIEGO QUIJANO

County **HIDALGO** Region 07 Date Licensed 07/31/2019
License # 019502 RGV GUARDIANS OF CARE LLC
Lic Expire 7/31/2021 848 E EXPRESSWAY 83 STE A
Medicare 1: LA JOYA, TEXAS 78560
Medicare 2:
Phone (956) 599-9111 Fax (956) 599-9224

Owner Information

RGV GUARDIANS OF CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator DIEGO QUIJANO

County **HIDALGO** Region 07 Date Licensed 08/22/2012
License # 015027 RGV PEDIATRIC HOME THERAPY
Lic Expire 8/31/2022 4605 N JACKSON RD
Medicare 1: MCALLEN, TX 78504
Medicare 2:
Phone (956) 631-3209 Fax (956) 630-4209

Owner Information

RGV REHAB NORTH LLC
4609 N. JACKSON ROAD
MCALLEN, TEXAS 78504

PHONE: FAX:

Services: Licensed Home Health Services

Type: Parent Agency Administrator VELMA ESPARZA

County **HIDALGO** Region 07 Date Licensed 09/25/2020
License # 020200 RINCONCITO EN EL CIELO PRIMARY HOME CARE LLC
Lic Expire 9/25/2022 709 RAMON AYALA DR
Medicare 1: HIDALGO, TX 78557
Medicare 2:
Phone (956) 800-1081 Fax (956) 843-8133

Owner Information

RINCONCITO EN EL CIELO PRIMARY HOME CARE LLC
PO BOX 1011
HIDALGO, TX 78557

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator YADIRA AYALA

County **HIDALGO** Region 07 Date Licensed 08/08/2008
License # 012146 RIO GRANDE VALLEY HOME HEALTH LLC
Lic Expire 8/31/2021 2217 JEREMIAH STREET
Medicare 1: 747256 HHA-18 EDINBURG, TEXAS 78542
Medicare 2:
Phone 19562810401 Fax 19562810402

Owner Information

RIO GRANDE VALLEY HOME HEALTH LLC
2217 JEREMIAH ST
EDINBURG, TX 78542

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator VICTOR GONZALEZ

County **HIDALGO** Region 07 Date Licensed 11/20/2012
License # 015219 RISAS Y RAYONES HOMECARE SERVICES LLC
Lic Expire 11/30/2022 6422 S CAGE BLVD STE B
Medicare 1: PHARR, TX 78577
Medicare 2:
Phone (956) 475-3681 Fax (956) 502-5485

Owner Information

RISAS Y RAYONES HOMECARE SERVICES LLC
6422 SOUTH CAGE BLVD SUITE B
PHARR, TX 78577

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator NOELIA CAVAZOS

County **HIDALGO** Region 07 Date Licensed 12/17/2007
License # 011811 ROCK BRIDGE HOME HEALTH AGENCY INC
Lic Expire 12/31/2023 901 E REDBUD SUITE 8B
Medicare 1: 679507 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 287-9991 Fax (844) 640-2809

Owner Information

ROCK BRIDGE HOME HEALTH AGENCY INC
901 E REDBUD SUITE 8B
MCALLEN, TX 78504

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CLAUDIA NAVAS

County	HIDALGO	Region	07	Date Licensed	03/31/2020	Owner Information	
License #	019859					ROSAS PROVIDER SERVICES, LLC	
Lic Expire	3/31/2022					3208 PTJ DRIVE	
Medicare 1:						PALMVIEW, TEXAS 78572	
Medicare 2:							PHONE:
Phone	(956) 777-4088	Fax	(956) 338-5736				FAX:
Type:	Parent Agency	Administrator	MARIA TREVINO			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	12/04/2007	Owner Information	
License #	010616					SAINT BENEDICTS HOME HEALTH INC	
Lic Expire	7/31/2024					424 E MAIN	
Medicare 1:						ROBSTOWN, TX 78380	
Medicare 2:							PHONE:
Phone	(956) 630-5896	Fax	(956) 630-5962				FAX:
Type:	Branch Agency	Administrator	BRENDA RAMON			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	11/24/2020	Owner Information	
License #	020346					SAINT LUKE'S PROVIDERS LLC	
Lic Expire	11/24/2022					PO BOX 591	
Medicare 1:						MERCEDES, TX 78570	
Medicare 2:							PHONE:
Phone	(956) 472-3043	Fax					FAX:
Type:	Parent Agency	Administrator	JOSE ROCHA			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	12/31/2016	Owner Information	
License #	017882					SAINT MATTHEW HOME HEALTH CARE, LLC	
Lic Expire	12/31/2022					2615 GRANJENO AVE	
Medicare 1:	747176 HHA-18					HIDLAGO, TX 78557	
Medicare 2:							PHONE:
Phone	(956) 994-8989	Fax	(956) 994-8682				FAX:
Type:	Parent Agency	Administrator	ILLEANNA GARCIA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	07/06/2018	Owner Information	
License #	018820					SAINT MICHAELS PRIMARY HEALTH CARE LLC	
Lic Expire	7/31/2022					904 DONNA RD	
Medicare 1:						PALMVIEW, TEXAS 78572	
Medicare 2:							PHONE:
Phone	(956) 997-0700	Fax	(956) 997-0699				FAX:
Type:	Parent Agency	Administrator	SANJUANITA CHAPA			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	04/03/2003	Owner Information	
License #	007114					SALDIVAR COASTAL SERVICES INC	
Lic Expire	9/30/2022					P. O. BOX 3504	
Medicare 1:						ALICE, TEXAS 78332	
Medicare 2:							PHONE:
Phone	956 7838456	Fax	956 7830967				FAX: (361) 396-1203
Type:	Branch Agency	Administrator	MARGOT P. SALDIVAR			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	02/25/2015	Owner Information	
License #	016812					SAN JOSE HEALTH CARE LLC	
Lic Expire	2/28/2023					207 SOUTH CAGE BLVD SUITE A	
Medicare 1:						PHARR, TX 78577	
Medicare 2:							PHONE:
Phone	(956) 781-3254	Fax	(956) 781-3210				FAX:
Type:	Parent Agency	Administrator	CARMINA LOZANO			Services: Licensed Home Health Services; Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	12/21/2020	Owner Information	
License #	020416					SAN JOSE HOSPICE CARE	
Lic Expire	12/21/2022					121 E PARK, STE A	
Medicare 1:						PHARR, TEXAS 78577	
Medicare 2:							PHONE:
Phone	(956) 783-5673	Fax	(844) 590-1030				FAX:
Type:	Parent Agency	Administrator	ELMA LOZANO			Services: Hospice	
						In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	01/11/2020	Owner Information	
License #	019118					SAN MIGUEL HOME HEALTH LLC	
Lic Expire	10/24/2022					3600 DAYTONA AVENUE	
Medicare 1:						MCALLEN, TEXAS 78503	
Medicare 2:							PHONE:
Phone	(956) 688-8022	Fax	(956) 688-9380				FAX:
Type:	Parent Agency	Administrator	FELICITAS MACIAS			Services: Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	07/17/2012	Owner Information	
License #	014935					SANTA FE PHC LLC	
Lic Expire	7/31/2022					711 W NOLANA AVENUE, SUITE#206 G	
Medicare 1:						MCALLEN, TX 78504	
Medicare 2:							PHONE:
Phone	(956) 351-5905	Fax	(956) 351-5974				FAX:
Type:	Parent Agency	Administrator	RUSSELL BUHIDAR			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	11/04/2005	Owner Information	
License #	010113					DORY CLAUDIA MARQUEZ	
Lic Expire	11/30/2023					4022 N. LOS EBANOS ROAD	
Medicare 1:	679515 HHA-18					PALMHURST, TX 78573	
Medicare 2:							PHONE:
Phone	(956) 581-6969	Fax	(956) 581-8231				FAX:
Type:	Parent Agency	Administrator	DORY MARQUEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	02/02/2018	Owner Information	
License #	018590					SANTI HOME CARE, LLC	
Lic Expire	2/28/2025					403 PALMA VISTA DRIVE SUITE B	
Medicare 1:						PALMVIEW, TX 78572	
Medicare 2:							PHONE:
Phone	(956) 580-6965	Fax	(956) 580-6972				FAX:
Type:	Parent Agency	Administrator	MARISSA FLORES			Services: Personal Assistance Services	
County	HIDALGO	Region	07	Date Licensed	01/06/2009	Owner Information	
License #	012384					SELAH HOSPICE CARE INC	
Lic Expire	1/31/2023					PO BOX 4034	
Medicare 1:	671634 HOSPICE					MCALLEN, TX 78502	
Medicare 2:							PHONE:
Phone	(956) 803-0895	Fax	(855) 770-2054				FAX:
Type:	Parent Agency	Administrator	VIRGINIA ODRIA			Services: Hospice	
						In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	10/21/2019	Owner Information	
License #	019657					SERENE HOSPICE CARE, LLC	
Lic Expire	10/21/2021					1713 W GRIFFIN PARKWAY, STE. C	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:							PHONE:
Phone	(956) 212-6198	Fax	18665090326				FAX:
Type:	Parent Agency	Administrator	JUAN M MARTINEZ			Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	11/05/2021	Owner Information	
License #	021187					SERENIDAD HOSPICE	
Lic Expire	11/5/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 638-5522	Fax	(956) 435-0211			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JULIO YANEZ				
County	HIDALGO	Region	07	Date Licensed		Owner Information	
License #	021358					SHALOM PRIMARY CARE, INC	
Lic Expire	1/26/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 475-1160	Fax	(956) 622-5861			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YANIRA SALAS				
County	HIDALGO	Region	07	Date Licensed	07/17/2015	Owner Information	
License #	016926					SISTERS & BROTHERS AT HOME LLC	
Lic Expire	7/31/2024					405 LOMA BLANCA STREET	
Medicare 1:						LA JOYA, TEXAS 78560	
Medicare 2:						PHONE:	FAX:
Phone	(956) 424-3646	Fax	(956) 580-2311			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	IRMA L. VELOZ				
County	HIDALGO	Region	07	Date Licensed	09/23/2019	Owner Information	
License #	019614					SJ HEALTHCARE AGENCY LLC	
Lic Expire	9/23/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 520-8186	Fax	(956) 520-8190			Services: Hospice; Licensed Home Health Services; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JAZMIN CORONADO				
County	HIDALGO	Region	07	Date Licensed	08/03/2017	Owner Information	
License #	018224					SJ HOSPICE SERVICES LLC	
Lic Expire	8/31/2024					1212 GARZA ST	
Medicare 1:	741710 HOSPICE					MERCEDES, TX 78570	
Medicare 2:						PHONE:	FAX:
Phone	(956) 294-1410	Fax	(956) 375-2129			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JOSE RAMOS				
County	HIDALGO	Region	07	Date Licensed	04/28/2005	Owner Information	
License #	009720					SOUTH TEXAS PERSONAL CARE SERVICE INC	
Lic Expire	4/30/2023					1022 E GRIFFIN PKWY SUITE 106B	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 584-7600	Fax	(956) 584-7604			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA (CANDY) ABUNDIS				
County	HIDALGO	Region	07	Date Licensed	06/15/2007	Owner Information	
License #	011548					25 HHA INC	
Lic Expire	6/30/2023					1802 SCOBEEY AVE	
Medicare 1:	747340 HHA-18					DONNA, TX 78537	
Medicare 2:						PHONE:	FAX:
Phone	(956) 464-5898	Fax	(956) 464-8706			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
						Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE ANDERSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 10/14/2005
License # 010054 ST ANTHONYS HOME HEALTHCARE SERVICES INC
Lic Expire 10/31/2022 1500 W BUSINESS HWY 83 SUITE 4
Medicare 1: 457996 HHA-18 MISSION, TEXAS 78572
Medicare 2:
Phone (956) 994-8766 Fax (956) 994-8762

Owner Information

ST ANTHONYS HOME HEALTHCARE SERVICES INC
612 W NOLANA AVE STE410
MCALLEN, TX 78504

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator MARITZA FRANCO

County **HIDALGO** Region 07 Date Licensed 07/10/2020
License # 020046 ST BRIDGET'S HOSPICE, LLC
Lic Expire 7/10/2022 1701 HARVEY AVE.
Medicare 1: MCALLEN, TEXAS 78501
Medicare 2:
Phone (956) 407-1433 Fax (956) 338-5641

Owner Information

ST BRIDGET'S HOSPICE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator HEATHER YANEZ

County **HIDALGO** Region 07 Date Licensed 08/05/2021
License # 020965 ST JOSEPH PHC SERVICES
Lic Expire 8/5/2024 2408 BROCK ST. STE 11-10
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 591-0688 Fax (956) 683-6152

Owner Information

AZUL ENTERPRISES INC
1609 SUNRISE LANE
MISSION, TEXAS 78574

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JOSE VARGAS

County **HIDALGO** Region 07 Date Licensed 10/30/2015
License # 017287 ST JOSEPH'S HOSPICE CARE
Lic Expire 2/28/2022 219 S CAGE BLVD STE 15
Medicare 1: 671769 HOSPICE PHARR, TX 78577
Medicare 2:
Phone (956) 781-9900 Fax (956) 781-9901

Owner Information

HOSANNA HOSPICE LLC
219 S CAGE BLVD SUITE 15
PHARR, TX 78577

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator FLOR LOZANO

County **HIDALGO** Region 07 Date Licensed 04/29/2016
License # 017580 STAR PLUS HOME CARE
Lic Expire 7/30/2022 3825 N 10TH ST, STE B
Medicare 1: 679448 HHA-18 MCALLEN, TX 78501
Medicare 2:
Phone 956 8004405 Fax 956 8004408

Owner Information

HOME INSTEAD CARE LLC
315 CALLE DEL NORTE UNIT 203
LAREDO, TX 78041

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator DANIEL GONZALEZ

County **HIDALGO** Region 07 Date Licensed 07/26/2021
License # 020934 STARS PHC SERVICES LLC
Lic Expire 7/26/2024 2017 N. CONWAY AVE
Medicare 1: MISSION, TEXAS 78572
Medicare 2:
Phone (956) 529-5166 Fax

Owner Information

STARS PHC SERVICES LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JOSE VARGAS

County **HIDALGO** Region 07 Date Licensed 08/01/2008
License # 012248 STEP BY STEP HOME HEALTH CARE
Lic Expire 7/31/2022 909 BUSINESS PARK DRIVE SUITE 10
Medicare 1: 677980 HHA-18 MISSION, TX 78572
Medicare 2:
Phone (956) 961-4288 Fax (956) 961-4314

Owner Information

STEP BY STEP DME LLC
2507 SOUTH CAGE BLVD SUITE 100
PHARR, TX 78577

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator STACEY ANAYA

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 10/19/2005
License # 010061 STEPPING STONES HOME CARE SERVICES LTD
Lic Expire 10/31/2022 7001 N. 10TH STREET SUITE 205
Medicare 1: 679501 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 661-9400 Fax (956) 661-9403

Owner Information

STEPPING STONES HOME CARE SERVICES LTD
7001 N. 10TH STREET, SUITE#205
MCALLEN, TX 78504

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator JUAN PABLO BENITEZ

County **HIDALGO** Region 07 Date Licensed 08/19/2003
License # 008604 SUNRISE HEALTH CARE SERVICES LTD
Lic Expire 8/31/2024 5283 N. 23RD STREET
Medicare 1: 679436 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 682-6717 Fax (956) 618-4284

Owner Information

SUNRISE HEALTH CARE SERVICES LTD
2516 BUDDY OWENS AVENUE
MCALLEN, TX 78504

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator ROSALINA ESCABARTE

County **HIDALGO** Region 07 Date Licensed 09/22/2015
License # 017044 SUNSHINE HOME HEALTH CARE
Lic Expire 9/30/2021 522 S 11TH STREET
Medicare 1: MCALLEN, TX 78501
Medicare 2:
Phone (956) 683-0777 Fax (956) 683-0778

Owner Information

CCJ HOME CARE LLC
711 W. NOLANA AVENUE SUITE 102 A/B
HIDALGO, TX 78504

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CHRISTIAN ANDERSON

County **HIDALGO** Region 07 Date Licensed 04/18/2017
License # 018008 SUPERIOR HOME CARE INCORPORATED
Lic Expire 4/30/2023 4847 S. JACKSON RD. STE. D
Medicare 1: EDINBURG, TX 78539
Medicare 2:
Phone (956) 803-0334 Fax (956) 803-0335

Owner Information

SUPERIOR HOME CARE INCORPORATED
SAME
MISSION, TEXAS 78573

PHONE: FAX:

Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator NORMA ESCALANTE

County **HIDALGO** Region 07 Date Licensed 04/04/2007
License # 011422 SUPERIOR HOME HEALTH SERVICES LLC
Lic Expire 12/28/2021 2108 SOUTH M ST SUITE 9
Medicare 1: 453115 HHA-18 MCALLEN, TX 78503
Medicare 2:
Phone (956) 971-0037 Fax (956) 971-0106

Owner Information

SUPERIOR HOME HEALTH SERVICES LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TEXAS 78230

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator BELINDA JO JUAREZ

County **HIDALGO** Region 07 Date Licensed 10/13/2011
License # 014420 SUPERIOR HOSPICE OF MCALLEN LLC
Lic Expire 10/31/2021 2108 SOUTH M ST STE 8B
Medicare 1: 671743 HOSPICE MCALLEN, TX 78503
Medicare 2:
Phone (956) 878-1636 Fax (956) 878-1638

Owner Information

SUPERIOR HOSPICE OF MCALLEN LLC
8000 VANTAGE DRIVE
SAN ANTONIO, TEXAS 78230

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SONYA GARZA

County **HIDALGO** Region 07 Date Licensed 06/29/2000
License # 007356 TAYLOR HOME HEALTH INC
Lic Expire 6/30/2024 3107 CENTER POINTE
Medicare 1: 679067 HHA-18 EDINBURG, TX 78539
Medicare 2:
Phone (956) 618-1626 Fax (956) 618-0934

Owner Information

TAYLOR HOME HEALTH INC
1609 NORTH 6TH
MCALLEN, TX 78501

PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Parent Agency Administrator MARIA MOYA

County	HIDALGO	Region	07	Date Licensed	09/09/2020	Owner Information	
License #	020155					TE BRINDO CONSUELO HOME CARE LLC	
Lic Expire						SAME AS PHYSICAL ADDRESS	
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	956 3426646	Fax	956 5985369			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROXANNA FLORES				
County	HIDALGO	Region	07	Date Licensed	05/16/2020	Owner Information	
License #	019946					TE CUIDAMOS LLC	
Lic Expire	5/16/2022						
Medicare 1:	747997 HHA						
Medicare 2:						PHONE:	FAX:
Phone	(956) 598-7160	Fax	(956) 598-8111			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROSELYN ALANIZ				
County	HIDALGO	Region	07	Date Licensed	10/27/2020	Owner Information	
License #	020266					TEXAS PRIMARY HOME CARE LLC	
Lic Expire	10/27/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(956) 532-7222	Fax	(956) 375-2663			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSEPHINE LOPEZ				
County	HIDALGO	Region	07	Date Licensed	06/30/1999	Owner Information	
License #	007243					TEXAS VISITING NURSE SERVICE LTD	
Lic Expire	6/30/2022					814 E TYLER AVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 969-3670	Fax	(956) 968-0384			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	VANESSA SANDOVAL				
County	HIDALGO	Region	07	Date Licensed	06/30/1999	Owner Information	
License #	007243					TEXAS VISITING NURSE SERVICE LTD	
Lic Expire	6/30/2022					814 E TYLER AVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-3600	Fax	(956) 580-2432			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	VANESSA SANDOVAL				
County	HIDALGO	Region	07	Date Licensed	06/30/1999	Owner Information	
License #	007243					TEXAS VISITING NURSE SERVICE LTD	
Lic Expire	6/30/2022					814 E TYLER AVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 686-7119	Fax	(956) 686-8198			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	VANESSA SANDOVAL				
County	HIDALGO	Region	07	Date Licensed	07/09/1999	Owner Information	
License #	007068					THANK YOU NURSES LTD	
Lic Expire	7/31/2023					N/A	
Medicare 1:						SAN ANTONIO, TX 78228	
Medicare 2:						PHONE:	FAX:
Phone	956 6821581	Fax	956 6821583			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RICHARD FLORES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	10/01/2012	Owner Information	
License #	015101					THERACHOICE HOMEHEALTH LLC	
Lic Expire	9/30/2022					2504 EAST GRIFFIN PARKWAY	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 580-2023	Fax	(956) 580-2032			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANNIE MARIE ESGUERRA				
County	HIDALGO	Region	07	Date Licensed	06/08/2016	Owner Information	
License #	017450					THERAPY SQUAD LLC	
Lic Expire	6/30/2022					616 VIDA SANTA ST.	
Medicare 1:						ALAMO, TX 78516	
Medicare 2:						PHONE:	FAX:
Phone	(956) 803-0033	Fax	(956) 683-6448			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JR RUIZ				
County	HIDALGO	Region	07	Date Licensed	09/03/2021	Owner Information	
License #	021026					THE NEW 3RD HEAVEN ADULT DAY CARE, LLC	
Lic Expire	9/3/2024					2308 EXPRESSWAY 83 SUITE D	
Medicare 1:						PENITAS, TEXAS 78576	
Medicare 2:						PHONE: (956) 519-9899	FAX: (956) 519-9881
Phone	(956) 519-9899	Fax	(956) 519-9881			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RAQUEL RODRIGUEZ				
County	HIDALGO	Region	07	Date Licensed	05/02/2002	Owner Information	
License #	007921					TRANSATLANTIC HOME HEALTH CARE	
Lic Expire	8/31/2022					2533 WEST TRENTON ROAD SUITE A8	
Medicare 1:	679351 HHA-18					EDINBURG, TX 78539	
Medicare 2:						PHONE:	FAX:
Phone	(956) 971-0088	Fax	(956) 971-0090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CELIA T OJEAGA				
County	HIDALGO	Region	07	Date Licensed	12/09/2013	Owner Information	
License #	015905					TREE OF LIFE HOSPICE LLC	
Lic Expire	12/31/2024					1609 NORTH 6TH STREET	
Medicare 1:	741542 HOSPICE					MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 994-9602	Fax	(956) 994-9605			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MARIA MOYA			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	12/21/2020	Owner Information	
License #	020418					TRINITY HOSPICE CARE, LLC	
Lic Expire	12/21/2022					1713 W. GRIFFIN PKWY, STE. D	
Medicare 1:						MISSION, TEXAS 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 212-6198	Fax	18665090326			Services: Hospice	
Type:	Parent Agency	Administrator	CESAR DUQUE			In-Patient Hospice: NO	
County	HIDALGO	Region	07	Date Licensed	02/20/2009	Owner Information	
License #	012473					MCALLEN HEALTH NETWORK II INC	
Lic Expire	6/30/2023					929 E ESPERANZA SUITE 25	
Medicare 1:	673125 HHA-18					MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 631-7704	Fax	(956) 631-3810			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	SONIA ANCISO			Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	03/29/2007	Owner Information	
License #	011203					TRUEMED HOMECARE INC	
Lic Expire	3/31/2022					1708 E GRIFFIN PKWY	
Medicare 1:						MISSION, TX 78572	
Medicare 2:						PHONE:	FAX:
Phone	(956) 687-3200	Fax	(956) 687-3203			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ILIANA VELA				
County	HIDALGO	Region	07	Date Licensed	02/14/2013	Owner Information	
License #	015368					UMBRELLA HEALTH CARE LLC	
Lic Expire	2/28/2023					115 S. CAGE BLVD	
Medicare 1:	747946 HHA-18					PHARR, TEXAS 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 961-4355	Fax	(956) 467-0718			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EMANUEL SALDANA				
County	HIDALGO	Region	07	Date Licensed	01/07/2011	Owner Information	
License #	013808					UN BUEN AMANECER HOME HEALTH INC	
Lic Expire	1/23/2023					2101 S PLEASANTVIEW DRIVE	
Medicare 1:						WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 969-1231	Fax	(956) 973-9046			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE GONZALEZ				
County	HIDALGO	Region	07	Date Licensed	04/13/2016	Owner Information	
License #	017624					UNIDOS HEALTHCARE LLC	
Lic Expire	4/30/2022					315 E DORA RD	
Medicare 1:	747866					ALAMO, TX 78516	
Medicare 2:						PHONE:	FAX:
Phone	956 2831473	Fax	956 2831470			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LETICIA ZECCA				
County	HIDALGO	Region	07	Date Licensed	08/03/2017	Owner Information	
License #	018385					UNITED HOSPICE CARE SERVICES LLC	
Lic Expire	8/31/2024					1609 DAVENPORT STREET SUITE C	
Medicare 1:	741610 HOSPICE					WESLACO, TX 78596	
Medicare 2:						PHONE:	FAX:
Phone	(956) 520-7054	Fax	(956) 289-1221			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ROBERTA REYES				
County	HIDALGO	Region	07	Date Licensed	02/10/2015	Owner Information	
License #	016774					RIO GRANDE VALLEY PHCCBA LLC	
Lic Expire	2/28/2024					837 E ESPERANZA AVE SUITE C	
Medicare 1:						MCALLEN, TX 78501	
Medicare 2:						PHONE:	FAX:
Phone	(956) 631-4421	Fax	(956) 631-5540			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MAYTE GARZA				
County	HIDALGO	Region	07	Date Licensed	03/05/1998	Owner Information	
License #	006350					V I P PROVIDERS INC	
Lic Expire	3/31/2023					200 E SAM HOUSTONSTE A	
Medicare 1:						PHARR, TX 78577	
Medicare 2:						PHONE:	FAX:
Phone	(956) 787-4800	Fax	(956) 787-0067			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ISIDORA FARIAS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HIDALGO	Region	07	Date Licensed	01/30/2006	Owner Information
License #	010267	VALLEY SUN GARDEN COMMUNITY HEALTH CARE SERVICES			TONYROD LLC	
Lic Expire	1/31/2025	501 W TOM LANDRY STREET SUITE 4			1800 CYNTHIA LANE	
Medicare 1:		MISSION, TX 78572			PALMHURST, TX 78573	
Medicare 2:				PHONE:	FAX:	
Phone	(956) 583-8740	Fax	(956) 581-4053	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	GABRIELA RODRIGUEZ			
County	HIDALGO	Region	07	Date Licensed	09/25/2017	Owner Information
License #	018476	VAMOS HOME HEALTH			VAMOS HEALTH CARE 1 LTD	
Lic Expire	9/30/2024	950 W. NOLANA LOOP STE. D			P O BOX 391	
Medicare 1:	679382 HHA-18	PHARR, TX 78557			HIDALGO, TEXAS 78557	
Medicare 2:				PHONE:	FAX:	
Phone	(956) 971-0981	Fax	(956) 618-1677	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JOSE LUIS MORENO			
County	HIDALGO	Region	07	Date Licensed	08/15/2016	Owner Information
License #	017673	VDP HEALTHCARE			TREBAR INC	
Lic Expire	8/31/2022	221 S CAGE BLVD			221 S. CAGE BLVD.	
Medicare 1:		PHARR, TX 78577			PHARR, TX 78577	
Medicare 2:				PHONE:	(956) 283-9237 FAX: (956) 283-9238	
Phone	(956) 283-9237	Fax	(956) 283-9238	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	BRENDA BELTRAN			
County	HIDALGO	Region	07	Date Licensed	02/15/2006	Owner Information
License #	010293	VERGE HOME CARE LLC			VERGE HOME CARE LLC	
Lic Expire	2/28/2022	4622 S CLOSNER BLVD			4622 S. CLOSNER BLVD.	
Medicare 1:	679567 HHA-18	EDINBURG, TX 78539			EDINBURG, TX 78539	
Medicare 2:				PHONE:	FAX:	
Phone	(956) 287-7575	Fax	(956) 287-7979	Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	SEDAT NECIPOGLU			
County	HIDALGO	Region	07	Date Licensed	01/24/2019	Owner Information
License #	019222	VIDA DE PAZ, LLC			VIDA DE PAZ, LLC	
Lic Expire	1/24/2023	103 N TOWER RD. STE 4			103 N TOWER RD STE 4	
Medicare 1:	971517	ALAMO, TEXAS 78516			ALAMO,	
Medicare 2:				PHONE:	FAX:	
Phone	(956) 601-1914	Fax	(956) 601-2031	Services: Hospice; Personal Assistance Services In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	CYNTHIA FARIAS			
County	HIDALGO	Region	07	Date Licensed	07/15/2020	Owner Information
License #	020054	VIDA TELEMONITORING			RCJJ HEALTHY SOLUTIONS LLC	
Lic Expire	7/15/2022	1811 N 23RD STREET SUITE # 124				
Medicare 1:		MCALLEN, TEXAS 78501				
Medicare 2:				PHONE:	FAX:	
Phone	(956) 322-8266	Fax	(956) 322-8267	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JOEL GARZA			
County	HIDALGO	Region	07	Date Licensed	04/07/2017	Owner Information
License #	017990	VIKMA HOME HEALTH SERVICES			VICTOR MANUEL VILLANUEVA	
Lic Expire	4/30/2023	3105 TAMPICO STREET			3105 TAMPICO STREET	
Medicare 1:		HIDALGO, TX 78557			HIDALGO, TX 78557	
Medicare 2:				PHONE:	FAX:	
Phone	(956) 627-6297	Fax	(956) 627-2404	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	VICTOR VILLANUEVA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HIDALGO** Region 07 Date Licensed 03/11/2016
License # 017491 VITAL CONNECTIONS
Lic Expire 3/31/2022 6316 NORTH 10TH ST. UNIT C-2
Medicare 1: 747114 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 668-1000 Fax (956) 668-1015
Type: Parent Agency Administrator ROLANDO GUERRA

Owner Information

CLEVELAND HEALTH CARE LLC
6316 NORTH 10TH ST UNIT C-2
MCALLEN, TX 78504-3890
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/17/2009
License # 012714 WINGS HOME HEALTH SERVICES LLC
Lic Expire 7/31/2024 4313 N 10TH STREET # G1
Medicare 1: 747568 HHA-18 MCALLEN, TX 78504
Medicare 2:
Phone (956) 992-0895 Fax (956) 992-8910
Type: Parent Agency Administrator GLORIA VELA

Owner Information

WINGS HOME HEALTH SERVICES LLC
4313 D1 NORTH TENTH STREET
MCALLEN, TX 78504
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HIDALGO** Region 07 Date Licensed 07/01/2013
License # 015723 WITH OPEN ARMS HEALTHCARE LLC
Lic Expire 6/30/2023 1300 N 10TH ST SUITE 305
Medicare 1: 677981 HHA-18 MCALLEN, TX 785014392
Medicare 2:
Phone (956) 994-9898 Fax (956) 994-9873
Type: Parent Agency Administrator KRISTINA GARCIA

Owner Information

WITH OPEN ARMS HEALTHCARE LLC
1300 N 10TH ST STE 305
MCALLEN, TX 78501
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HILL** Region 03 Date Licensed 01/27/2012
License # 014989 BRIDGEWAY HEALTH SERVICES INC
Lic Expire 1/31/2025 215 NW IH-35
Medicare 1: 45Q8178001 HILLSBORO, TX 76645
Medicare 2:
Phone (254) 582-5735 Fax (254) 582-7468
Type: Branch Agency Administrator DEBORAH ELLIS

Owner Information

BRIDGEWAY HEALTH SERVICES LLC
3033 W. PRESIDENT GEORGE BUSH HWY, #150
PLANO, TX 75075
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HILL** Region 05 Date Licensed 01/11/2012
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023 213 SOUTH BOSQUE
Medicare 1: 45-1713 WHITNEY, TEXAS 76692
Medicare 2:
Phone (254) 694-6009 Fax (254) 694-9926
Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HILL** Region 05 Date Licensed 06/01/2018
License # 019399 DIVINE HOME CARE SERVICES
Lic Expire 5/31/2022 127 E. ELM STREET
Medicare 1: HILLSBORO, TX 76645
Medicare 2:
Phone (254) 294-3896 Fax (254) 294-3882
Type: Parent Agency Administrator CLAUDIA BERDEGUE

Owner Information

DIVINE HOME CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **HILL** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 305 COKE AVENUE, SUITE 150
Medicare 1: 67Q9167003 HILLSBORO, TEXAS 76645
Medicare 2:
Phone 254 5801616 Fax 254 5801625
Type: Branch Agency Administrator ERIC DENGLER

Owner Information

EH OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HILL** Region 05 Date Licensed 07/29/2014
License # 016353 FAMILY HOME HEALTH CARE
Lic Expire 7/31/2022 108 S. COLORADO ST., SUITE B
Medicare 1: 747950 HHA-18 WHITNEY, TX 76692
Medicare 2:
Phone (254) 694-1447 Fax (254) 694-1425
Type: Parent Agency Administrator BARBARA ESQUIVEL

Owner Information

LAKE WHITNEY OPERATIONS, LLC
P.O. BOX 2558
WHITNEY, TX 76692
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HILL** Region 03 Date Licensed
License # 018474 RELIANT AT HOME HOSPICE
Lic Expire 8/31/2024 215 NW IH-35, HILLSBORO, TX 76645
Medicare 1: HILLSBORO, TEXAS 76645
Medicare 2:
Phone (214) 867-8040 Fax (214) 667-8045
Type: Alternate Delivery Site Administrator ANGELA HAMMONS

Owner Information

BLUE HAVEN HOSPICE LLC
1101 RAINTREE CIRCLE, SUITE #130
ALLEN, TX 75013
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **HOCKLEY** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE LTD
Lic Expire 10/31/2022 126 CLUBVIEW DRIVE
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 894-2375 Fax (806) 894-4743
Type: Branch Agency Administrator JULIE STACY

Owner Information

CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HOCKLEY** Region 01 Date Licensed 11/29/1984
License # 001599 COMMUNITY ACTION HOME HEALTH
Lic Expire 11/30/2023 410 HOUSTON ST
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 894-7872 Fax (806) 894-1621
Type: Parent Agency Administrator LISA KEENAN

Owner Information

SOUTH PLAINS COMMUNITY ACTION ASSOCIATION INC
P O BOX 610
LEVELLAND, TX 79336
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HOCKLEY** Region 01 Date Licensed 07/09/2007
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2023 727 SOUTH ALAMO ROAD
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 897-1485 Fax (806) 897-1487
Type: Branch Agency Administrator ASHLEY MCPHAIL

Owner Information

INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: () - 1 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HOCKLEY** Region 01 Date Licensed 07/27/2010
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 727 SOUTH ALAMO ROAD
Medicare 1: LEVELLAND, TX 79336
Medicare 2:
Phone (806) 897-1490 Fax (806) 897-1498
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **HOOD** Region 01 Date Licensed 09/30/2020
License # 020053 CORNERSTONE CAREGIVING
Lic Expire 7/14/2022 1315 WATERS EDGE DR STE 105
Medicare 1: GRANBURY, TEXAS 76048
Medicare 2:
Phone (817) 710-8380 Fax (817) 710-8380
Type: Parent Agency Administrator GINA MELVIN

Owner Information

FT WORTH TX CAREGIVING LLC
6777 CAMP BOWIE BLVD STE 331
FORT WORTH, TEXAS 76116
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HOOD	Region	01	Date Licensed	11/15/2008	Owner Information
License #	012483	ENCOMPASS HEALTH HOME HEALTH			EH OF FORT WORTH, LP	
Lic Expire	11/30/2022	401 TEMPLE HALL HIGHWAY, SUITE 5			6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:	679021 HHA-18	GRANBURY, TEXAS 76049			DALLAS, TEXAS	
Medicare 2:					PHONE:	
Phone	(817) 279-1665	Fax (817) 533-2832			FAX:	
Type:	Parent Agency	Administrator			JONATHAN TALBOT	
<hr/>						
County	HOOD	Region	01	Date Licensed	05/01/2017	Owner Information
License #	018234	HOME INSTEAD			BV TEXAS HOME CARE LLC	
Lic Expire	4/30/2024	983 WHITEHEAD DRIVE SUITE 106			983 WHITEHEAD DRIVE SUITE 106	
Medicare 1:		GRANBURY, TX 76048			GRANBURY, TX 76048	
Medicare 2:					PHONE:	
Phone	(682) 205-3366	Fax (682) 205-3388			FAX:	
Type:	Parent Agency	Administrator			LORI SMITH	
<hr/>						
County	HOOD	Region	01	Date Licensed	06/01/2006	Owner Information
License #	010782	INTERIM HEALTHCARE			INTERIM HEALTHCARE OF WEST TEXAS, LLC	
Lic Expire	5/31/2023	1314 PALUXY ROAD SUITE 200			3305 101ST STREET, STE 100	
Medicare 1:	679172 HHA-18	GRANBURY, TX 76048			LUBBOCK, TEXAS 79423	
Medicare 2:					PHONE: () - 1	
Phone	(817) 573-7474	Fax (817) 279-0755			FAX:	
Type:	Parent Agency	Administrator			SUZANNE CHILDERS	
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County	HOOD	Region	05	Date Licensed	04/04/2018	Owner Information
License #	014809	INTERIM HOSPICE OF GRANBURY			FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	5/31/2022	1314 PALUXY ROAD, STE 200			3305 101ST ST STE 100	
Medicare 1:	671795	GRANBURY, TX 76048			LUBBOCK, TX 79423	
Medicare 2:					PHONE: () - 0	
Phone	(817) 573-3092	Fax (817) 573-3492			FAX:	
Type:	Alternate Delivery Site	Administrator			BRENDA EAKIN	
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County	HOOD	Region	05	Date Licensed	04/04/2018	Owner Information
License #	014809	INTERIM HOSPICE OF GRANBURY			FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	5/31/2022	1314 PALUXY ROAD, STE 200			3305 101ST ST STE 100	
Medicare 1:	671795	GRANBURY, TX 76048			LUBBOCK, TX 79423	
Medicare 2:					PHONE: () - 0	
Phone	(817) 573-3092	Fax (817) 573-3492			FAX:	
Type:	Alternate Delivery Site	Administrator			BRENDA EAKIN	
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County	HOOD	Region	05	Date Licensed	04/04/2018	Owner Information
License #	014809	INTERIM HOSPICE OF GRANBURY			FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	5/31/2022	1314 PALUXY ROAD, STE 200			3305 101ST ST STE 100	
Medicare 1:	671795	GRANBURY, TX 76048			LUBBOCK, TX 79423	
Medicare 2:					PHONE: () - 0	
Phone	(817) 573-3092	Fax (817) 573-3492			FAX:	
Type:	Alternate Delivery Site	Administrator			BRENDA EAKIN	
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County	HOOD	Region	05	Date Licensed	04/04/2018	Owner Information
License #	014809	INTERIM HOSPICE OF GRANBURY			FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	5/31/2022	1314 PALUXY ROAD, STE 200			3305 101ST ST STE 100	
Medicare 1:	671795	GRANBURY, TX 76048			LUBBOCK, TX 79423	
Medicare 2:					PHONE: () - 0	
Phone	(817) 573-3092	Fax (817) 573-3492			FAX:	
Type:	Alternate Delivery Site	Administrator			BRENDA EAKIN	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HOOD	Region	01	Date Licensed	09/26/2012	Owner Information
License #	015096					LIVING CARE GRANBURY LP
Lic Expire	9/30/2022					1818 WESTLAKE AVE N #310
Medicare 1:						SEATTLE, WA 98109
Medicare 2:						PHONE:
Phone	(817) 279-9259	Fax	(817) 579-7073			FAX:
Type:	Parent Agency	Administrator	SHELLY RASBERRY			Services: Personal Assistance Services
County	HOOD	Region	03	Date Licensed		Owner Information
License #	017220					R2R PALLIATIVE AND HOSPICE CARE LLC
Lic Expire	1/31/2022					860 HEBRON PARKWAY SUITE 203, ROOM A
Medicare 1:						LEWISVILLE, TX 75057-5151
Medicare 2:						PHONE:
Phone	(682) 936-4122	Fax	(682) 936-4102			FAX:
Type:	Alternate Delivery Site	Administrator	LARRY BARTHEL			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	HOOD	Region	03	Date Licensed	02/10/2015	Owner Information
License #	015695					MAXUS HEALTHCARE PARTNERS LLC
Lic Expire	3/31/2024					1050 FOREST PARK BLVD
Medicare 1:						FORT WORTH, TX 76110
Medicare 2:						PHONE:
Phone	(817) 279-7990	Fax	(817) 279-8060			FAX:
Type:	Branch Agency	Administrator	PHILIP CRISWELL			Services: Licensed Home Health Services
County	HOOD	Region	03	Date Licensed		Owner Information
License #	016260					MAXUS HEALTHCARE PARTNERS LLC
Lic Expire	7/31/2023					1050 FOREST PARK BLVD
Medicare 1:						FORT WORTH, TX 76110
Medicare 2:						PHONE:
Phone	(817) 279-7990	Fax	(817) 279-8060			FAX:
Type:	Branch Agency	Administrator	PHILIP CRISWELL			Services: Licensed Home Health Services
County	HOOD	Region	01	Date Licensed	06/12/1997	Owner Information
License #	004548					STEPHEN'S HEALTH CARE, INC
Lic Expire	4/30/2023					PO BOX 852
Medicare 1:						STEPHENVILLE, TX 76401
Medicare 2:						PHONE:
Phone	(817) 579-9902	Fax	(817) 579-9915			FAX:
Type:	Branch Agency	Administrator	ANN STEPHEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HOOD	Region	01	Date Licensed	03/11/2014	Owner Information
License #	016078					THE HELP PRIVATE CARE SERVICES INC
Lic Expire	3/31/2022					PO BOX 1980
Medicare 1:						GRANBURY, TX 76048
Medicare 2:						PHONE:
Phone	(817) 773-5818	Fax				FAX:
Type:	Parent Agency	Administrator	SHERRY BARNES			Services: Personal Assistance Services
County	HOOD	Region	01	Date Licensed	07/08/2009	Owner Information
License #	012692					5M ENTERPRISES LLC
Lic Expire	7/31/2023					806 PALUXY RD
Medicare 1:						GRANBURY, TX 76048
Medicare 2:						PHONE:
Phone	(817) 279-7373	Fax	(682) 260-5889			FAX:
Type:	Parent Agency	Administrator	MEREDITH CORRIGAN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HOPKINS	Region	04	Date Licensed	01/31/1995	Owner Information	
License #	002757					1ST CHOICE ENTERPRISES INC	
Lic Expire	1/31/2022					101 KINGS PLAZA STE H	
Medicare 1:						COMMERCE, TX 75429	
Medicare 2:						PHONE:	
Phone	(903) 439-4757	Fax	(903) 885-6278			FAX:	
Type:	Branch Agency	Administrator	STEPHANIE MITCHELL				Services: Licensed and Certified Home Health Services
County	HOPKINS	Region	04	Date Licensed	07/18/2001	Owner Information	
License #	007685					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD	
Lic Expire	7/31/2022					506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E	
Medicare 1:	679076 HHA-18					TYLER, TX 75705	
Medicare 2:						PHONE:	
Phone	(903) 885-5606	Fax	(903) 885-7566			FAX:	
Type:	Parent Agency	Administrator	RHONDA KELLY				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HOPKINS	Region	04	Date Licensed	10/02/2014	Owner Information	
License #	016586					CP HOME CARE, LLC	
Lic Expire	10/31/2022					6760 OLD JACKSONVILLE HWY, SUITE 102	
Medicare 1:	747362 HHA-18					TYLER, TX 75703	
Medicare 2:						PHONE:	
Phone	9033523561; 80030709	Fax	(866) 987-4193			FAX:	
Type:	Parent Agency	Administrator	NRRRA METTLEN				Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HOPKINS	Region	04	Date Licensed	12/01/2012	Owner Information	
License #	015333					LEGACY HOSPICE, LLC	
Lic Expire	11/30/2022					6760 OLD JACKSONVILLE HWY, SUITE 102	
Medicare 1:						TYLER, TX 75703	
Medicare 2:						PHONE:	
Phone	(903) 335-8901	Fax	(903) 335-8904			FAX:	
Type:	Alternate Delivery Site	Administrator	KATIE SANDLIN				Services: Hospice In-Patient Hospice: NO
County	HOPKINS	Region	04	Date Licensed	12/01/2012	Owner Information	
License #	015333					LEGACY HOSPICE, LLC	
Lic Expire	11/30/2022					6760 OLD JACKSONVILLE HWY, SUITE 102	
Medicare 1:						TYLER, TX 75703	
Medicare 2:						PHONE:	
Phone	(903) 335-8901	Fax	(903) 509-5971			FAX:	
Type:	Alternate Delivery Site	Administrator	KATIE SANDLIN				Services: Hospice In-Patient Hospice: NO
County	HOPKINS	Region	04	Date Licensed	08/29/2013	Owner Information	
License #	002499					CYPRESS BASIN HOSPICE INC	
Lic Expire	3/31/2022					PO BOX 544	
Medicare 1:						MOUNT PLEASANT, TX 75456	
Medicare 2:						PHONE:	
Phone	(903) 951-1194	Fax	(903) 951-1197			FAX:	
Type:	Alternate Delivery Site	Administrator	ASHLEY JORDAN				Services: Hospice In-Patient Hospice: NO
County	HOPKINS	Region	04	Date Licensed	06/21/2013	Owner Information	
License #	015767					HEART TO HEART HOSPICE OF EAST TEXAS LLC	
Lic Expire	6/30/2023					7240 CHASE OAKS BLVD.	
Medicare 1:						PLANO, TX 75025	
Medicare 2:						PHONE:	
Phone	(903) 439-1810	Fax	(903) 439-1840			FAX:	
Type:	Alternate Delivery Site	Administrator	CHRISTINE BLACK				Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HOPKINS	Region	04	Date Licensed	08/21/2018	Owner Information
License #	018375					
Lic Expire						
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 307-2300	Fax	(903) 792-0719			FAX:
Type:	Alternate Delivery Site	Administrator	CRYSTAL COLLOM			Services: Hospice In-Patient Hospice: NO
County	HOPKINS	Region	04	Date Licensed	08/01/2015	Owner Information
License #	017040					
Lic Expire	10/31/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 439-6030	Fax	(281) 605-1850			FAX:
Type:	Parent Agency	Administrator	GERALD YOUNG			Services: Licensed Home Health Services; Personal Assistance Services
County	HOPKINS	Region	04	Date Licensed		Owner Information
License #	016092					
Lic Expire	12/31/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	903 9198320	Fax	903 9198321			FAX:
Type:	Alternate Delivery Site	Administrator	ANNETTE MUGNO			Services: Hospice In-Patient Hospice: NO
County	HOPKINS	Region	04	Date Licensed	04/30/2014	Owner Information
License #	016263					
Lic Expire	4/30/2022					
Medicare 1:	457586 HHA-18					
Medicare 2:						PHONE:
Phone	(903) 577-0748	Fax	(903) 784-2482			FAX:
Type:	Parent Agency	Administrator	SHARON HEVRON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HOPKINS	Region	04	Date Licensed	11/30/2020	Owner Information
License #	020359					
Lic Expire	11/30/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(903) 951-4080	Fax				FAX:
Type:	Parent Agency	Administrator	TAMMIE SULLIVAN			Services: Personal Assistance Services
County	HOUSTON	Region	04	Date Licensed	08/25/1995	Owner Information
License #	002409					
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(936) 544-3637	Fax	(936) 544-2621			FAX:
Type:	Branch Agency	Administrator	KERRI GRIFFIN			Services: Licensed and Certified Home Health Services
County	HOUSTON	Region	04	Date Licensed	12/18/2020	Owner Information
License #	020414					
Lic Expire	12/18/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(936) 546-9723	Fax	(936) 220-2266			FAX:
Type:	Parent Agency	Administrator	LINNEA ROBISON			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HOUSTON	Region	04	Date Licensed	03/13/2020	Owner Information	
License #	019721					NEVER FORGET WE CARE LLC	
Lic Expire	11/26/2021					3663 N. SAM HOUSTON PARKWAY EAST, SUITE 600	
Medicare 1:						HOUSTON, TEXAS 77032	
Medicare 2:							PHONE:
Phone	(337) 401-6955	Fax					FAX:
Type:	Parent Agency	Administrator	MICHAEL HARRIS			Services: Personal Assistance Services	
County	HOUSTON	Region	04	Date Licensed	05/21/2012	Owner Information	
License #	014808					TRADITIONS HOSPICE OF MADISONVILLE, LLC	
Lic Expire	5/31/2022					P.O. BOX 9980	
Medicare 1:	671773 HOSPICE					COLLEGE STATION, TX 77842	
Medicare 2:							PHONE:
Phone	(936) 545-0320	Fax	(866) 908-8704				FAX:
Type:	Parent Agency	Administrator	JOANNA MATTHEWS			Services: Hospice	
						In-Patient Hospice: NO	
County	HOWARD	Region	01	Date Licensed	05/31/2019	Owner Information	
License #	019408					ACC HEALTH CARE, LLC	
Lic Expire	5/31/2023					6 INDIAN RIDGE	
Medicare 1:						BIG SPRING, TEXAS 79720	
Medicare 2:							PHONE:
Phone	(432) 213-1496	Fax					FAX:
Type:	Parent Agency	Administrator	AMANDA CALVIO			Services: Personal Assistance Services	
County	HOWARD	Region	01	Date Licensed	06/01/2006	Owner Information	
License #	010706					BEST HOME CARE, LP	
Lic Expire	5/31/2024					6688 NORTH CENTRAL EXPRESSWAY STE 1300	
Medicare 1:	457107 HHA-18					DALLAS, TX 75206	
Medicare 2:							PHONE:
Phone	432 2640044	Fax	432 2640855				FAX:
Type:	Parent Agency	Administrator	LESLEE MCCUTCHEM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HOWARD	Region	01	Date Licensed	06/06/2000	Owner Information	
License #	003840					HOME HOSPICE OF ODESSAMIDLAND, LLC	
Lic Expire	3/31/2023					619 N GRANT AVE STE 120	
Medicare 1:						ODESSA, TX 79761	
Medicare 2:							PHONE:
Phone	(432) 264-7599	Fax	(432) 264-7597				FAX:
Type:	Alternate Delivery Site	Administrator	AMY DRUMM			Services: Hospice Alternative Delivery Site (ADS)	
						In-Patient Hospice: NO	
County	HOWARD	Region	01	Date Licensed	02/01/2003	Owner Information	
License #	008312					CAPITAL HOMECARE, LP	
Lic Expire	1/31/2023					3305 101ST ST STE 100	
Medicare 1:	457174 HHA-18					LUBBOCK, TX 79423	
Medicare 2:							PHONE:
Phone	(432) 235-1164	Fax	(432) 235-1169				FAX:
Type:	Parent Agency	Administrator	TIFFANY SALAZAR			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	HOWARD	Region	01	Date Licensed		Owner Information	
License #	012962					FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	11/30/2023					3305 101ST ST STE 100	
Medicare 1:	671669 Hospice					LUBBOCK, TX 79423	
Medicare 2:							PHONE:
Phone	(432) 263-5999	Fax	(432) 263-9998				() - 0 FAX:
Type:	Alternate Delivery Site	Administrator	JESSICA SOTELO			Services: Hospice	
						In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HOWARD** Region 01 Date Licensed 02/28/2018
License # 018640 KINDRED AT HOME
Lic Expire 2/28/2025 609 SOUTH GREGG STREET
Medicare 1: BIG SPRING, TX 79720
Medicare 2:
Phone (432) 606-6265 Fax (432) 264-7460
Type: Parent Agency Administrator NICK ORNELAS

Owner Information

PF DEVELOPMENT 16 LLC
LICENSING DEPT. 12900 FOSTER, SUITE #400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Personal Assistance Services

County **HOWARD** Region 01 Date Licensed 05/24/2013
License # 015634 KINDRED AT HOME
Lic Expire 5/31/2024 1900 SCURRY STREET
Medicare 1: 453188 HHA-18 BIG SPRING, TX 79720
Medicare 2:
Phone (432) 714-4510 Fax (432) 714-4511
Type: Parent Agency Administrator ERICA JILL ESTES

Owner Information

PF DEVELOPMENT 16 LLC
LICENSING DEPT. 12900 FOSTER, SUITE #400
OVERLAND PARK, KS 66213-2696
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HUNT** Region 04 Date Licensed 01/31/1994
License # 002757 1ST CHOICE HOME HEALTH
Lic Expire 1/31/2022 101 KINGS PLAZA SUITE H
Medicare 1: 677789 HHA-18 COMMERCE, TX 75428
Medicare 2:
Phone (903) 886-2666 Fax (903) 886-3773
Type: Parent Agency Administrator STEPHANIE MITCHELL

Owner Information

1ST CHOICE ENTERPRISES INC
101 KINGS PLAZA STE H
COMMERCE, TX 75428
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HUNT** Region 04 Date Licensed 10/01/2020
License # 020457 ABACUS HOME HEALTHCARE
Lic Expire 10/1/2022 1325 SHANNON ROAD EAST, UNIT A
Medicare 1: SULPHUR, TEXAS 75482
Medicare 2:
Phone (888) 466-3016 Fax
Type: Parent Agency Administrator JOHN COFFEE

Owner Information

HOMEPRAC, LLC
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **HUNT** Region 03 Date Licensed 10/30/2013
License # 012982 ALTRUIST HOME HEALTH CARE INC
Lic Expire 11/30/2021 5402 WESLEY STREET B
Medicare 1: GREENVILLE, TX 75401
Medicare 2:
Phone (903) 453-8084 Fax (903) 453-8082
Type: Branch Agency Administrator LALANII JONES

Owner Information

ALTRUIST HOME HEALTH CARE, INC
PO BOX 570869
DALLAS, TEXAS 75357
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HUNT** Region 04 Date Licensed 05/26/2016
License # 017421 ANEW HOSPICE CARE INC
Lic Expire 5/31/2022 2104 MONROE STREET SUITE E
Medicare 1: 741678 HOSPICE COMMERCE, TX 75428
Medicare 2:
Phone (903) 886-2639 Fax (903) 886-2642
Type: Parent Agency Administrator LISA GOODWIN

Owner Information

ANEW HOSPICE CARE INC
2104 MONROE STREET SUITE E
COMMERCE, TX 75428
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 04 Date Licensed 02/05/2004
License # 009025 ANGELS CARE HOME HEALTH OF DALLAS
Lic Expire 2/28/2024 4725 WELLINGTON ST, BLDG 2
Medicare 1: 679283 HHA-18 GREENVILLE, TX 75401
Medicare 2:
Phone (903) 454-6001 Fax (903) 454-6411
Type: Parent Agency Administrator RUBY BALDENEGRO

Owner Information

BANNER HEALTH SERVICES INC
104 EAST US HWY 80 SUITE 190
FORNEY, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	HUNT	Region	04	Date Licensed	03/28/2018	Owner Information
License #	017642					L S AND S S INC
Lic Expire	6/30/2022					1837 W MAIN
Medicare 1:						GUN BARREL CITY, TX 75156
Medicare 2:						PHONE:
Phone	(903) 447-2445	Fax	(903) 340-8527			FAX:
Type:	Alternate Delivery Site	Administrator	DANNY WEEMS			Services: Hospice In-Patient Hospice: NO
County	HUNT	Region	04	Date Licensed	11/24/2015	Owner Information
License #	017401					VICTORY HOME HEALTH OF TEXAS LLC
Lic Expire	11/30/2023					3900 JOE RAMSEY BLVD BLDG 4 SUITE C
Medicare 1:	679721 HHA-18					GREENVILLE, TX 75401
Medicare 2:						PHONE:
Phone	(903) 458-9012	Fax	(855) 710-7022			FAX:
Type:	Parent Agency	Administrator	DAVID OCHOA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HUNT	Region	03	Date Licensed	01/01/2003	Owner Information
License #	008269					JHS OPERATIONS, LLC
Lic Expire	12/31/2021					2039 CROCKETT RD.
Medicare 1:						PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(903) 454-3710	Fax	(903) 454-3511			FAX:
Type:	Branch Agency	Administrator	BENJAMIN BRADLEY BRADLEY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HUNT	Region	03	Date Licensed	12/01/2004	Owner Information
License #	009527					TEXAS SENIOR CARE, LP
Lic Expire	11/30/2023					6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:						DALLAS, TX 75206-3950
Medicare 2:						PHONE:
Phone	903 2596817	Fax	903 2596900			FAX:
Type:	Branch Agency	Administrator	KARA BAGLEY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	HUNT	Region	04	Date Licensed	10/03/2016	Owner Information
License #	017798					FAMILY FIRST HOME HEALTH LLC
Lic Expire	10/31/2022					2824 TERRELL ROAD SUITE 402
Medicare 1:	747238 HHA-18					GREENVILLE, TX 75402
Medicare 2:						PHONE:
Phone	(903) 454-3344	Fax	(903) 454-3345			FAX:
Type:	Parent Agency	Administrator	KELLY BULLOCK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	HUNT	Region	04	Date Licensed	11/24/2020	Owner Information
License #	020344					FAMILY FIRST HOME HEALTH AND HOSPICE, LLC
Lic Expire	11/24/2022					2824 TERRELL ROAD SUITE 402
Medicare 1:						GREENVILLE, TX 75402-5571
Medicare 2:						PHONE:
Phone	(903) 454-3346	Fax	(903) 454-3347			FAX:
Type:	Parent Agency	Administrator	KELLY BULLOCK			Services: Hospice In-Patient Hospice: NO
County	HUNT	Region	04	Date Licensed	01/04/2008	Owner Information
License #	011796					HEALING TOUCH HOMECARE, LLC
Lic Expire	1/31/2023					2304 JOE RAMSEY BLVD. E
Medicare 1:	747052 HHA-18					GREENVILLE, TX 75401
Medicare 2:						PHONE:
Phone	(903) 455-8191	Fax	(903) 455-8103			FAX:
Type:	Parent Agency	Administrator	MENTORIA ECHOLS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	HUNT	Region	04	Date Licensed	11/18/2009	Owner Information	
License #	013007					HOME HEALTH ASSOCIATES LLC	
Lic Expire	2/28/2022					2104 MONROE STREET SUITE B	
Medicare 1:	747373 HHA-18					COMMERCE, TX 75428	
Medicare 2:						PHONE:	FAX:
Phone	(903) 886-0612	Fax	(903) 886-0613			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	LISA GOODWIN				
County	HUNT	Region	03	Date Licensed		Owner Information	
License #	017583					PEACEWAY HOSPICE LLC	
Lic Expire	6/30/2022					4119 STONE HAVEN DRIVE	
Medicare 1:						GARLAND, TX 75043-7293	
Medicare 2:						PHONE:	FAX:
Phone	(903) 458-9800	Fax	(469) 391-9960			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	CHAD HIGBEE			In-Patient Hospice: NO	
County	HUNT	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(903) 454-3385	Fax	(903) 454-3373			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	HUNT	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 454-3385	Fax	(903) 454-3373			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	HUNT	Region	03	Date Licensed	08/04/2004	Owner Information	
License #	009235					INTERNATIONAL TUTORING SERVICES LLC	
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 454-3385	Fax	(903) 454-3373			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			In-Patient Hospice: NO	
County	HUNT	Region	04	Date Licensed	06/29/1993	Owner Information	
License #	002557					HUNT MEMORIAL HOSPITAL DISTRICT	
Lic Expire	6/30/2022					PO BOX 1059	
Medicare 1:	677657 HHA-18					GREENVILLE, TX 75403	
Medicare 2:						PHONE:	(903) 408-1881 FAX: (903) 408-5082
Phone	(903) 408-1950	Fax	(903) 408-1969			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	DENISE BRADY				
County	HUNT	Region	03	Date Licensed	07/01/2007	Owner Information	
License #	011455					INTEGRACARE HOME HEALTH SERVICES, INC	
Lic Expire	6/30/2022					12900 FOSTER SUITE 400	
Medicare 1:						OVERLAND PARK, KS 66213	
Medicare 2:						PHONE:	() - 512 FAX:
Phone	(903) 454-3942	Fax	(903) 454-2095			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	JAMIE SMITH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **HUNT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2824 TERRELL STREET SUITE 206
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3942 Fax (903) 454-2095
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HUNT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2824 TERRELL STREET SUITE 206
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3942 Fax (903) 454-2095
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HUNT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2824 TERRELL STREET SUITE 206
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3942 Fax (903) 454-2095
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HUNT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2824 TERRELL STREET SUITE 206
Medicare 1: GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-3942 Fax (903) 454-2095
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **HUNT** Region 04 Date Licensed 08/29/2002
License # 008082 KINDRED HOSPICE
Lic Expire 8/31/2023 2824 TERRELL ROAD SUITE 500
Medicare 1: 451722 HOSPICE GREENVILLE, TX 75402
Medicare 2:
Phone (903) 454-1107 Fax (903) 454-2177
Type: Parent Agency Administrator JULIA HILTON

Owner Information

FAMILY HOSPICE LTD
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **HUNT** Region 04 Date Licensed 02/13/2007
License # 011067 PHYSICIANS CHOICE HOMECARE
Lic Expire 2/28/2025 4315 RIDGECREST
Medicare 1: 743127 HHA-18 GREENVILLE, TX 75402
Medicare 2:
Phone 903 4552619 Fax 903 4552698
Type: Parent Agency Administrator DELAUNTE CRAWFORD

Owner Information

GREENVILLE PHYSICIANS CHOICE HOMECARE LLC
4315 RIDGECREST DR
GREENVILLE, TX 75402
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **HUNT** Region 04 Date Licensed 02/11/2020
License # 019908 TRUE HEARTS AND HANDS HOSPICE LLC
Lic Expire 2/11/2022 2608 EASTLAND STREET, SUITE 104
Medicare 1: 741581 HOSPICE GREENVILLE, TX 75402
Medicare 2:
Phone (903) 422-8100 Fax (903) 729-9128
Type: Parent Agency Administrator DARLENE STANFORD

Owner Information

TRUE HEARTS AND HANDS HOSPICE, LLC
3500 BRENTWOOD DR.
COLLEYVILLE, TX 76034
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	HUNT	Region	03	Date Licensed		Owner Information
License #	016205	VISIONARY HOME HEALTH CARE, LLC			VISIONARY HOME HEALTH CARE, LLC	
Lic Expire	5/31/2022	9115 WESLEY ST #3			404 N BRYANT AVE	
Medicare 1:		GREENVILLE, TEXAS 75402			SHERMAN, TX 75092	
Medicare 2:					PHONE:	FAX:
Phone	(903) 870-1600	Fax			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator			JAMEE WIX	
County	HUNT	Region	03	Date Licensed	11/19/2010	Owner Information
License #	006983	VITAS HEALTHCARE OF TEXAS LP			VITAS HEALTHCARE OF TEXAS LP	
Lic Expire	11/30/2023	2716 LEE STREET SUITE 100				
Medicare 1:		GREENVILLE, TX 75401				
Medicare 2:					PHONE:	FAX:
Phone	(903) 455-0251	Fax (903) 455-8901			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator			TANA VILLANUEVA	
County	HUTCHINSON	Region	01	Date Licensed	02/12/2009	Owner Information
License #	007787	INTERIM HEALTHCARE OF AMARILLO			INTERIM HEALTHCARE OF WEST TEXAS, LLC	
Lic Expire	10/31/2023	1313 WEST WILSON			3305 101ST STREET, STE 100	
Medicare 1:		BORGER, TX 79007			LUBBOCK, TEXAS 79423	
Medicare 2:					PHONE:	() - 1 FAX:
Phone	(806) 274-2800	Fax (806) 274-2803			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator			TWILA RUTTER	
County	JACKSON	Region	07	Date Licensed	01/16/1987	Owner Information
License #	001844	JACKSON COUNTY HOME HEALTH			JACKSON COUNTY HOSPITAL DISTRICT	
Lic Expire	1/31/2023	918 SOUTH WELLS ST			1013 S WELLS	
Medicare 1:	677103 HHA-18	EDNA, TX 77957			EDNA, TX 77957-4098	
Medicare 2:					PHONE:	(361) 782-5241 FAX: (361) 782-7495
Phone	(361) 782-7830	Fax (361) 781-0812			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator			AMY GEORGE	
County	JASPER	Region	04	Date Licensed	06/28/2002	Owner Information
License #	007991	ADVANTAGE PLUS HOMECARE			ADVANTAGE PLUS HOMECARE INC	
Lic Expire	6/30/2022	853 NORTH ZAVALLA STREET			853 NORTH ZAVALLA STREET	
Medicare 1:	679159 HHA-18	JASPER, TX 75951			JASPER, TX 75951	
Medicare 2:					PHONE:	FAX:
Phone	(409) 489-1496	Fax (409) 489-1153			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator			CHARLES FRAZIER	
County	JASPER	Region	04	Date Licensed	01/28/2016	Owner Information
License #	013942	AFFINITY HEALTH CARE			AFFINITY HOSPICE LLC	
Lic Expire	3/31/2023	710 S. WHEELER ST.			2708 SOUTH MEDFORD DRIVE	
Medicare 1:		JASPER, TEXAS 75951			LUFKIN, TX 75901	
Medicare 2:					PHONE:	FAX:
Phone	(409) 489-4090	Fax (888) 659-2676			Services: Hospice	
Type:	Alternate Delivery Site	Administrator			QUINCY MARTINDALE	
County	JASPER	Region	04	Date Licensed	02/17/2020	Owner Information
License #	019538	AFFINITY HEALTH CARE, LLC			AFFINITY HEALTH CARE, LLC	
Lic Expire	7/9/2023	710 S. WHEELER ST.				
Medicare 1:	74-7436	JASPER, TEXAS 75951				
Medicare 2:					PHONE:	FAX:
Phone	(409) 383-1400	Fax (409) 383-1401			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator			BRYAN HARKNESS	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JASPER	Region	06	Date Licensed		Owner Information	
License #	016465		AMADA SENIOR CARE			ORTHRUS INC	
Lic Expire	10/31/2022		4420 N WHEELER STREET			2600 S SHORE BLVD SUITE 300	
Medicare 1:			JASPER, TX 75951			LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(409) 489-4324	Fax	(281) 652-5507			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	WILLIAM LONG				
County	JASPER	Region	06	Date Licensed		Owner Information	
License #	016465		AMADA SENIOR CARE			ORTHRUS INC	
Lic Expire	10/31/2022		4420 N WHEELER STREET			2600 S SHORE BLVD SUITE 300	
Medicare 1:			JASPER, TX 75951			LEAGUE CITY, TX 77573	
Medicare 2:						PHONE:	FAX:
Phone	(409) 489-4324	Fax	(281) 652-5507			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	WILLIAM LONG				
County	JASPER	Region	04	Date Licensed	07/20/2015	Owner Information	
License #	016495		COMPASSION HOSPICE			COMPASSION HOSPICE INC	
Lic Expire	8/31/2022		510 SOUTH WHEELER STREET			3775 MILAM STREET	
Medicare 1:			JASPER, TEXAS 75951			BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(409) 383-5280	Fax	(409) 383-5272			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	ALLEN AYRES			In-Patient Hospice: NO	
County	JASPER	Region	04	Date Licensed	05/17/1995	Owner Information	
License #	003520		COMPLETE HOMECARE SERVICES INC			COMPLETE HOMECARE SERVICES INC	
Lic Expire	5/31/2023		942 VISADOR ROAD			PO BOX 299	
Medicare 1:	678027		JASPER, TX 75951			JASPER, TX 75951	
Medicare 2:						PHONE:	FAX:
Phone	(409) 384-3040	Fax	(409) 384-3784			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ERNESTO DOMENECH				
County	JASPER	Region	04	Date Licensed	10/04/2011	Owner Information	
License #	014389		HARBOR HOSPICE OF EAST TEXAS LP			HARBOR HOSPICE OF EAST TEXAS LP	
Lic Expire	10/31/2023		1440 FM 777			3406 COLLEGE STREET	
Medicare 1:	671749 HOSPICE		JASPER, TX 75951			BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(409) 384-3662	Fax	(816) 396-5447			Services: Hospice	
Type:	Parent Agency	Administrator	KARAH TRAHAN			In-Patient Hospice: NO	
County	JASPER	Region	04	Date Licensed	02/10/1997	Owner Information	
License #	005265		HOME CARE INNOVATIONS INC			HOME CARE INNOVATIONS INC	
Lic Expire	2/28/2022		15486 FM 252			15486 FM 252	
Medicare 1:	459335 HHA-18		KIRBYVILLE, TX 75956			KIRBYVILLE, TX 75956	
Medicare 2:						PHONE:	FAX:
Phone	(409) 423-6777	Fax	(409) 423-2020			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	CHARLOTTE LUMMUS BUSH				
County	JASPER	Region	04	Date Licensed	05/12/2006	Owner Information	
License #	007790		KINDRED HOSPICE			ODYSSEY HEALTHCARE OPERATING A, LP	
Lic Expire	6/30/2023		1201 WEST GIBSON STREET			P.O. BOX 4060, ATTN: REGULATORY	
Medicare 1:			JASPER, TX 75951			MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(409) 384-4336	Fax	(409) 489-0579			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	KENDRA GRAY			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **JASPER** Region 04 Date Licensed 05/31/2019
License # 019407 OLIVE BRANCH HOSPICE
Lic Expire 5/31/2023 2051 S WHEELER, SUITE E
Medicare 1: 97-1522 (HOSPICE) JASPER, TEXAS 75951
Medicare 2:
Phone (409) 384-5700 Fax (409) 384-5177
Type: Parent Agency Administrator TERESA BROWN

Owner Information

OLIVE LEAF, LLC
P. O. BOX 755
WARREN, TEXAS 77664
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JEFFERSON** Region 04 Date Licensed 06/26/2015
License # 016880 212 THERAPY LLC
Lic Expire 6/30/2023 1846 INTERSTATE 10 SOUTH, SUITE 102
Medicare 1: BEAUMONT, TX 77707
Medicare 2:
Phone (409) 292-3434 Fax (409) 866-7255
Type: Parent Agency Administrator NEVA RAMSEY

Owner Information

212 THERAPY LLC
1715 WEST SAGE
BEAUMONT, TX 77713
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 11/04/2014
License # 016511 365CARE HOME HEALTH LLC
Lic Expire 11/30/2022 4090 CLEVELAND AVENUE
Medicare 1: 747976 HHA-18 GROVES, TX 77619
Medicare 2:
Phone (409) 548-0036 Fax (409) 548-0071
Type: Parent Agency Administrator TAGHLEB SHAABAN

Owner Information

365CARE HOME HEALTH LLC
4090 CLEVELAND AVENUE
GROVES, TX 77619
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 07/22/2014
License # 016496 A MED HOME HEALTH
Lic Expire 7/31/2022 4180 DELAWARE ST SUITE 402
Medicare 1: 457852 HHA-18 BEAUMONT, TEXAS 77706
Medicare 2:
Phone (409) 719-0111 Fax (409) 719-0110
Type: Parent Agency Administrator GWENDOLYN BLESSING

Owner Information

SECURE HOME HEALTH MANAGEMENT LLC
8901 EF LOWRY EXPWY STE A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 02/19/2004
License # 008922 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 2/28/2023 5687 EASTEX FREEWAY
Medicare 1: 673115 HHA-18 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 899-9979 Fax (409) 899-9552
Type: Parent Agency Administrator SARAH VILLANUEVA

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 03/09/2001
License # 007608 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2023 5695 EASTEX FREEWAY
Medicare 1: BEAUMONT, TX 77706
Medicare 2:
Phone (409) 838-0045 Fax (409) 839-8124
Type: Parent Agency Administrator JUDY POWELL

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 05/04/2004
License # 009075 ACCU CARE HOME HEALTH SERVICES
Lic Expire 5/31/2022 440 N. 18TH STREET #8
Medicare 1: 673159 HHA-18 BEAUMONT, TX 77707
Medicare 2:
Phone (409) 242-5860 Fax (409) 347-8663
Type: Parent Agency Administrator DIANNA BASS

Owner Information

CAROLINE WEATHERSBY
87 INTERSTATE 10 NORTH STE #124
BEAUMONT, TX 77707
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	JEFFERSON	Region	04	Date Licensed	05/24/2002	Owner Information
License #	007953					ADVANCED PEDIATRIC CARE, INC
Lic Expire	5/31/2022					3330 FANNIN ST
Medicare 1:	677648					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(409) 832-3304	Fax	(409) 835-2799			FAX:
Type:	Parent Agency	Administrator	DIANE BASS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	11/22/2004	Owner Information
License #	007991					ADVANTAGE PLUS HOMECARE INC
Lic Expire	6/30/2022					853 NORTH ZAVALLA STREET
Medicare 1:						JASPER, TX 75951
Medicare 2:						PHONE:
Phone	(409) 899-1665	Fax	(409) 899-1680			FAX:
Type:	Branch Agency	Administrator	CHARLES FRAZIER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed		Owner Information
License #	013942					AFFINITY HOSPICE LLC
Lic Expire	3/31/2023					2708 SOUTH MEDFORD DRIVE
Medicare 1:						LUFKIN, TX 75901
Medicare 2:						PHONE:
Phone	(409) 299-4626	Fax	(409) 895-2625			FAX:
Type:	Alternate Delivery Site	Administrator	QUINCY MARTINDALE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	12/02/2019	Owner Information
License #	019541					ALLEN FAMILY HOME CARE LLC
Lic Expire	8/21/2021					4055 DOWLEN ROAD
Medicare 1:						BEAUMONT, TEXAS 77706
Medicare 2:						PHONE:
Phone	(409) 790-0480	Fax				FAX:
Type:	Parent Agency	Administrator	ASHLEY ALLEN			Services: Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	10/25/2019	Owner Information
License #	019782					ALTUS HOME HEALTH, LLC
Lic Expire	10/25/2023					500 FAULCONER DR. STE. 200
Medicare 1:	45-9471 (HHA)					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	409 8352828	Fax	409 8352129			FAX:
Type:	Parent Agency	Administrator	KAREN SAGE			Services: Licensed and Certified Home Health Services
County	JEFFERSON	Region	04	Date Licensed	10/29/2019	Owner Information
License #	019777					ENVOY HOSPICE, LLC
Lic Expire	10/29/2023					500 FAULCONER DRIVE, STE. 200
Medicare 1:	451596					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(409) 832-4582	Fax	(409) 832-6345			FAX:
Type:	Parent Agency	Administrator	SUMMER MILLER			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	02/28/2008	Owner Information
License #	011901					THREE M HOME HEALTH LLC
Lic Expire	2/28/2022					1140 WEST CARDINAL DRIVE
Medicare 1:	747104 HHA-18					BEAUMONT, TX 77705
Medicare 2:						PHONE:
Phone	(409) 767-8833	Fax	(409) 767-9203			FAX:
Type:	Parent Agency	Administrator	SUMAIA SULAIMAN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	09/21/2015	Owner Information
License #	017041					THREE M HOSPICE CARE LLC
Lic Expire	12/31/2021					1140 WEST CARDINAL DRIVE
Medicare 1:	971591 Hospice					BEAUMONT, TX 77705-5803
Medicare 2:						PHONE:
Phone	(409) 767-8833	Fax	(409) 767-9203			FAX:
Type:	Parent Agency	Administrator	SUMAIA SULAIMAN			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	06	Date Licensed		Owner Information
License #	012681					COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC
Lic Expire	7/31/2023					903C HILLCREST DRIVE
Medicare 1:	671647					CONROE, TX 77301
Medicare 2:						PHONE:
Phone	(409) 239-0022	Fax	(877) 897-3789			FAX:
Type:	Alternate Delivery Site	Administrator	STEPHANIE BONDI			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	06	Date Licensed	11/09/2018	Owner Information
License #	019294					AMIABLE HEALTHCARE LLC
Lic Expire	3/8/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(832) 659-1591	Fax				FAX:
Type:	Parent Agency	Administrator	BUKAYO AJANI			Services: Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	06/25/2020	Owner Information
License #	020014					AQUEDUCT HOME CARE, LLC
Lic Expire	6/25/2022					PO BOX 12569
Medicare 1:						BEAUMONT, TEXAS 77726
Medicare 2:						PHONE:
Phone	(409) 434-4047	Fax				FAX:
Type:	Parent Agency	Administrator	TRACEY YOUNG			Services: Personal Assistance Services
County	JEFFERSON	Region	06	Date Licensed	07/18/2014	Owner Information
License #	007603					ASSISTMED INC
Lic Expire	12/31/2023					SAME AS ABOVE
Medicare 1:						HOUSTON, TX 77077
Medicare 2:						PHONE:
Phone	(409) 356-9055	Fax	(409) 347-7890			FAX:
Type:	Branch Agency	Administrator	ROSA PIZZI			Services: Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	03/28/2012	Owner Information
License #	014890					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(409) 835-0228	Fax	(409) 835-0151			FAX:
Type:	Parent Agency	Administrator	MELISSA AYALA			Services: Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	05/01/2017	Owner Information
License #	018205					HEALTH CARE DYNAMICS, LLC
Lic Expire	4/30/2024					6760 OLD JACKSONVILLE HWY. SUITE 101
Medicare 1:	679403 HHA-18					TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(844) 270-0096	Fax	(877) 715-5675			FAX:
Type:	Parent Agency	Administrator	JAMES WALLACE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	09/01/1984	Owner Information	
License #	003147					BEAUMONT HOME HEALTH SERVICE, INC	
Lic Expire	8/31/2022					3202 SAM HOUSTON DR	
Medicare 1:						VICTORIA, TX 77904	
Medicare 2:						PHONE:	FAX:
Phone	(409) 833-7189	Fax	(409) 833-0459			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SERETA SUMMERS RN				
County	JEFFERSON	Region	04	Date Licensed	07/29/2016	Owner Information	
License #	017787					BURCHGARRETT ENTERPRISES INC	
Lic Expire	7/31/2022					3800 HIGHWAY 365 SUITE 137	
Medicare 1:	671717 HOSPICE					PORT ARTHUR, TX 77642	
Medicare 2:						PHONE:	FAX:
Phone	(409) 356-9271	Fax	(409) 299-3409			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	JENNIFER BURCH				
County	JEFFERSON	Region	06	Date Licensed	11/07/2018	Owner Information	
License #	019068					BJ & M HEALTHCARE SERVICES LLC	
Lic Expire	11/7/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 835-4703	Fax	(281) 670-5042			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CHIDUBEM CHIWUZIE				
County	JEFFERSON	Region	04	Date Licensed	12/30/2021	Owner Information	
License #	021301					BLESSED HOMECARE OF TEXAS, LLC	
Lic Expire	12/30/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(409) 659-3145	Fax	(409) 554-0804			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EUNICE FOWLER				
County	JEFFERSON	Region	04	Date Licensed	05/23/2008	Owner Information	
License #	012026					COASTAL CAREGIVERS, INC	
Lic Expire	5/31/2024					PO BOX 1718	
Medicare 1:						GROVES, TEXAS 77619	
Medicare 2:						PHONE:	FAX:
Phone	(409) 982-8708	Fax	(409) 982-2501			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BARBARA EDINGTON				
County	JEFFERSON	Region	04	Date Licensed	05/11/2016	Owner Information	
License #	017392					COMPASSION AT HOME, INC	
Lic Expire	5/31/2022					3775 MILAM BEAUMONT	
Medicare 1:						BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(409) 835-8357	Fax	(409) 835-8327			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MELANIE AYRES				
County	JEFFERSON	Region	04	Date Licensed	08/26/2014	Owner Information	
License #	016495					COMPASSION HOSPICE INC	
Lic Expire	8/31/2022					3775 MILAM STREET	
Medicare 1:	671637 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(409) 835-8357	Fax	(409) 835-8327			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ALLEN AYRES				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **JEFFERSON** Region 04 Date Licensed 01/26/1996
License # 004210 DEARCARE HEALTH MANAGEMENT INTERNATIONAL
Lic Expire 1/31/2023 3700 EAST PARKWAY
Medicare 1: GROVES, TX 77619
Medicare 2:
Phone (409) 962-9899 Fax (409) 962-9808
Type: Parent Agency Administrator ERMELINDA HERNAEZ

Owner Information

DHMI CORPORATION
P O BOX 2222
NEDERLAND, TX 77627
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed
License # 004210 DEARCARE HEALTH MANAGEMENT INTERNATIONAL
Lic Expire 1/31/2023 985 IH 10 NORTH, SUITE 110A
Medicare 1: BEAUMONT, TEXAS 77706
Medicare 2:
Phone 409 3477202 Fax 409 9629808
Type: Branch Agency Administrator ERMELINDA HERNAEZ

Owner Information

DHMI CORPORATION
P O BOX 2222
NEDERLAND, TX 77627
PHONE: FAX:
Services: Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 03/17/2016
License # 017316 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 3/31/2022 2615 CALDER AVENUE SUITE 320
Medicare 1: BEAUMONT, TX 77701
Medicare 2:
Phone (409) 813-2527 Fax (877) 463-1310
Type: Parent Agency Administrator LORENA TORRES

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed
License # 003664 DOCTOR'S CHOICE HOME CARE
Lic Expire 7/31/2024 2615 CALDER AVE
Medicare 1: BEAUMONT, TX 77702
Medicare 2:
Phone (833) 365-2464 Fax (713) 782-4487
Type: Branch Agency Administrator SWETA ANNA MITTEN

Owner Information

APPLIED HEALTH CARE NURSING DIVISION, INC
13101 NORTHWEST FREEWAY SUITE 215
HOUSTON, TX 77040
PHONE: FAX:
Services: Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 05/13/2015
License # 016801 EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire 5/31/2023 3255 EXECUTIVE BLVD SUITE 103
Medicare 1: BEAUMONT, TX 77705
Medicare 2:
Phone (409) 842-0779 Fax (409) 840-9111
Type: Parent Agency Administrator DAMON WALLACE

Owner Information

EDUCARE COMMUNITY LIVING CORPORATION TEXAS
9901 LINN STATION ROAD
LOUISVILLE, KY 40223
PHONE: (502) 394-2100 FAX: (502) 394-2369
Services: Licensed Home Health Services; Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 04/26/2017
License # 018220 ELARA CARING
Lic Expire 4/30/2023 316 NORTH POLK, SUITE B
Medicare 1: 679280 HHA-18 JEFFERSON, TX 75657
Medicare 2:
Phone (903) 537-5686 Fax (903) 938-6390
Type: Parent Agency Administrator DORIS ERICA GIBSON

Owner Information

TEXAS HOME HEALTHCARE PARTNERS, LP
700 HIGHLANDER SUITE 160
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JEFFERSON** Region 04 Date Licensed 04/26/2017
License # 018220 ELARA CARING
Lic Expire 4/30/2023 316 NORTH POLK, SUITE C
Medicare 1: JEFFERSON, TX 75657
Medicare 2:
Phone (903) 938-6590 Fax (903) 938-6309
Type: Branch Agency Administrator DORIS ERICA GIBSON

Owner Information

TEXAS HOME HEALTHCARE PARTNERS, LP
700 HIGHLANDER SUITE 160
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008274		ELARA CARING			JHS OPERATIONS, LLC
Lic Expire	12/31/2022		6860 PHELAN BLVD			2039 CROCKETT RD.
Medicare 1:			BEAUMONT, TX 77706			PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(409) 899-9053	Fax	(409) 347-0993			FAX:
Type:	Branch Agency	Administrator	ROBIN WEBB			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	09/27/2017	Owner Information
License #	018341		EMON HEALTHCARE SERVICES INC			EMON HEALTHCARE SERVICES, INC
Lic Expire	9/30/2023		2390 EASTEX FREEWAY STE 2A			2390 EASTEX FREEWAY, 2A
Medicare 1:			BEAUMONT, TX 77703			BEAUMONT, TEXAS 77703
Medicare 2:						PHONE:
Phone	4099327254770656896	Fax	40973070527706592738			FAX:
Type:	Parent Agency	Administrator	CHIEMEKA EGBUZIEM			Services: Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	01/01/2005	Owner Information
License #	009653		ENCOMPASS HEALTH HOME HEALTH			PREFERRED HOME HEALTH, LP
Lic Expire	12/31/2023		350 PINE STREET, SUITE 305			6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	677137 HHA-18		BEAUMONT, TEXAS 77701			DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	409 8138109	Fax	409 2129079			FAX:
Type:	Parent Agency	Administrator	SCOTT BRAKIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	05/29/2020	Owner Information
License #	019971		ENTOUCH HOME CARE			ENTOUCH HOME CARE AGENCY LLC
Lic Expire	5/29/2022		4470 ROBERTS AVE			
Medicare 1:			BEAUMONT, TEXAS 77707			PHONE:
Medicare 2:						FAX:
Phone	(832) 475-9387	Fax				
Type:	Parent Agency	Administrator	KELLI HILL			Services: Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	06	Date Licensed	11/15/2011	Owner Information
License #	013330		EVEROSE HEALTHCARE INC			EVEROSE HEALTHCARE INC
Lic Expire	5/31/2022		3631 PROFESSIONAL DR			11200 WESTHEIMER RD SUITE 100
Medicare 1:			PORT ARTHUR, TX 77642			HOUSTON, TX 77042
Medicare 2:						PHONE:
Phone	(832) 693-9203	Fax	(281) 679-6928			FAX:
Type:	Branch Agency	Administrator	TED DIEP NGUYEN			Services: Personal Assistance Services
County	JEFFERSON	Region	06	Date Licensed	11/30/2007	Owner Information
License #	011753		GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE			GIRLING HEALTH CARE, INC
Lic Expire	11/30/2024		595 18TH STREET			12900 FOSTER
Medicare 1:			BEAUMONT, TX 77706			OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(409) 832-5797	Fax	(409) 832-1343			FAX:
Type:	Branch Agency	Administrator	MELLONIE SIMON			Services: Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	06/25/2018	Owner Information
License #	018802		GLAD HEALTHCARE SERVICES INC			GLAD HEALTHCARE SERVICES INC
Lic Expire	6/30/2020		990 IH 10 N			715 VALLEY RIDGE DR
Medicare 1:			BEAUMONT, TX 77702			ROSENBERG, TX 77469
Medicare 2:						PHONE:
Phone	(832) 880-3884	Fax	(281) 239-3944			FAX:
Type:	Parent Agency	Administrator	UGONMA EGEGE			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	11/05/2010	Owner Information
License #	013859					JCH INC
Lic Expire	11/30/2022					3406 COLLEGE STREET
Medicare 1:	679163 HHA-18					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(409) 835-1670	Fax	(888) 700-8743			FAX:
Type:	Parent Agency	Administrator	JON GARNER			Services: Licensed and Certified Home Health Services
County	JEFFERSON	Region	04	Date Licensed	08/30/2011	Owner Information
License #	014680					HARBOR HOSPICE OF BEAUMONT LP
Lic Expire	8/31/2023					3406 COLLEGE STREET
Medicare 1:	671511 HOSPICE					BEAUMONT, TEXAS 77701
Medicare 2:						PHONE:
Phone	(409) 840-5640	Fax	(409) 840-5643			FAX:
Type:	Parent Agency	Administrator	CYNTHIA ALLEN			Services: Hospice In-Patient Hospice: YES
County	JEFFERSON	Region	04	Date Licensed	11/05/2012	Owner Information
License #	015177					SUNSHINE HOSPICE LP
Lic Expire	11/30/2022					3406 COLLEGE STREET
Medicare 1:	741561 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(409) 840-5640	Fax	(409) 203-2473			FAX:
Type:	Parent Agency	Administrator	CYNTHIA ALLEN			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	04/27/2018	Owner Information
License #	018771					HOSPICE CARE TEAM INC
Lic Expire	4/30/2022					18568 FORTY SIX PKWY SUITE 3001
Medicare 1:	671656 HOSPICE					SPRING BRANCH, TX 78070
Medicare 2:						PHONE:
Phone	(409) 832-3311	Fax	(409) 832-3312			FAX:
Type:	Parent Agency	Administrator	JOE CHAPMAN			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	10/28/2013	Owner Information
License #	015927					HEART TO HEART HOSPICE OF THE GULF COAST LLC
Lic Expire	10/31/2023					7240 CHASE OAKS BLVD.
Medicare 1:	671577 HOSPICE					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(409) 813-1028	Fax	(409) 838-9939			FAX:
Type:	Parent Agency	Administrator	DAVID SLAUGHTER			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	10/02/2014	Owner Information
License #	017305					HEAVENLY HOSPICE @ HOME, LLC
Lic Expire	10/31/2022					8901 EF LOWRY EXPWY STE A
Medicare 1:	671791 HOSPICE					BEAUMONT, TX 77706
Medicare 2:						PHONE:
Phone	(281) 969-7042	Fax	(281) 969-7056			FAX:
Type:	Parent Agency	Administrator	KELSEE DAVIS			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	02/17/2006	Owner Information
License #	010296					HOME CARE ELITE LLC
Lic Expire	2/28/2024					2300 HIGHWAY 365 SUITE 130
Medicare 1:	677964 HHA-18					NEDERLAND, TX 77627
Medicare 2:						PHONE:
Phone	(409) 724-2533	Fax	(409) 724-2624			FAX:
Type:	Parent Agency	Administrator	EDDIE CHOATE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	11/27/2000	Owner Information
License #	005265					HOME CARE INNOVATIONS INC
Lic Expire	2/28/2022					15486 FM 252
Medicare 1:						KIRBYVILLE, TX 75956
Medicare 2:						PHONE:
Phone	(409) 963-2775	Fax	(409) 963-1872			FAX:
Type:	Branch Agency	Administrator	CHARLOTTE BUSH			Services: Licensed and Certified Home Health Services
County	JEFFERSON	Region	04	Date Licensed	04/25/2007	Owner Information
License #	011290					NOT HOME ALONE INC
Lic Expire	4/30/2023					P. O. BOX 1031
Medicare 1:						BEAUMONT, TEXAS 77704
Medicare 2:						PHONE:
Phone	(409) 892-7494	Fax	(409) 299-5300			FAX:
Type:	Parent Agency	Administrator	JANET GUNTER			Services: Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	04/11/2017	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(409) 832-6700	Fax	(409) 832-6703			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	04/11/2017	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(409) 832-6700	Fax	(409) 832-6703			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	04/11/2017	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(409) 832-6700	Fax	(409) 832-6703			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	04/11/2017	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(409) 832-6700	Fax	(409) 832-6703			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	04/12/1993	Owner Information
License #	002511					INTREPID HOME HEALTH CARE INC
Lic Expire	4/30/2022					3220 KELLER SPRINGS ROAD, SUITE 108
Medicare 1:	677616 HHA-18					CARROLLTON, TEXAS 75006
Medicare 2:						PHONE:
Phone	(409) 722-0515	Fax	(409) 722-0633			FAX:
Type:	Parent Agency	Administrator	STEPHANIE BAKER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	11/09/2020	Owner Information
License #	020301					INTREPID OF HOUSTON TEXAS, INC
Lic Expire	11/9/2022					3220 KELLER SPRINGS ROAD, SUITE 108
Medicare 1:	971652					CARROLLTON, TEXAS 75006
Medicare 2:						PHONE:
Phone	(409) 373-5001	Fax	(409) 291-5492			FAX:
Type:	Parent Agency	Administrator	ALLISON STONER			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	07/28/1993	Owner Information
License #	002583					JEFFERSON COUNTY HOME HEALTH CARE INC
Lic Expire	7/31/2022					8350 COLLIER ROAD
Medicare 1:	677686 HHA-18					BEAUMONT, TX 77706
Medicare 2:						PHONE:
Phone	(409) 835-9909	Fax	(409) 835-9949			FAX:
Type:	Parent Agency	Administrator	ANGELA DARDEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	10/23/2020	Owner Information
License #	020261					KARE INFUSION CENTER, PLLC
Lic Expire	10/23/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(409) 223-1055	Fax	(409) 223-1325			FAX:
Type:	Parent Agency	Administrator	ARTHUR MCMAKIN			Services: Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	08/05/2011	Owner Information
License #	014447					HORIZON HEALTH CARE SERVICES, INC
Lic Expire	8/31/2023					12900 FOSTER SUITE 400
Medicare 1:	678039 HHA-18					OVERLAND PARK, KS 66213
Medicare 2:						PHONE:
Phone	(409) 895-0009	Fax	(409) 895-0006			FAX:
Type:	Parent Agency	Administrator	POLLY MATLOCK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	JEFFERSON	Region	04	Date Licensed	07/01/2001	Owner Information
License #	007790					ODYSSEY HEALTHCARE OPERATING A, LP
Lic Expire	6/30/2023					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	451638 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(409) 924-0085	Fax	(409) 924-0448			FAX:
Type:	Parent Agency	Administrator	KENDRA GRAY			Services: Hospice In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	02/27/2013	Owner Information
License #	015395					ADVANCE HI TECH NURSING, INC
Lic Expire						6243 IH 10 WEST, SUITE 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(877) 434-3153	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	LORENA TORRES			Services: Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	08/27/2021	Owner Information
License #	021013					MAELEE HOME HEALTHCARE LLC
Lic Expire	8/27/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	409 2402581	Fax	409 2994183			FAX:
Type:	Parent Agency	Administrator	PHILLEATRO RILES			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	01/21/2009	Owner Information
License #	012917					MAXIM HEALTHCARE SERVICES INC
Lic Expire	1/31/2023					7227 LEE DEFOREST DRIVE
Medicare 1:						COLUMBIA, MD 21046
Medicare 2:						PHONE:
Phone	(409) 833-4004	Fax	(844) 691-2084			FAX:
Type:	Parent Agency	Administrator	JODY BUXTON			Services: Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	05/15/2013	Owner Information
License #	015543					MONTEBELLO HOME CARE INC
Lic Expire	5/31/2023					350 PINE STREET SUITE 620
Medicare 1:						BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(409) 276-7576	Fax	(409) 276-4900			FAX:
Type:	Parent Agency	Administrator	DEBRA LEGER			Services: Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	01/07/2000	Owner Information
License #	007389					OMNIBUS HOME HEALTH CARE, INC
Lic Expire	1/31/2022					4173 39TH ST STE B
Medicare 1:	459459 HHA-18					PORT ARTHUR, TX 77642
Medicare 2:						PHONE:
Phone	(409) 724-7000	Fax	(409) 724-7066			FAX:
Type:	Parent Agency	Administrator	KRISTINA DUBOIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	06	Date Licensed	12/10/2003	Owner Information
License #	003864					PROS HOME HEALTHCARE, INC
Lic Expire	9/30/2022					318 BRIAR ROCK ROAD
Medicare 1:						THE WOODLANDS, TX 77380
Medicare 2:						PHONE:
Phone	(409) 924-9906	Fax	(409) 924-7348			FAX:
Type:	Branch Agency	Administrator	MICHELLE HOKANSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	05/15/2002	Owner Information
License #	007934					SOUTHEAST TEXAS PROFESSIONAL HEALTH CARE INC
Lic Expire	9/30/2024					1302 WOODWAY
Medicare 1:	679157 HHA-18;45					SOUR LAKE, TX 77659
Medicare 2:						PHONE:
Phone	(409) 212-0205	Fax	(409) 212-0208			FAX:
Type:	Parent Agency	Administrator	LEANN RIVERS			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	JEFFERSON	Region	04	Date Licensed	05/07/2009	Owner Information
License #	012588					PRUCARE HOME HEALTH AGENCY PLLC
Lic Expire	5/31/2023					PO BOX 22733
Medicare 1:	747479 HHA-18					BEAUMONT, TX 77720
Medicare 2:						PHONE:
Phone	(409) 722-9797	Fax	(409) 729-7019			FAX:
Type:	Parent Agency	Administrator	PRUDENCE DANSO-DAPAAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JEFFERSON	Region	04	Date Licensed	08/20/2004	Owner Information
License #	009384					PULSE HOMECARE LTD
Lic Expire	8/31/2024					5353 WEST ALABAMA SUITE 420
Medicare 1:	457884 HHA-18					HOUSTON, TX 77056
Medicare 2:						PHONE:
Phone	(409) 212-8880	Fax	(409) 212-1508			FAX:
Type:	Parent Agency	Administrator	LISA RAGLIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	08/05/2010	Owner Information		
License #	013514					QUALITY CARE SERVICES INC		
Lic Expire	8/31/2020					3442 EASTEX FREEWAY		
Medicare 1:						BEAUMONT, TX 77703		
Medicare 2:						PHONE:		FAX:
Phone	(409) 832-0011	Fax	(409) 832-0425			Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	NANCY CARLISLE					
County	JEFFERSON	Region	04	Date Licensed	10/28/2015	Owner Information		
License #	017407					RICELAND HOME HEALTH LLC		
Lic Expire	10/31/2023					85 I-10 FRONTAGE RD, SUITE #100		
Medicare 1:	673149 HHA-18					BEAUMONT, TX 77707		
Medicare 2:						PHONE:		FAX:
Phone	(409) 385-7744	Fax	(409) 385-7723			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	KIMBERLY ELLIOTT					
County	JEFFERSON	Region	04	Date Licensed	07/07/2010	Owner Information		
License #	013438					TRIANGLE CARE HOSPICE LP		
Lic Expire	7/31/2022					85 IH 10 SUITE 208		
Medicare 1:	671715 HOSPICE					BEAUMONT, TX 77705		
Medicare 2:						PHONE:	(409) 842-1112	FAX: (409) 840-4104
Phone	(409) 842-1112	Fax	(409) 840-4104			Services: Hospice		
Type:	Parent Agency	Administrator	NICHOLAS LAMPSON			In-Patient Hospice: NO		
County	JEFFERSON	Region	04	Date Licensed	04/25/2013	Owner Information		
License #	015501					S T C MEDICUS ENTERPRISES LLC		
Lic Expire	4/30/2023					4347 PHELAN BOULEVARD SUITE 102		
Medicare 1:						BEAUMONT, TX 77707		
Medicare 2:						PHONE:		FAX:
Phone	(409) 291-8880	Fax	(409) 291-8829			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	SAUL AVILA					
County	JEFFERSON	Region	04	Date Licensed	02/20/2004	Owner Information		
License #	009001					TEXAS HEALTH CARE GROUP OF THE GOLDEN TRIANGLE LLC		
Lic Expire	2/28/2022					PO BOX 51266		
Medicare 1:	679237 HHA-18					LAFAYETTE, LA 70505		
Medicare 2:						PHONE:		FAX:
Phone	(409) 721-9075	Fax	(409) 721-6206			Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	KIMBERLY LONA					
County	JEFFERSON	Region	04	Date Licensed	04/28/2010	Owner Information		
License #	013275					BRISTOL ENTERPRISE INC		
Lic Expire	4/30/2022					2390 EASTEX FREEWAY SUITE 100		
Medicare 1:						BEAUMONT, TX 77703		
Medicare 2:						PHONE:		FAX:
Phone	(409) 861-2000	Fax	(409) 861-2002			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	STEPHANIE ALLEN					
County	JEFFERSON	Region	04	Date Licensed	05/07/2021	Owner Information		
License #	020740					TAILORED HOME CARE LLC		
Lic Expire	5/7/2024					2620 LAUREL ST		
Medicare 1:						BEAUMONT, TX 77702		
Medicare 2:						PHONE:		FAX:
Phone	(409) 434-4038	Fax	(409) 434-4003			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	RACHELLE THOMAS					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JEFFERSON	Region	04	Date Licensed	11/30/2006	Owner Information	
License #	010904					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	11/30/2022					17855 N DALLAS PKWY STE 200	
Medicare 1:	671560 HOSPICE					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	409 8991152	Fax	409 8980155			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LORI SAMUEL				
County	JEFFERSON	Region	04	Date Licensed	06/23/2005	Owner Information	
License #	008922					TEXAS HOME HEALTH SKILLED SERVICES, LP	
Lic Expire	2/28/2023						
Medicare 1:	67Q3115001						
Medicare 2:						PHONE:	FAX:
Phone	(409) 899-9979	Fax	(409) 839-8124			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	SARAH VILLANUEVA				
County	JEFFERSON	Region	07	Date Licensed	09/27/2013	Owner Information	
License #	015930					CANTEX HOME HEALTH FORT WORTH LLC	
Lic Expire	9/30/2023					2537 GOLDEN BEAR DRIVE	
Medicare 1:	67Q7248001					CARROLLTON, TX	
Medicare 2:						PHONE: () - 1	FAX:
Phone	(409) 299-9741	Fax	(409) 299-9739			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ROSALINDA FERREL				
County	JEFFERSON	Region	04	Date Licensed	03/12/2021	Owner Information	
License #	020598					FIRST CHOICE CHILDREN'S HOMECARE, LP	
Lic Expire	3/12/2024					701 EDGEWATER DRIVE, SUITE 300	
Medicare 1:						WAKEFIELD, MA 1880	
Medicare 2:						PHONE:	FAX:
Phone	(409) 351-3680	Fax	(409) 241-9494			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MARCO HERNANDEZ				
County	JEFFERSON	Region	04	Date Licensed	02/22/2016	Owner Information	
License #	017281					TREASURE SERVICES INCORPORATED	
Lic Expire	2/28/2025					3800 HWY 365 SUITE 139	
Medicare 1:						PORT ARTHUR, TX 77642	
Medicare 2:						PHONE:	FAX:
Phone	(409) 853-1371	Fax	(409) 853-1791			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RACHEL COLEMAN				
County	JEFFERSON	Region	04	Date Licensed	11/06/2018	Owner Information	
License #	019060					A & B HOSPICE SERVICES LLC	
Lic Expire	11/6/2022					540 E APPLEBY RD SUITE #104	
Medicare 1:	971609 Hospice					FAYETTEVILLE, AR 72703	
Medicare 2:						PHONE:	FAX:
Phone	409 2994477	Fax	409 2994436			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	HENRY SMITH				
County	JEFFERSON	Region	04	Date Licensed	09/01/2020	Owner Information	
License #	020006					TRACI SONN, LLC	
Lic Expire	9/1/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(409) 223-1465	Fax	(844) 713-2417			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PAULA SONN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **JEFFERSON** Region 04 Date Licensed 05/19/2016
License # 017409 VILLAGE CHOICE HEALTH CARE INC
Lic Expire 5/31/2022 5825 PHELAN BLVD, SUITE 106
Medicare 1: 459375 BEAUMONT, TX 77706
Medicare 2:
Phone (409) 838-5151 Fax (409) 838-6161
Type: Parent Agency Administrator DOLLY DARIA

Owner Information

VILLAGE CHOICE HEALTH CARE INC
P. O. BOX 5668
BEAUMONT, TX 77726
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **JEFFERSON** Region 04 Date Licensed 08/19/2015
License # 016980 VISITING ANGELS
Lic Expire 8/31/2023 350 PINE STREET - SUITE 315
Medicare 1: BEAUMONT, TEXAS 77701
Medicare 2:
Phone (409) 291-4029 Fax (409) 291-8645
Type: Parent Agency Administrator DAVID INGRAM

Owner Information

CJ HOMECARE, INC
510 2ND ST
HUMBLE, TX 77338
PHONE: FAX:
Services: Personal Assistance Services

County **JIM HOGG** Region 07 Date Licensed 07/28/2006
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2023 512 N SMITH AVE
Medicare 1: 67Q7522002 HEBBRONVILLE, TX 78361
Medicare 2:
Phone (361) 527-2080 Fax (361) 356-3778
Type: Branch Agency Administrator JESSICA MONTNEY

Owner Information

HUB CITY HOME HEALTH INC
506 VALLEY BROOK RD, STE 201
MCMURRAY, PA 15317
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **JIM HOGG** Region 07 Date Licensed 02/06/2017
License # 018009 MED TEAM INC
Lic Expire 2/28/2024 4 EAST STATE HIGHWAY 359
Medicare 1: HEBBRONVILLE, TEXAS 783613673
Medicare 2:
Phone (956) 726-8503 Fax (956) 727-5068
Type: Parent Agency Administrator ADEMAR DAVID GARZA

Owner Information

THE HOME CARE TEAM, INC
45 NE LOOP 410, SUITE 800
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JIM HOGG** Region 07 Date Licensed 01/01/2014
License # 016001 MED TEAM INC
Lic Expire 12/31/2023 4 EAST STATE HWY 359
Medicare 1: HEBBRONVILLE, TX 78361
Medicare 2:
Phone (361) 527-4007 Fax (361) 527-4000
Type: Parent Agency Administrator ADEMAR GARZA

Owner Information

THE HOME CARE TEAM, INC
45 NE LOOP 410, SUITE 800
SAN ANTONIO, TEXAS 78216
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JIM HOGG** Region 07 Date Licensed 06/15/2018
License # 018788 THE MEDICAL TEAM INC
Lic Expire 6/30/2022 4 EAST STATE HIGHWAY 359
Medicare 1: 971518 HEBBRONVILLE, TX 78361
Medicare 2:
Phone 361 5274007 Fax 361 5274000
Type: Parent Agency Administrator LAURA GARCIA

Owner Information

THE MEDICAL TEAM INC
1902 CAMPUS COMMONS DRIVE, SUITE 650
RESTON, VA 20191
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JIM WELLS** Region 07 Date Licensed 10/05/2009
License # 012890 A DOSE OF CARE HOME HEALTH INC
Lic Expire 2/1/2025 1481 SOUTH FLOURNOY SUITE 125
Medicare 1: 747939 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-4208 Fax (361) 396-4228
Type: Parent Agency Administrator HERLINDA CANTU

Owner Information

A DOSE OF CARE HOME HEALTH INC
1481 SOUTH FLOURNOY, SUITE#125
ALICE, TX 78332
PHONE: (361) 396-4208 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	JIM WELLS	Region	07	Date Licensed		Owner Information
License #	019771					ENVOY HOSPICE, LLC
Lic Expire	10/25/2021					500 FAULCONER DRIVE, STE. 200
Medicare 1:	4672277					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(361) 752-3016					FAX:
Type:	Alternate Delivery Site	Administrator	KATHRYN SKYES-WITZSCHE			Services: Hospice In-Patient Hospice: NO
County	JIM WELLS	Region	07	Date Licensed	11/19/2020	Owner Information
License #	020327					AVITACARE HOSPICE LLC
Lic Expire	11/19/2022					PO BOX 3386
Medicare 1:						ALICE, TX 78333
Medicare 2:						PHONE:
Phone	(361) 245-8803					FAX:
Type:	Parent Agency	Administrator	FRANCISCO RODRIGUEZ			Services: Hospice In-Patient Hospice: NO
County	JIM WELLS	Region	07	Date Licensed	06/23/1995	Owner Information
License #	002352					BAYSIDE HOME HEALTH CARE INC
Lic Expire	6/30/2023					PO BOX 6250
Medicare 1:						CORPUS CHRISTI, TX 78466
Medicare 2:						PHONE:
Phone	(361) 664-9797					FAX:
Type:	Branch Agency	Administrator	MIGUEL MARTINEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	JIM WELLS	Region	07	Date Licensed	01/07/2022	Owner Information
License #	021316					FLORES NURSING SERVICES LLC
Lic Expire	1/7/2025					
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(361) 595-1411					Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MONICA WITT			
County	JIM WELLS	Region	07	Date Licensed	05/26/2017	Owner Information
License #	018549					CITICA HOME HEALTH LLC
Lic Expire	5/31/2023					207 E KING AVENUE
Medicare 1:	747840 HHA-18					KINGSVILLE, TX 78363
Medicare 2:						PHONE:
Phone	(361) 949-5246					FAX:
Type:	Parent Agency	Administrator	MONICA WITT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JIM WELLS	Region	07	Date Licensed	03/10/1997	Owner Information
License #	005343					GOLD HORSES, LLC
Lic Expire	3/31/2022					PO DRAWER 3267
Medicare 1:	459319 HHA-18					ALICE, TX 78333
Medicare 2:						PHONE:
Phone	(361) 664-3484					FAX:
Type:	Parent Agency	Administrator	ANDRES ELIZONDO II			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	JIM WELLS	Region	07	Date Licensed	08/28/2006	Owner Information
License #	010700					LAREDO VISITING NURSES, INC
Lic Expire	8/31/2023					1101 3RD ST
Medicare 1:	673199 (HHA); 671					CORPUS CHRIST, TEXAS 78404
Medicare 2:						PHONE:
Phone	(361) 664-3484					FAX:
Type:	Parent Agency	Administrator	MARIA GARCIA			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **JIM WELLS** Region 07 Date Licensed 02/12/2015
License # 016722 FIRST HOME HEALTHCARE LLC
Lic Expire 2/28/2023 308 E SECOND STREET SUITE D
Medicare 1: 747222 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-0902 Fax (361) 396-0982
Type: Parent Agency Administrator ARELY MATHEWS

Owner Information

FIRST HOME HEALTHCARE LLC
PO BOX 1877
ALICE, TX
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 11/15/2010
License # 013830 HEALTHY HORIZONS HOMECARE LLC
Lic Expire 11/30/2022 1006 E 6TH ST
Medicare 1: 747110 HHA-18;74 ALICE, TX 783324656
Medicare 2:
Phone (361) 396-1282 Fax (361) 396-1283
Type: Parent Agency Administrator CARLA ZAMBRANO

Owner Information

HEALTHY HORIZONS HOMECARE & HOSPICE LLC
1006 E. 6TH STREET
ALICE, TX
PHONE: (361) 668-0850 FAX: (361) 668-0859
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **JIM WELLS** Region 07 Date Licensed
License # 017971 HOMECARE DIMENSIONS
Lic Expire 2/28/2023 2000 ATKINSON DRIVE NW, SUITE 210
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 396-4371 Fax (361) 396-4394
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information

HOMECARE DIMENSIONS, INC
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE:
FAX:
Services: Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 05/11/2017
License # 018056 IN HOME PROVIDER SERVICES LLC
Lic Expire 5/31/2024 515 S BROADWAY ST
Medicare 1: PREMONT, TX 78375
Medicare 2:
Phone (361) 346-2261 Fax (361) 346-2263
Type: Parent Agency Administrator OLIVIA SCHACHERL

Owner Information

IN HOME PROVIDER SERVICES LLC
PO BOX 306
PREMONT, TEXAS 78375
PHONE:
FAX:
Services: Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 10/29/2010
License # 013683 MI CASA HOME HEALTH AGENCY
Lic Expire 10/31/2022 2020 N JOHNSON
Medicare 1: 747607 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 664-3900 Fax (361) 664-3901
Type: Parent Agency Administrator BLANCA ESTELA GARCIA

Owner Information

MI CASA HOME HEALTH AGENCY
2020 N JOHNSON STREET
ALICE, TEXAS 78332
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 09/23/2016
License # 017651 MI CASA HOSPICE LLC
Lic Expire 9/30/2022 2030 N JOHNSON ST
Medicare 1: 74-1766 ALICE, TX 78332
Medicare 2:
Phone (361) 453-4105 Fax (361) 664-3901
Type: Parent Agency Administrator

Owner Information

MI CASA HOSPICE, LLC
2030 N JOHNSON STREET
ALICE, TEXAS 78332
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **JIM WELLS** Region 07 Date Licensed 02/16/2010
License # 013111 MI FAMILIA HOME HEALTH
Lic Expire 2/28/2022 1881 SOUTH REYNOLDS ST SUITE B
Medicare 1: 747628 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 396-4803 Fax (361) 396-4805
Type: Parent Agency Administrator ANDREA BARCAK

Owner Information

REHMET HOLDINGS LLC
1881 SOUTH REYNOLDS SUITE B
ALICE, TX 78332
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 05/28/2013
License # 015568 PREMIERE ANGEL CARE HOME HEALTH LLC
Lic Expire 5/31/2023 3248 WEST HIGHWAY 44
Medicare 1: 747917 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 661-9701 Fax (361) 664-0676
Type: Parent Agency Administrator MARISSA BENAVIDES

Owner Information

PREMIERE ANGEL CARE HOME HEALTH LLC
PO BOX 468
ALICE, TEXAS 78333
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 02/01/1984
License # 001433 REAL HOME HEALTH CARE INC
Lic Expire 1/31/2022 301 LUCERO STREET
Medicare 1: 457577 HHA-18 ALICE, TX 78332
Medicare 2:
Phone (361) 668-3158 Fax (361) 664-9695
Type: Parent Agency Administrator GLORIA RAMOS

Owner Information

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 08/06/2014
License # 016489 REGIONAL HOME HEALTH AGENCY
Lic Expire 8/31/2022 16 SOUTH JOHNSON STREET
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 664-8118 Fax (361) 668-1848
Type: Parent Agency Administrator REUBEN GARCIA

Owner Information

LANDO INC
16 S JOHNSON
ALICE, TX 78332
PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 11/19/2021
License # 021217 SAINT FRANCES HOME HEALTH, LLC
Lic Expire 11/19/2024 701 N TEXAS BLVD
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 592-0001 Fax (361) 592-3055
Type: Parent Agency Administrator BLANCA CASTILLO-GARCIA

Owner Information

SAINT FRANCES HOME HEALTH, LLC
P O BOX 4079
ALICE, TX 78332
PHONE: FAX:

Services: Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 10/01/2004
License # 009340 SALDIVAR HOME HEALTH INC
Lic Expire 9/30/2022 905 N. JOHNSON ST.
Medicare 1: 457865 HHA-18 ALICE, TEXAS 78332
Medicare 2:
Phone (361) 396-1204 Fax (361) 664-5862
Type: Parent Agency Administrator OFELIA SALDIVAR

Owner Information

SALDIVAR HOME HEALTH INC
P. O. BOX 3531
ALICE, TEXAS 78333
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 07/17/2015
License # 016922 SALDIVAR HOME HEALTHCARE
Lic Expire 7/31/2023 905 N. JOHNSON ST.
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 396-1200 Fax (361) 664-5862
Type: Parent Agency Administrator OFELIA SALDIVAR

Owner Information

SALDIVAR INC
P O BOX 3504
ALICE, TEXAS 78332
PHONE: FAX:

Services: Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 09/08/1999
License # 007114 SALDIVAR PRIMARY HOME CARE
Lic Expire 9/30/2022 905 N JOHNSON ST
Medicare 1: ALICE, TEXAS 78332
Medicare 2:
Phone (361) 664-2110 Fax (361) 664-7531
Type: Parent Agency Administrator MARGOT P. SALDIVAR

Owner Information

SALDIVAR COASTAL SERVICES INC
P. O. BOX 3504
ALICE, TEXAS 78332
PHONE: (361) 396-1200 FAX: (361) 396-1203

Services: Licensed Home Health Services; Personal Assistance Services

County **JIM WELLS** Region 07 Date Licensed 03/21/2005
License # 009646 UNITED HOME CARE
Lic Expire 3/31/2024 2041 E. MAIN ST. SUITE 400B
Medicare 1: 457873 HHA-18 ALICE, TX 78332
Medicare 2:
Phone 361 6648908 Fax 844 2073056
Type: Parent Agency Administrator LAURA GONZALEZ

Owner Information

GARCIA VENTURES, INC
405 HIGHLAND STREET
ALICE, TX 78332
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JIM WELLS** Region 07 Date Licensed 03/03/1997
License # 005313 VA HEALTH SERVICES INC
Lic Expire 3/31/2022 405 HIGHLAND STREET SUITE 2
Medicare 1: ALICE, TX 78332
Medicare 2:
Phone (361) 668-8466 Fax (361) 668-4159
Type: Parent Agency Administrator LARISSA GARCIA-HAWKINS

Owner Information

VA HEALTH SERVICES INC
405 HIGHLAND STREET SUITE 2
ALICE, TX 78332
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 06/18/2020
License # 020005 AFFINITY COMPANION CARE LLC
Lic Expire 6/18/2022 4400 SAINT LEGER DR
Medicare 1: CLEBURNE, TX 76033
Medicare 2:
Phone (817) 797-3654 Fax
Type: Parent Agency Administrator DONNA KAUFMAN

Owner Information

AFFINITY COMPANION CARE, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 10/20/2016
License # 017690 CARING SENIOR SERVICE OF JOHNSON COUNTY
Lic Expire 10/31/2022 1200 W HENDERSON ST, SUITE E
Medicare 1: CLEBURNE, TEXAS 76033
Medicare 2:
Phone (682) 317-9021 Fax (682) 317-9025
Type: Parent Agency Administrator KRESHNA SHEPLEAR

Owner Information

KJ QUALITY CARE LLC
3200 COUNTY ROAD 1120
CLEBURNE, TX 76033
PHONE:
FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 03 Date Licensed 01/28/1997
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022 501 NORTH RIDGEWAY
Medicare 1: 451501 CLEBURNE, TX 76033
Medicare 2:
Phone (817) 558-8302 Fax (817) 648-0275
Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **JOHNSON** Region 03 Date Licensed 07/17/1997
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022 301 MEDPARK CIRCLE
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 615-2150 Fax (817) 615-2159
Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: YES

County **JOHNSON** Region 05 Date Licensed 01/03/2008
License # 011789 DFW SENIOR CARE SERVICES INC
Lic Expire 1/31/2022 228 NE WILSHIRE BLVD, SUITE C
Medicare 1: BURLESON, TX 76028
Medicare 2:
Phone (817) 447-2717 Fax (817) 447-2731
Type: Parent Agency Administrator HEATHER BOYD

Owner Information

DFW SENIOR CARE SERVICES, INC
2715 PINNACLE DRIVE
BURLESON, TX 76028
PHONE:
FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **JOHNSON** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2024 111 NW NEWTON, SUITE B
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone 817 4263165 Fax 817 4263145
Type: Branch Agency Administrator LINDA FARRIS

Owner Information

EH HOME HEALTH OF DFW, LLC
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JOHNSON** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 605 NORTH NOLAN RIVER DRIVE, SUITE 605D
Medicare 1: CLEBURNE, TEXAS 76033
Medicare 2:
Phone 817 5584312 Fax 817 5584305
Type: Branch Agency Administrator ERIC DENGLER

Owner Information

EH OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **JOHNSON** Region 03 Date Licensed
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 9/30/2023 111 NW NEWTON, SUITE A
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone 817 4477312 Fax 682 2371480
Type: Alternate Delivery Site Administrator RANDY PICKERING

Owner Information

APEX HOSPICE, LLC
6688 N. CENTRAL EXPRESSWAY, STE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JOHNSON** Region 05 Date Licensed 09/24/2020
License # 020196 GATEWAY HOSPICE PROVIDERS, LLC
Lic Expire 9/24/2022 140 W ELDRED ST
Medicare 1: 971641 BURLESON, TEXAS 760284281
Medicare 2:
Phone (682) 499-6669 Fax (817) 549-2305
Type: Parent Agency Administrator MISTY HIGHTOWER

Owner Information

GATEWAY HOSPICE PROVIDERS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **JOHNSON** Region 05 Date Licensed 09/11/2020
License # 020166 GODSWILL HEALTH CARE SERVICES LLC
Lic Expire 9/11/2022 1053 WEEPING OAK DRIVE
Medicare 1: BURLESON, TEXAS 76028
Medicare 2:
Phone (646) 421-0642 Fax (817) 977-0073
Type: Parent Agency Administrator EVELYN FOTABONG

Owner Information

GODSWILL HEALTH CARE SERVICES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **JOHNSON** Region 05 Date Licensed 06/09/1997
License # 005680 GOLDEN RULE HOME CARE
Lic Expire 6/30/2023 1306 NW JOHN JONES
Medicare 1: 459436 HHA-18 BURLESON, TX 76028
Medicare 2:
Phone (817) 297-3444 Fax (817) 297-6822
Type: Parent Agency Administrator CINDY VICKERS

Owner Information

KCP HEALTH SERVICES INC
1216 WEST CLEBURNE ROAD
CROWLEY, TX 76036
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **JOHNSON** Region 05 Date Licensed 05/17/2017
License # 018313 HEART TO HEART HOSPICE OF THE BRAZOS, LLC
Lic Expire 5/31/2023 1200 W HENDERSON STREET SUITE I
Medicare 1: 741527 HOSPICE CLEBURNE, TX 76033
Medicare 2:
Phone (682) 317-1810 Fax (682) 317-1813
Type: Parent Agency Administrator BRENT COLVIN

Owner Information

HEART TO HEART HOSPICE OF THE BRAZOS, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	JOHNSON	Region	05	Date Licensed	04/30/2009	Owner Information	
License #	012673					HOME CARE EXTENDED LLC	
Lic Expire	4/30/2023					141 NW SUZANNE TERRACE	
Medicare 1:						BURLESON, TX 76028-5617	
Medicare 2:						PHONE:	FAX:
Phone	(817) 447-9403	Fax	(817) 426-5620			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NORMA LIVINGSTON				
County	JOHNSON	Region	05	Date Licensed	09/28/2007	Owner Information	
License #	011749					ABLE HOME HEALTHCARE, INC	
Lic Expire	9/30/2023					12900 FOSTER SUITE 400	
Medicare 1:	679412 HHA-18					OVERLAND PARK, KS 66213	
Medicare 2:						PHONE:	FAX:
Phone	(817) 202-0617	Fax	(817) 202-9378			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	JAMIE SMITH				
County	JOHNSON	Region	05	Date Licensed	10/08/2019	Owner Information	
License #	019609					PROCARE HOME CARE SERVICES UNLIMITED, CORP	
Lic Expire	9/20/2021					118 W. HEARD ST. STE B	
Medicare 1:						CLEBURNE, TX 76033	
Medicare 2:						PHONE:	FAX:
Phone	(817) 774-2152	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TESS DAVIS				
County	JOHNSON	Region	06	Date Licensed		Owner Information	
License #	014075					RELIANT PEDIATRIC THERAPY SERVICES, PC	
Lic Expire	5/31/2021					21630 MERCHANTS WAY	
Medicare 1:						KATY, TX 77449	
Medicare 2:						PHONE:	FAX:
Phone	(832) 230-1518	Fax	(817) 533-9996			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	OLENDU OKORAFOR				
County	JOHNSON	Region	03	Date Licensed	02/10/2015	Owner Information	
License #	015695					MAXUS HEALTHCARE PARTNERS LLC	
Lic Expire	3/31/2024					1050 FOREST PARK BLVD	
Medicare 1:						FORT WORTH, TX 76110	
Medicare 2:						PHONE:	FAX:
Phone	(817) 279-7990	Fax	(817) 273-8060			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	PHILIP CRISWELL				
County	JOHNSON	Region	03	Date Licensed		Owner Information	
License #	016260					MAXUS HEALTHCARE PARTNERS LLC	
Lic Expire	7/31/2023					1050 FOREST PARK BLVD	
Medicare 1:						FORT WORTH, TX 76110	
Medicare 2:						PHONE:	FAX:
Phone	(817) 202-8801	Fax	(817) 202-8852			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	PHILIP CRISWELL				
County	JOHNSON	Region	05	Date Licensed	11/22/2020	Owner Information	
License #	020959					CWK BEST CARE LLC	
Lic Expire	11/22/2022					PO BOX 1880	
Medicare 1:						MIDLOTHIAN, TX 76065	
Medicare 2:						PHONE:	FAX:
Phone	(817) 506-4016	Fax	(817) 469-7148			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WHITNEY KRUPALA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	JOHNSON	Region	05	Date Licensed	03/06/2008	Owner Information	
License #	011912					MISTI MATTHEWS	
Lic Expire	3/31/2023					P.O. BOX 474	
Medicare 1:						CLEBURNE, TX 76033	
Medicare 2:						PHONE:	FAX:
Phone	(817) 487-5966	Fax	(817) 202-8261			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MISTI MATTHEWS				
County	JOHNSON	Region	05	Date Licensed	10/24/2000	Owner Information	
License #	007463					CARDIAC CARE OF TEXAS P L LC	
Lic Expire	10/31/2023					1116 OAK VALLEY RD	
Medicare 1:	679032 HHA-18					BURLESON, TEXAS 76028	
Medicare 2:						PHONE:	FAX:
Phone	(817) 448-9522	Fax	(817) 448-9523			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DOUGLAS KLEMENT				
County	JOHNSON	Region	05	Date Licensed	04/26/2016	Owner Information	
License #	017369					WHEN KIDS PLAY LLC	
Lic Expire	4/30/2022					1169 N BURLESON RD STE 107-225	
Medicare 1:						BURLESON, TX 76028	
Medicare 2:						PHONE:	FAX:
Phone	(817) 475-3358	Fax	(817) 887-4678			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LEILANI BROWN				
County	KARNES	Region	07	Date Licensed	11/22/1985	Owner Information	
License #	001745					KARNES COUNTY HOSPITAL DISTRICT	
Lic Expire	11/30/2023					3349 S HIGHWAY 181	
Medicare 1:	459424 HHA-18					KENEDY, TX 78119-5240	
Medicare 2:						PHONE:	FAX:
Phone	(830) 583-4558	Fax	(830) 583-3727			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	STACEY SCHULTZ				
County	KAUFMAN	Region	04	Date Licensed	07/31/2018	Owner Information	
License #	018854					ACCE HEALTHCARE GROUP INC	
Lic Expire	7/31/2022					101 HAZELNUT TRAIL	
Medicare 1:	971608 Hospice					FORNEY, TX 75126	
Medicare 2:						PHONE:	FAX:
Phone	(972) 357-7342	Fax	(972) 552-7797			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	CHUKWUEMEKA IFENWANTA				
County	KAUFMAN	Region	04	Date Licensed	10/18/2012	Owner Information	
License #	015142					ALINEA FAMILY HOSPICE CARE LLC	
Lic Expire	10/31/2022					303 E COLLEGE ST SUITE C	
Medicare 1:	671766 HOSPICE					TERRELL, TX 75160	
Medicare 2:						PHONE:	FAX:
Phone	(972) 563-1560	Fax	(972) 563-1545			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DONNA JUNKERSFELD				
County	KAUFMAN	Region	04	Date Licensed	07/24/2020	Owner Information	
License #	020073					ALL ABOUT U HOME CARE LLC	
Lic Expire	7/24/2022					416 PINSON ROAD	
Medicare 1:						FORNEY, TEXAS 75126	
Medicare 2:						PHONE:	FAX:
Phone	(972) 357-7397	Fax	(972) 357-7397			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DEWANDA OWENS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	KAUFMAN	Region	04	Date Licensed	06/05/2017	Owner Information	
License #	018088					ALLPURPOSE CARE HOMEHEALTH SERVICES INC	
Lic Expire	6/30/2023					3826 DUCK CREEK DRIVE	
Medicare 1:						GARLAND, TX 75043	
Medicare 2:						PHONE:	FAX:
Phone	(469) 602-5056	Fax	(469) 904-6555			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AKINOLA FAMA KINWA				
County	KAUFMAN	Region	04	Date Licensed	05/08/2014	Owner Information	
License #	016195					ALWAYS ACCURATE HOME HEALTHCARE AND HOSPICE LLC	
Lic Expire	5/31/2022					PO BOX 1317	
Medicare 1:	741540 HOSPICE					KAUFMAN, TX 75142	
Medicare 2:						PHONE:	FAX:
Phone	(469) 376-6763	Fax	(972) 932-3766			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CHRISTY HANING			In-Patient Hospice: NO	
County	KAUFMAN	Region	04	Date Licensed	10/22/2020	Owner Information	
License #	020257					AMAZING AMITY HOMECARE AGENCY CORPORATION	
Lic Expire	10/22/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 992-7810	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN WANJIRU				
County	KAUFMAN	Region	04	Date Licensed	01/26/2001	Owner Information	
License #	007525					TBHL INC	
Lic Expire	1/31/2022					211 WEST MOORE AVE	
Medicare 1:	679050 HHA-18					TERRELL, TX 75160	
Medicare 2:						PHONE:	FAX:
Phone	(972) 524-5800	Fax	(972) 524-9200			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	CHORLECIA PRITCHETT			Personal Assistance Services	
County	KAUFMAN	Region	04	Date Licensed	09/13/2012	Owner Information	
License #	015063					AMERICAN HOME HOSPICE INC	
Lic Expire	9/30/2022					216 W MOORE AVE	
Medicare 1:	741525 HOSPICE					TERRELL, TX 75160-3116	
Medicare 2:						PHONE:	FAX:
Phone	(972) 524-3800	Fax	(972) 524-2800			Services: Hospice	
Type:	Parent Agency	Administrator	CHORLECIA PRITCHETT			In-Patient Hospice: NO	
County	KAUFMAN	Region	04	Date Licensed	12/08/2020	Owner Information	
License #	020386					AMORACARE HOME HEALTH INC	
Lic Expire	12/8/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	972 799 2299	Fax	972 537 7997			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	PATRICIA CHINATUOGU LVN HARRELL			Personal Assistance Services	
County	KAUFMAN	Region	04	Date Licensed	12/03/2020	Owner Information	
License #	020369					ANGELS UNITED HOME CARE LLC	
Lic Expire	12/3/2022					PO BOX 1952	
Medicare 1:						FORNEY, TX 75126	
Medicare 2:						PHONE:	FAX:
Phone	(214) 612-6152	Fax	(888) 745-6152			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KENDRIA EDMONDS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **KAUFMAN** Region 04 Date Licensed 09/03/2021
License # 021024 ARCHANGEL PALM HOMECARE SERVICES LLC
Lic Expire 9/3/2024 413 ACADIA LANE
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (469) 438-4493 Fax (972) 232-9886
Type: Parent Agency Administrator EDITH MCCOY

Owner Information

ARCHANGEL PALM HOMECARE SERVICES LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 10/16/2019
License # 019647 CALLISTA HOME HEALTH INC
Lic Expire 10/16/2021 2820 DUSTY ROAD
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (214) 944-0150 Fax (214) 602-4608
Type: Parent Agency Administrator JASMINE NNABUIKE

Owner Information

CALLISTA HOME HEALTH INC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 04/29/2020
License # 019903 EMPATHY IN HOME CARE LLC
Lic Expire 4/29/2022 2002 PRESTON TRAIL
Medicare 1: FORNEY, TEXAS 75126
Medicare 2:
Phone (469) 434-0698 Fax
Type: Parent Agency Administrator EWAEN EGHAREVBA

Owner Information

EMPATHY IN HOME CARE LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 09/29/2020
License # 020201 EVOLVE CARE STAFFING
Lic Expire 9/29/2022 2112 ASTER TRAIL
Medicare 1: FORNEY, TX 75126
Medicare 2:
Phone (682) 472-2429 Fax
Type: Parent Agency Administrator CHIOMA ONWUANAEGBULE

Owner Information

EVOLVE CARE STAFFING
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES, LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 318 EAST NASH STREET, UNIT 1
Medicare 1: 451780 TERRELL, TX 751602740
Medicare 2:
Phone (972) 563-8350 Fax (972) 563-8355
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	KAUFMAN	Region	04	Date Licensed	01/06/2016	Owner Information	
License #	017209					LOVE ABUNDANTLY HOME CARE AGENCY, LLC	
Lic Expire	1/31/2025					3637 MONTICELLO WAY	
Medicare 1:						HEARTLAND, TX 75126	
Medicare 2:						PHONE:	FAX:
Phone	(469) 474-8743	Fax	(972) 357-7418			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VALERIE BOLES				
County	KAUFMAN	Region	03	Date Licensed	04/10/2019	Owner Information	
License #	019321					MAVIDA CARE AGENCY LLC	
Lic Expire	4/10/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 400-8683	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BUKOLA OLAJIDE				
County	KAUFMAN	Region	04	Date Licensed	09/28/2015	Owner Information	
License #	017056					MBKC HEALTHCARE INC	
Lic Expire	9/30/2024					1140 EMPIRE CENTRAL DRIVES STE #350	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(469) 602-5056	Fax	(469) 904-6555			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AKINOLA FAMAKINWA				
County	KAUFMAN	Region	04	Date Licensed	12/07/2015	Owner Information	
License #	017235					BBWK ENTERPRISES, LLC	
Lic Expire	12/31/2019					PO BOX 2009	
Medicare 1:	747241 HHA-18					FORNEY, TX 75126	
Medicare 2:						PHONE:	FAX:
Phone	(972) 552-9596	Fax	(972) 552-9590			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DALILA GARZA				
County	KAUFMAN	Region	04	Date Licensed	04/05/2021	Owner Information	
License #	020671					ORACLE HOME HEALTH INC	
Lic Expire	4/5/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 334-2209	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ISAAC SIMOTWO				
County	KAUFMAN	Region	04	Date Licensed	06/10/2019	Owner Information	
License #	019416					OVERCOMERS GLORY HOMEHEALTH AGENCY, LLC	
Lic Expire	12/31/2021					2013 WELLINGTON POINT	
Medicare 1:						HEARTLAND, TEXAS 75126	
Medicare 2:						PHONE:	FAX:
Phone	(469) 733-2334	Fax	(855) 880-9311			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GLORIA OMOGHO				
County	KAUFMAN	Region	05	Date Licensed		Owner Information	
License #	018340					PROPEDIA HEALTH SERVICES INC	
Lic Expire	9/30/2023					804 RUNNERS RIDGE	
Medicare 1:						PFLUGERVILLE, TX 78660	
Medicare 2:						PHONE:	FAX:
Phone	512 487 9635	Fax	(737) 600-8137			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	FELIX NTAH NTAH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **KAUFMAN** Region 04 Date Licensed 07/17/2007
License # 011476 RISESUN CARE HOME HEALTH
Lic Expire 7/31/2024 617 W MOORE AVE STE A
Medicare 1: 747330 HHA-18 TERRELL, TX 75160
Medicare 2:
Phone (972) 551-1957 Fax (972) 551-1959

Type: Parent Agency Administrator ROSEMARY EBOCHUE

Owner Information

RISESUN CARE INC
811 W MOORE AVENUE SUITE E
TERRELL, TX 75160

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **KAUFMAN** Region 03 Date Licensed 02/04/2016
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 1701 S WASHINGTON STREET SUITE D
Medicare 1: 451688 KAUFMAN, TX 75142
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160

Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 04 Date Licensed 02/07/2020
License # 019814 THE SUMMIT HOME CARE INC
Lic Expire 2/7/2022 3309 AGATE TRAIL
Medicare 1: HEARTLAND, TX 75126
Medicare 2:
Phone (214) 607-7780 Fax (214) 607-7780

Type: Parent Agency Administrator MERABEL BUDZI

Owner Information

THE SUMMIT HOME CARE INC
3309 AGATE TRAIL
HEARTLAND, TX 75126

PHONE: FAX:

Services: Personal Assistance Services

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 9/30/2023 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526

Type: Alternate Delivery Site Administrator OLIVIA ROGERS

Owner Information

THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247

PHONE: (214) 689-0000 FAX: (214) 689-2300

Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 9/30/2023 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526

Type: Alternate Delivery Site Administrator OLIVIA ROGERS

Owner Information

THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247

PHONE: (214) 689-0000 FAX: (214) 689-2300

Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 9/30/2023 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526

Type: Alternate Delivery Site Administrator OLIVIA ROGERS

Owner Information

THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247

PHONE: (214) 689-0000 FAX: (214) 689-2300

Services: Hospice
In-Patient Hospice: NO

County **KAUFMAN** Region 03 Date Licensed 10/02/1995
License # 001531 VNA
Lic Expire 9/30/2023 874 ED HALL DRIVE SUITE 105
Medicare 1: KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-7500 Fax (972) 932-3526

Type: Alternate Delivery Site Administrator OLIVIA ROGERS

Owner Information

THE VISITING NURSE ASSOCIATION OF TEXAS
1420 W. MOCKINGBIRD LANE, SUITE 700
DALLAS, TX 75247

PHONE: (214) 689-0000 FAX: (214) 689-2300

Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **KAUFMAN** Region 04 Date Licensed 01/31/2006
License # 010281 WINNERS COMMUNITY HEALTH SERVICES INC
Lic Expire 1/31/2025 500 EAST HIGH STREET
Medicare 1: 747273 HHA-18 TERRELL, TX 75160
Medicare 2:
Phone (972) 524-6913 Fax (972) 551-1268
Type: Parent Agency Administrator NUSI AMUSAN

Owner Information

WINNERS COMMUNITY HEALTH SERVICES INCORPORATED
500 EAST HIGH
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 02/14/2008
License # 011887 YETKIN ADVANCED HEALTHCARE INCORPORATED
Lic Expire 2/28/2022 2031 KINGS FOREST DRIVE
Medicare 1: 747354 HHA-18 HEARTLAND, TX 75126
Medicare 2:
Phone (972) 564-3471 Fax (972) 552-3610
Type: Parent Agency Administrator EMMANUEL AKINYEMI

Owner Information

YETKIN ADVANCED HEALTHCARE INCORPORATED
2031 KINGS FOREST DR
HEARTLAND, TX 75126
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **KAUFMAN** Region 04 Date Licensed 02/11/2004
License # 008905 YOUR HEALTH TEAM LLC
Lic Expire 2/28/2024 1512 FM 2727
Medicare 1: 679496 HHA-18 KAUFMAN, TX 75142
Medicare 2:
Phone (972) 962-8349 Fax (972) 962-2398
Type: Parent Agency Administrator WANDA JEAN CAMPBELL

Owner Information

YOUR HEALTH TEAM LLC
1512 FM 2727
KAUFMAN, TX 75142
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **KENDALL** Region 07 Date Licensed 06/07/2011
License # 014143 ALAMO HOSPICE
Lic Expire 6/30/2023 1595 S. MAIN STREET, SUITE 101,
Medicare 1: 671750 HOSPICE BOERNE, TEXAS 78006
Medicare 2:
Phone (830) 816-5024 Fax (830) 331-9058
Type: Parent Agency Administrator CAROLINA RODRIGUEZ

Owner Information

ALAMO AREA HOME HOSPICE, LP
6303 COWBOYS WAY, SUITE 600
FRISCO, TEXAS 75034
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KENDALL** Region 07 Date Licensed 03/01/2019
License # 019469 ALL COUNTY HOME HEALTH AND HOSPICE
Lic Expire 3/1/2023 37131 INTERSTATE 10 WEST, #400
Medicare 1: 67-1756 (HOSPICE) BOERNE, TEXAS 78006
Medicare 2:
Phone (830) 331-1291 Fax (830) 331-1295
Type: Parent Agency Administrator JONATHAN "TRAVIS" JONES

Owner Information

MONUMENT HEALTHCARE, INC
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance
Services
In-Patient Hospice: NO

County **KENDALL** Region 07 Date Licensed 08/31/2020
License # 019862 BRANDING HEARTS HOME HEALTH
Lic Expire 4/3/2022 29620 INTERSTATE 10 WEST; STE 101
Medicare 1: BOERNE, TEXAS 78006
Medicare 2:
Phone (937) 214-6514 Fax
Type: Parent Agency Administrator PHELLIP THOMAS

Owner Information

JESSICA SCHUTTE TOURON
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KENDALL** Region 07 Date Licensed 03/05/2004
License # 008948 CREST HOME HEALTH
Lic Expire 3/31/2023 1100 N MAIN ST, SUITE 201
Medicare 1: 673124 HHA-18 BOERNE, TX 78006
Medicare 2:
Phone (830) 331-2005 Fax (830) 331-2045
Type: Parent Agency Administrator SCOTT GALLIARDT

Owner Information

SUNRISE PRIMARY CARE SERVICES INC
1221 ARISTA LN
ROCKWALL, TX 75032
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	KENDALL	Region	07	Date Licensed	11/01/2013	Owner Information
License #	015920					PRESLAR SENIOR CARE LLC
Lic Expire	10/31/2023					P.O. BOX 895
Medicare 1:						BOERNE, TX 78006
Medicare 2:						PHONE:
Phone	(830) 249-4988	Fax	(830) 248-1389			FAX:
Type:	Parent Agency	Administrator	BROOKE COLLINS			Services: Personal Assistance Services
County	KENDALL	Region	07	Date Licensed	09/24/2019	Owner Information
License #	019753					INDEPENDENCE PLUS TX, LLC
Lic Expire	9/24/2023					800 JORIE BOULEVARD, SUITE 100
Medicare 1:	679169					OAK BROOK, IL 60523
Medicare 2:						PHONE:
Phone	(800) 366-7696	Fax				FAX:
Type:	Parent Agency	Administrator	DANILO COITE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	KENDALL	Region	07	Date Licensed	11/26/2012	Owner Information
License #	015225					ELIMS VENTURES LLC
Lic Expire	11/30/2022					29602 DOUBLE EAGLE CIRCLE
Medicare 1:						BOERNE, TEXAS 78015
Medicare 2:						PHONE:
Phone	(830) 981-2446	Fax	(830) 981-4993			FAX:
Type:	Parent Agency	Administrator	KAREN ZIMMERHANZEL			Services: Licensed Home Health Services; Personal Assistance Services
County	KENDALL	Region	07	Date Licensed	04/23/2021	Owner Information
License #	020717					KET HOME CARE INCORPORATED
Lic Expire	4/23/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(210) 237-8100	Fax				FAX:
Type:	Parent Agency	Administrator	KENNETH THOMAS			Services: Licensed Home Health Services; Personal Assistance Services
County	KENDALL	Region	07	Date Licensed	05/23/2014	Owner Information
License #	016229					PEDIATRIC PRIVATE DUTY NURSING INC
Lic Expire	5/31/2022					SAME AS ABOVE
Medicare 1:						SAN ANTONIO, TX 78229
Medicare 2:						PHONE:
Phone	(210) 251-4316	Fax	(210) 251-4062			FAX:
Type:	Parent Agency	Administrator	MONICA MORALES			Services: Licensed Home Health Services
County	KENDALL	Region	07	Date Licensed	09/21/2011	Owner Information
License #	014370					TEXAS KIDS HOME THERAPY PLLC
Lic Expire	9/30/2023					555 PRADO CROSSING
Medicare 1:						BOERNE, TX 78006
Medicare 2:						PHONE:
Phone	(210) 360-1662	Fax	(210) 640-9823			FAX:
Type:	Parent Agency	Administrator	DESHIE KURTZ			Services: Licensed Home Health Services; Personal Assistance Services
County	KENDALL	Region	07	Date Licensed	10/13/2015	Owner Information
License #	017225					JMILL ENTERPRISES INC
Lic Expire	10/31/2024					1491 S. MAIN STREET
Medicare 1:						BOERNE, TX 78006
Medicare 2:						PHONE:
Phone	(830) 331-8491	Fax	(830) 331-8497			FAX:
Type:	Parent Agency	Administrator	JON MILLER			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **KERR** Region 07 Date Licensed 08/12/2015
License # 014143 ALAMO HOSPICE
Lic Expire 6/30/2023 1232 BANDERA HIGHWAY
Medicare 1: KERRVILLE, TEXAS 780289640
Medicare 2:
Phone (830) 816-5024 Fax (830) 331-9058
Type: Alternate Delivery Site Administrator CAROLINA RODRIGUEZ

Owner Information

ALAMO AREA HOME HOSPICE, LP
6303 COWBOYS WAY, SUITE 600
FRISCO, TEXAS 75034
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 10/27/2004
License # 009379 CARING SENIOR SERVICE OF THE HILL COUNTRY
Lic Expire 10/31/2023 2916 MEMORIAL BLVD
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 895-3111 Fax (830) 895-3112
Type: Parent Agency Administrator RICHARD PERRY

Owner Information

P9 ENTERPRISES, INC
2916 MEMORIAL BLVD.,
KERRVILLE, TX 78028
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 05 Date Licensed 04/05/2016
License # 017210 CARTER HEALTHCARE
Lic Expire 10/31/2023 1220 BANDERA HIGHWAY
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 625-4837 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES CARTER

Owner Information

OMNIPRESENT HOMECARE, INC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed Home Health Services

County **KERR** Region 05 Date Licensed 11/22/2011
License # 013850 CARTER HEALTHCARE
Lic Expire 10/31/2022 1220 BANDERA HIGHWAY
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (866) 338-4854 Fax (830) 625-2194
Type: Branch Agency Administrator JAMES BRIAN CARTER

Owner Information

CARTER HEALTHCARE OF CENTRAL TEXAS LLC
7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
AUSTIN, TX 78752
PHONE: FAX:
Services: Licensed Home Health Services

County **KERR** Region 07 Date Licensed
License # 019116 EMBRACE HOSPICE
Lic Expire 9/1/2022 1444 SIDNEY BAKER ST
Medicare 1: 671676 Hospice KERRVILLE, TX 78028
Medicare 2:
Phone (210) 691-3600 Fax
Type: Alternate Delivery Site Administrator KEITH BECKER JR

Owner Information

ADORATION HOSPICE CARE TEXAS, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 02/25/2021
License # 020548 HOME HELPERS HOME CARE, 58979
Lic Expire 2/25/2024 2812 COBBLER LN.
Medicare 1: KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 353-3034 Fax
Type: Parent Agency Administrator CHARLES JOHNSON

Owner Information

TEXAS CAREGIVER HOME HEALTH, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 07 Date Licensed 12/06/2019
License # 019737 KERRVILLE SENIOR SERVICES, LLC
Lic Expire 12/6/2021 1225 VIRGINIA DR.
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 257-5295 Fax (210) 855-1111
Type: Parent Agency Administrator MISTY BLEVINS

Owner Information

KERRVILLE SENIOR SERVICES LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KERR** Region 07 Date Licensed 02/09/2017
License # 017455 NEW CENTURY HOSPICE OF SAN ANTONIO
Lic Expire 1/31/2024 2210 BANDERA HWY STE B-2
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 955-5961 Fax (830) 955-5965
Type: Alternate Delivery Site Administrator CASSANDRA ALEX

Owner Information

COSMOS HOSPICE OF SAN ANTONIO LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 01/01/1990
License # 002114 PETERSON HOME CARE
Lic Expire 12/31/2022 250 CULLY DRIVE
Medicare 1: 677052 HHA-18 KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 258-7400 Fax (830) 258-7412
Type: Parent Agency Administrator AMY IVES

Owner Information

SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KERR** Region 07 Date Licensed 01/01/1990
License # 001190 PETERSON HOME CARE
Lic Expire 12/31/2022 250 CULLY DRIVE
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 258-7400 Fax (830) 025-7412
Type: Parent Agency Administrator AMY IVES

Owner Information

SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KERR** Region 07 Date Licensed 01/24/2007
License # 011006 PETERSON HOSPICE
Lic Expire 1/31/2023 250 CULLY DRIVE
Medicare 1: 671585 HOSPICE KERRVILLE, TEXAS 78028
Medicare 2:
Phone (830) 258-7799 Fax (830) 258-7009
Type: Parent Agency Administrator AMY IVES

Owner Information

SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KERR** Region 07 Date Licensed 09/19/2019
License # 019606 RIGHT AT HOME HILL COUNTRY
Lic Expire 9/19/2021 451 GUADALUPE ST. STE. 204
Medicare 1: KERRVILLE, TEXAS 78028
Medicare 2:
Phone 210 3796445 Fax
Type: Parent Agency Administrator JEFFERY CLARK

Owner Information

JS CLARK HOLDINGS LLC
125 WOODLAND BLVD
BOERNE, TEXAS 78006
PHONE: FAX:
Services: Personal Assistance Services

County **KERR** Region 07 Date Licensed 03/15/2018
License # 018823 TRI COUNTY HOME HEALTH
Lic Expire 3/31/2022 874 HARPER ROAD, SUITE 105
Medicare 1: 458280 HHA-18 KERRVILLE, TX 78028
Medicare 2:
Phone (830) 895-3100 Fax (830) 895-3102
Type: Parent Agency Administrator JENNY VANCKHOVEN

Owner Information

HOME PREFERRED SENIOR CARE 5 LLC
117 HUGO SUITE B
KERRVILLE, TX 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **KERR** Region 07 Date Licensed 06/25/2021
License # 020866 WILLOWS@HOME
Lic Expire 6/25/2024 135 PLAZA DR.
Medicare 1: KERRVILLE, TX 78028
Medicare 2:
Phone (830) 895-2626 Fax (830) 895-3927
Type: Parent Agency Administrator DANIEL NIXON

Owner Information

HFPAS TEXAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **KIMBLE** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2023 102 N 8TH STREET
Medicare 1: JUNCTION, TX 76849
Medicare 2:
Phone (325) 446-3706 Fax (325) 446-4557
Type: Branch Agency Administrator JENNY VANCKHOVEN

Owner Information

HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KIMBLE** Region 07 Date Licensed 07/12/1990
License # 002114 PETERSON HOME CARE
Lic Expire 12/31/2022 105 REID ROAD
Medicare 1: JUNCTION, TX 76849
Medicare 2:
Phone (915) 446-4080 Fax
Type: Branch Agency Administrator LAUNA KINDRICK

Owner Information

SID PETERSON MEMORIAL HOSPITAL
551 HILL COUNTRY DRIVE
KERRVILLE, TEXAS 78028
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **KLEBERG** Region 07 Date Licensed 06/01/2017
License # 013108 ALYDA HOME HEALTH
Lic Expire 2/28/2022 224 W KING AVE. SUITE B
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 595-3166 Fax (361) 271-1322
Type: Branch Agency Administrator WESLEY STRAWN

Owner Information

ALYDA HOME HEALTH INC
13731 TAJAMAR STREET
CORPUS CHRISTI, TX 78418
PHONE: FAX:
Services: Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 07/24/2015
License # 008378 ANGEL BRIGHT HOME HEALTH INC
Lic Expire 3/31/2023 1303 N. WASHINGTON ST
Medicare 1: BEEVILLE, TX 78102
Medicare 2:
Phone (361) 358-6616 Fax (361) 358-7767
Type: Branch Agency Administrator BRIAN FERNANDEZ

Owner Information

ANGEL BRIGHT HOME HEALTH INC
3221 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 05/16/2013
License # 015546 ANGELS OF GOD HOME HEALTH LLC
Lic Expire 5/31/2024 1632 EAST SANTA GERTURDIS
Medicare 1: KINGSVILLE, TEXAS 78363
Medicare 2:
Phone (361) 221-9026 Fax (361) 221-9067
Type: Parent Agency Administrator MARY MCILWAIN

Owner Information

ANGELS OF GOD HOME HEALTH LLC
PO BOX 1132
KINGSVILLE, TEXAS 78364
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed
License # 012169 GREATER VALLEY HOSPICE ALLIANCE LP
Lic Expire 8/31/2022 921 E JOHNSTON AVE
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 355-4953 Fax (361) 355-4953
Type: Alternate Delivery Site Administrator DANIELLE MARTINEZ

Owner Information

GREATER VALLEY HOSPICE ALLIANCE LP
605 MACO DRIVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **KLEBERG** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 6/30/2022 800 E. KING AVE
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-6421 Fax (361) 592-5454
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information

TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **KLEBERG** Region 07 Date Licensed 01/29/2014
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 7/31/2023 900 WEST KING SUITE 1
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-5262 Fax (361) 592-0566
Type: Branch Agency Administrator PATRICIA PEREZ

Owner Information

E & O HOME HEALTH CARE INC
P.O. BOX 691
KINGSVILLE, TEXAS 78363
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 07/29/1992
License # 002358 URESTI SENIOR ASSISTANCE
Lic Expire 7/31/2023 830 WEST KING
Medicare 1: 677517 HHA-18 KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 592-5262 Fax (361) 592-0390
Type: Parent Agency Administrator PATRICIA PEREZ

Owner Information

E & O HOME HEALTH CARE INC
P.O. BOX 691
KINGSVILLE, TEXAS 78363
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **KLEBERG** Region 07 Date Licensed 09/28/2004
License # 006350 V I P PROVIDERS INC
Lic Expire 3/31/2023 1212 N 14TH ST SUITE 1
Medicare 1: KINGSVILLE, TX 78363
Medicare 2:
Phone (361) 516-0893 Fax (361) 516-0893
Type: Branch Agency Administrator ISIDORA D FARIAS

Owner Information

V I P PROVIDERS INC
200 E SAM HOUSTONSTE A
PHARR, TX 78577
PHONE: (800) 370-4847 FAX:
Services: Personal Assistance Services

County **KNOX** Region 01 Date Licensed 02/07/1995
License # 003586 KNOX COUNTY HOSPITAL HOME CARE
Lic Expire 2/28/2024 701 SOUTH 5TH STREET
Medicare 1: 458324 HHA-18 KNOX CITY, TX 79529
Medicare 2:
Phone (940) 657-3013 Fax (940) 657-5377
Type: Parent Agency Administrator STEPHEN KUEHLER

Owner Information

KNOX COUNTY HOSPITAL DISTRICT
P O BOX 608
KNOX CITY, TX 79529
PHONE: (940) 657-3535 FAX: (940) 657-5521
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LAMAR** Region 01 Date Licensed 03/17/2011
License # 003467 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES
OF TEXAS
Lic Expire 1/31/2025 2625 NE LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 783-0489 Fax (903) 783-0545
Type: Branch Agency Administrator KAREN WAGNER

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **LAMAR** Region 01 Date Licensed 03/17/2011
License # 003467 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES
OF TEXAS
Lic Expire 1/31/2025 2625 NE LOOP 286
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 783-0489 Fax (903) 783-0545
Type: Branch Agency Administrator KAREN WAGNER

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **LAMAR** Region 04 Date Licensed 10/07/2013
License # 002499 CYPRESS BASIN HOSPICE INC
Lic Expire 3/31/2022 707 LAMAR AVE SUITE G
Medicare 1: PARIS, TX 75460
Medicare 2:
Phone (903) 905-4574 Fax (903) 905-4575
Type: Alternate Delivery Site Administrator ASHLEY JORDAN

Owner Information

CYPRESS BASIN HOSPICE INC
PO BOX 544
MOUNT PLEASANT, TX 75456
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	LAMAR	Region	04	Date Licensed	02/10/2021	Owner Information	
License #	020526					EMBARK CARE	
Lic Expire	2/10/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(903) 204-4324	Fax	(903) 204-4325			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DANA PHILLIPS				
County	LAMAR	Region	04	Date Licensed	02/01/2016	Owner Information	
License #	017249					GENCARE HOME HEALTH, LLC	
Lic Expire	1/31/2022					810 41ST STREET, SW	
Medicare 1:						PARIS, TX 75460-6065	
Medicare 2:						PHONE:	FAX:
Phone	(888) 429-4487	Fax	(877) 470-0792			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	KATHERINE STEVENS				
County	LAMAR	Region	04	Date Licensed	07/22/2021	Owner Information	
License #	020924					GOLDEN CARE HOME HEALTH LLC	
Lic Expire	7/22/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(903) 737-6990	Fax	(903) 737-0926			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEANNA NICHOLSON				
County	LAMAR	Region	04	Date Licensed	11/04/2008	Owner Information	
License #	012399					S FISHER AND S THOMAS, INC	
Lic Expire	11/30/2022					1500 N GREENVILLE AVE, SUITE 300	
Medicare 1:	458041 HHA-18					RICHARDSON, TX 75081	
Medicare 2:						PHONE:	FAX:
Phone	(903) 737-9865	Fax	(903) 737-9954			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	BLAKELY HILL				
County	LAMAR	Region	04	Date Licensed	05/22/2006	Owner Information	
License #	010472					H & H PARTNERS INC	
Lic Expire	5/31/2021					P.O. BOX 775	
Medicare 1:						PARIS, TEXAS 75461	
Medicare 2:						PHONE:	FAX:
Phone	(903) 784-5500	Fax	(903) 784-5533			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MANDY HELBERG				
County	LAMAR	Region	04	Date Licensed	08/01/2018	Owner Information	
License #	018860					HILLS HELPING HANDS HOMECARE LLC	
Lic Expire	7/31/2022					SAME	
Medicare 1:						PARIS, TX 75460	
Medicare 2:						PHONE:	FAX:
Phone	(903) 495-8276	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TIA RIDLEY RIDLEY				
County	LAMAR	Region	04	Date Licensed	10/23/2020	Owner Information	
License #	020262					KING VISION OF TYLER LLC	
Lic Expire	10/23/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(504) 600-5364	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	TRACY KING			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LAMAR	Region	04	Date Licensed	08/12/2016	Owner Information	
License #	017572					TRACY TOWNES LLC	
Lic Expire	8/31/2018					815 S HOLLEY ST	
Medicare 1:						BLOSSOM, TX 75416	
Medicare 2:						PHONE:	FAX:
Phone	(903) 706-1839					Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TRACY TOWNES				
County	LAMAR	Region	04	Date Licensed	01/16/2009	Owner Information	
License #	012513					MAYS PLUS INC	
Lic Expire	1/31/2023					3310 A LAMAR AVENUE	
Medicare 1:						PARIS, TX 75460	
Medicare 2:						PHONE:	FAX:
Phone	(903) 783-0525	Fax	(903) 783-0539			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HEATHER GILBERT				
County	LAMAR	Region	04	Date Licensed	12/21/2011	Owner Information	
License #	014545					ON CALL ELDER CARE, LLC	
Lic Expire	3/31/2024					147 NORTH COLLEGIATE DRIVE	
Medicare 1:						PARIS, TX 75460	
Medicare 2:						PHONE:	FAX:
Phone	(903) 905-4975	Fax	(903) 784-6310			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	PEPPER ANDREWS				
County	LAMAR	Region	04	Date Licensed	12/30/2011	Owner Information	
License #	014630					OCHHR LLC	
Lic Expire	12/31/2023					147 N COLLEGIATE DR	
Medicare 1:	679762 HHA-18					PARIS, TX 75460	
Medicare 2:						PHONE:	FAX:
Phone	(903) 784-6300	Fax	(903) 784-6310			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	PEPPER ANDREWS				
County	LAMAR	Region	04	Date Licensed	02/01/2016	Owner Information	
License #	017247					ON CALL HOSPICE LLC	
Lic Expire	1/31/2025					147 N. COLLEGIATE DRIVE	
Medicare 1:	741635 HOSPICE					PARIS, TX 75460	
Medicare 2:						PHONE:	FAX:
Phone	(903) 706-5003	Fax	(903) 784-6310			Services: Hospice	
Type:	Parent Agency	Administrator	PEPPER ANDREWS			In-Patient Hospice: NO	
County	LAMAR	Region	04	Date Licensed	05/07/2008	Owner Information	
License #	012003					PARIS PEDIATRIC HOME HEALTH CARE INC	
Lic Expire	5/31/2022					PO BOX 6293	
Medicare 1:						PARIS, TEXAS 75461	
Medicare 2:						PHONE:	FAX:
Phone	(903) 737-4337	Fax	(903) 737-0926			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEANNA NICHOLSON				
County	LAMAR	Region	04	Date Licensed	09/03/2009	Owner Information	
License #	012836					PARIS SIGNATURE HOME HEALTH INC	
Lic Expire	9/30/2024					420 N COLLEGIATE	
Medicare 1:	747363 HHA-18					PARIS, TX 75460-3464	
Medicare 2:						PHONE:	FAX:
Phone	(903) 785-4900	Fax	(903) 784-6658			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DIANA SHEFTS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LAMAR	Region	04	Date Licensed	04/11/2005	Owner Information
License #	009691					CODY & JANA SANDERS INC
Lic Expire	4/30/2022					140 S COLLEGIATE DRIVE
Medicare 1:	457864 HHA-18					PARIS, TX 75460
Medicare 2:						PHONE:
Phone	(903) 739-8070	Fax	(903) 739-8370			FAX:
Type:	Parent Agency	Administrator	JANA SANDERS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LAMAR	Region	04	Date Licensed	06/16/2011	Owner Information
License #	014169					PLATINUM PALLIATIVE AND HOSPICE CARE INC
Lic Expire	6/30/2023					140 SOUTH COLLEGIATE DRIVE SUITE 100
Medicare 1:	671728 HOSPICE					PARIS, TX 75460-6319
Medicare 2:						PHONE:
Phone	(903) 783-1818	Fax	(903) 739-8370			FAX:
Type:	Parent Agency	Administrator	JANA SANDERS			Services: Hospice In-Patient Hospice: NO
County	LAMAR	Region	04	Date Licensed	12/30/2004	Owner Information
License #	009496					PARIS SENIOR CARE GROUP INC
Lic Expire	12/31/2018					PO BOX 6723
Medicare 1:	457835 HHA-18;67					PARIS, TX 75461
Medicare 2:						PHONE:
Phone	(903) 737-9010	Fax	(903) 785-0365			FAX:
Type:	Parent Agency	Administrator	JEANNA SMITH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Hospice In-Patient Hospice: NO
County	LAMAR	Region	03	Date Licensed	07/01/1984	Owner Information
License #	001497					RED RIVER HEALTH CARE SYSTEMS INC
Lic Expire	6/30/2022					308 EAST CHESTNUT STREET
Medicare 1:						DENISON, TX 75021-4714
Medicare 2:						PHONE:
Phone	(903) 785-4070	Fax	(903) 785-9725			FAX:
Type:	Parent Agency	Administrator	STEPHANIE WIDEMAN			Services: Personal Assistance Services
County	LAMAR	Region	04	Date Licensed	12/18/2003	Owner Information
License #	008818					RED RIVER HOMECARE, LLC
Lic Expire	12/31/2022					PO BOX 51266
Medicare 1:	453151 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	(903) 739-9483	Fax	(903) 739-8850			FAX:
Type:	Parent Agency	Administrator	CYNTHIA MEDINA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LAMAR	Region	04	Date Licensed	09/02/2021	Owner Information
License #	021020					SILVER CREST HOSPICE, LLC
Lic Expire	9/2/2024					2735 NE LOOP 286
Medicare 1:						PARIS, TX 75460
Medicare 2:						PHONE:
Phone	(903) 737-2971	Fax	(903) 737-0926			FAX:
Type:	Parent Agency	Administrator	DEANNA NICHOLSON			Services: Hospice In-Patient Hospice: NO
County	LAMAR	Region	04	Date Licensed		Owner Information
License #	014739					SJ HOMECARE INC
Lic Expire	2/28/2025					419 W HOUSTON ST
Medicare 1:						TYLER, TX 75702
Medicare 2:						PHONE:
Phone	(903) 784-5500	Fax	(903) 784-5533			FAX:
Type:	Branch Agency	Administrator	JACKIE BRISSET			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LAMAR	Region	04	Date Licensed	03/14/2016	Owner Information
License #	017326		SUMMIT HOSPICE LLC			ENERGYDOCS LLC
Lic Expire	3/31/2022		707 LAMAR AVE, SUITE D			16400 DALLAS PARKWAY, STE#100
Medicare 1:	451510 HOSPICE		PARIS, TX 75460			DALLAS, TX 75248
Medicare 2:						PHONE:
Phone	(903) 785-4357	Fax	(903) 784-2487			FAX:
Type:	Parent Agency	Administrator	MACY WELCH			Services: Hospice In-Patient Hospice: NO
County	LAMAR	Region	04	Date Licensed	04/09/2021	Owner Information
License #	020688		TEXAS HOME HEALTH			NURSES UNLIMITED INC
Lic Expire	4/9/2023		2600 LAMAR AVENUE, SUITE B			P. O BOX 4534
Medicare 1:			PARIS, TX 75460			ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	903 7830489	Fax	903 7830545			FAX:
Type:	Parent Agency	Administrator	BECKY BROOKS			Services: Licensed Home Health Services; Personal Assistance Services
County	LAMAR	Region	04	Date Licensed	11/14/2011	Owner Information
License #	014472		WATERFORD HOSPICE LLC			WATERFORD HOSPICE LLC
Lic Expire	11/30/2023		420 N COLLEGIATE DRIVE			420 NORTH COLLEGIATE DRIVE
Medicare 1:	671740 HOSPICE		PARIS, TX 754603464			PARIS, TX 75460
Medicare 2:						PHONE:
Phone	(903) 785-1800	Fax	(903) 784-6658			FAX:
Type:	Parent Agency	Administrator	DIANA SHEFTS			Services: Hospice In-Patient Hospice: NO
County	LAMB	Region	01	Date Licensed	01/01/2005	Owner Information
License #	009509		CALVERT HOME HEALTH CARE LLC			CALVERT HOME HEALTH CARE, LLC
Lic Expire	12/31/2021		913 PHELPS AVE			2411 SPRINGER DRIVE
Medicare 1:			LITTLEFIELD, TX 79339			NORMAN, OK 73069
Medicare 2:						PHONE:
Phone	(806) 385-1904	Fax	(806) 385-5905			FAX:
Type:	Branch Agency	Administrator	JULIE STACY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LAMPASAS	Region	05	Date Licensed	07/11/2016	Owner Information
License #	002197		LEE HEALTHCARE INC			LEE HEALTHCARE INC
Lic Expire	4/30/2022		2204 US HWY 281 S			PO BOX 766
Medicare 1:	67Q7412002 (HHA)		LAMPASAS, TX 76550			HAMILTON, TX 76531
Medicare 2:						PHONE:
Phone	(512) 564-5002	Fax	(512) 564-5102			FAX:
Type:	Branch Agency	Administrator	PAMELA PARSONS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	LAVACA	Region	07	Date Licensed	11/06/2017	Owner Information
License #	018542		ADVANCED HH LLC			ADVANCED HH, LLC
Lic Expire	11/30/2023		113 N. MAIN			113 N. MAIN
Medicare 1:	67Q7247001		HALLETTSVILLE, TEXAS 77964			HALLETTSVILLE, TX 75038
Medicare 2:						PHONE:
Phone	(361) 596-8161	Fax	(361) 596-8163			FAX:
Type:	Branch Agency	Administrator	KRISTEN SCHIEVELBEIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LAVACA	Region	07	Date Licensed		Owner Information
License #	018542		ADVANCED HOME HEALTH SERVICES			ADVANCED HH, LLC
Lic Expire	11/30/2023		113 N. MAIN, STE B			113 N. MAIN
Medicare 1:			HALLETTSVILLE, TEXAS 77964			HALLETTSVILLE, TX 75038
Medicare 2:						PHONE:
Phone	(830) 379-6171	Fax				FAX:
Type:	Branch Agency	Administrator	KRISTEN SCHIEVELBEIN			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LAVACA	Region	07	Date Licensed	03/24/2011	Owner Information
License #	013980					HELPING HEARTS SITTING SERVICE, LLC
Lic Expire	3/31/2023					P.O. BOX 365
Medicare 1:						HALLETTSVILLE, TEXAS 77964
Medicare 2:						PHONE:
Phone	(361) 798-9400	Fax	(361) 798-9390			FAX:
Type:	Parent Agency	Administrator	SANDY SCHAEFER			Services: Personal Assistance Services
County	LAVACA	Region	07	Date Licensed	06/23/1995	Owner Information
License #	001930					HOSPICE OF SOUTH TEXAS INC
Lic Expire	6/30/2023					605 EAST LOCUST
Medicare 1:						VICTORIA, TX 77901
Medicare 2:						PHONE:
Phone	(361) 798-2077	Fax	(361) 798-4640			FAX:
Type:	Alternate Delivery Site	Administrator	MARY BOGDAN			Services: Hospice In-Patient Hospice: NO
County	LEE	Region	03	Date Licensed	01/01/2006	Owner Information
License #	010222					DISCOVERY AT HOME IN TEXAS INC
Lic Expire	12/31/2020					27299 RIVERVIEW CENTER, SUITE #201
Medicare 1:	679350 HHA-18					BONITA SPRINGS, FL 34134
Medicare 2:						PHONE:
Phone	(972) 968-0297	Fax	(972) 968-0405			FAX:
Type:	Parent Agency	Administrator	ELLEN GRANT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	LIBERTY	Region	04	Date Licensed	02/11/2004	Owner Information
License #	008904					TEXAS HOME HEALTH SKILLED SERVICES, LP
Lic Expire	2/28/2023					
Medicare 1:	673151 HHA-18					
Medicare 2:						PHONE:
Phone	(281) 592-7102	Fax	(281) 592-9537			FAX:
Type:	Parent Agency	Administrator	SARAH VILLANUEVA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	LIBERTY	Region	04	Date Licensed	01/30/2003	Owner Information
License #	008437					ANGELS ABOVE US INC
Lic Expire	1/31/2025					2301 FM 1187, SUITE 203
Medicare 1:	679125 HHA-18					MANSFIELD, TX 76063
Medicare 2:						PHONE:
Phone	(936) 336-2224	Fax	(936) 336-2231			FAX:
Type:	Parent Agency	Administrator	DUSTY HOLBROOK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LIBERTY	Region	06	Date Licensed	08/26/2011	Owner Information
License #	014311					HARBOR HOSPICE OF LIBERTY LP
Lic Expire	8/31/2023					3406 COLLEGE STREET
Medicare 1:	671735 HOSPICE					BEAUMONT, TX 77701
Medicare 2:						PHONE:
Phone	(936) 641-9431	Fax	(936) 641-9187			FAX:
Type:	Parent Agency	Administrator	THERESA COUSINS			Services: Hospice In-Patient Hospice: NO
County	LIBERTY	Region	04	Date Licensed	10/07/2020	Owner Information
License #	020215					HELPING HANDS HOME HEALTHCARE
Lic Expire	10/7/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(281) 786-7541	Fax				FAX:
Type:	Parent Agency	Administrator	SHERAMIE SALAZAR			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LIBERTY** Region 04 Date Licensed 12/22/2015
License # 017191 SOLACE HOME HEALTH CARE SERVICES
Lic Expire 12/31/2021 127 N SAN JACINTO AVE STE. 211
Medicare 1: CLEVELAND, TX 77327
Medicare 2:
Phone (281) 592-0977 Fax (281) 592-0970
Type: Parent Agency Administrator CHASITY WOOD

Owner Information

SOLACE HOME HEALTH CARE SERVICES, LLC
PO BOX 1624
CLEVELAND, TX 77328
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **LIBERTY** Region 06 Date Licensed 04/22/2004
License # 007959 TAWL HEALTH CARE INC
Lic Expire 2/28/2025 107 SOUTH ROOSEVELT
Medicare 1: CLEVELAND, TX 77327
Medicare 2:
Phone (281) 432-2340 Fax (281) 593-3511
Type: Branch Agency Administrator TONG MU

Owner Information

TAWL HEALTH CARE INC
9898 BISSONETT SUITE 600
HOUSTON, TX 77036
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LIBERTY** Region 04 Date Licensed
License # 010904 TEXAS HOME HEALTH HOSPICE
Lic Expire 11/30/2022 400 BELCHER, SUITE 5 RM HOS
Medicare 1: 671560 Hospice CLEVELAND, TX 773273654
Medicare 2:
Phone (281) 915-6142 Fax (281) 747-1862
Type: Alternate Delivery Site Administrator LORI SAMUEL

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE:
FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **LIMESTONE** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 314 SOUTH DR. JB RIGGS DR STE 314
Medicare 1: 671552 GROESBECK, TX 76642
Medicare 2:
Phone (254) 751-7644 Fax (254) 294-2235
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **LIMESTONE** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 314 SOUTH DR. JB RIGGS DR STE 314
Medicare 1: 671552 GROESBECK, TX 76642
Medicare 2:
Phone (254) 751-7644 Fax (254) 294-2235
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **LIMESTONE** Region 05 Date Licensed
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 314 SOUTH DR. JB RIGGS DR STE 314
Medicare 1: 671552 GROESBECK, TX 76642
Medicare 2:
Phone (254) 751-7644 Fax (254) 294-2235
Type: Alternate Delivery Site Administrator CANDICE GOSWICK

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **LIMESTONE** Region 05 Date Licensed 04/18/2002
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023 312 SOUTH HWY 14 SUITE B
Medicare 1: 45-1713 MEXIA, TX 76667
Medicare 2:
Phone (254) 472-0779 Fax (254) 472-0822
Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LIMESTONE	Region	05	Date Licensed	05/03/2010	Owner Information
License #	009082					HEIGHTS SUPPORT SERVICES INC
Lic Expire	5/31/2023					PO BOX 2416
Medicare 1:						HARKER HEIGHTS, TX 76548
Medicare 2:						PHONE: (254) 953-4702 FAX:
Phone	(254) 729-0336	Fax	(254) 729-0339			Services: Personal Assistance Services
Type:	Branch Agency	Administrator	DENISE MILLER			
County	LIMESTONE	Region	05	Date Licensed	02/08/2018	Owner Information
License #	018603					KUHNEKT HEALTHCARE SOLUTIONS LLC
Lic Expire	5/29/2022					1129 E. SUMPTER ST
Medicare 1:						MEXIA, TEXAS 76667
Medicare 2:						PHONE: FAX:
Phone	(888) 584-6358	Fax	(833) 228-6565			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LA SHAWN HARBERT			
County	LLANO	Region	03	Date Licensed		Owner Information
License #	007938					SOLARIS HOSPICE INC
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400
Medicare 1:						DECATUR, TX 76234
Medicare 2:						PHONE: FAX:
Phone	(940) 627-1011	Fax	(940) 627-3160			Services: Hospice
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			In-Patient Hospice: NO
County	LUBBOCK	Region	01	Date Licensed	10/28/1997	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE: FAX:
Phone	(806) 792-9197	Fax	(806) 793-7527			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	TRACY FOLLER			
County	LUBBOCK	Region	01	Date Licensed	10/28/1997	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE: FAX:
Phone	(806) 792-9197	Fax	(806) 793-7527			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	TRACY FOLLER			
County	LUBBOCK	Region	01	Date Licensed	12/29/2009	Owner Information
License #	013055					AMERICAN STAR HOME HEALTH CARE INC
Lic Expire	12/31/2021					3805 22ND STREET SUITE 1-C
Medicare 1:	74-7506 (HHA-18);					LUBBOCK, TX 79410
Medicare 2:						PHONE: FAX:
Phone	(806) 687-6547	Fax	(806) 687-7276			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ASIF QAMAR			In-Patient Hospice: NO
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE: FAX:
Phone	(806) 744-8999	Fax	(903) 532-1401			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	HEATHER RODGERS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	03	Date Licensed	02/08/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(806) 744-8999	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	01	Date Licensed	03/28/2012	Owner Information
License #	015024					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(806) 780-4180	Fax	(806) 744-7458			FAX:
Type:	Parent Agency	Administrator	ELI GUERRERO			Services: Licensed Home Health Services
County	LUBBOCK	Region	01	Date Licensed	11/28/2012	Owner Information
License #	015236					BEST IN HOME CARE LLC
Lic Expire	11/30/2022					5145 69TH ST
Medicare 1:						LUBBOCK, TX 79424
Medicare 2:						PHONE:
Phone	(806) 368-7985	Fax	(806) 398-4344			FAX:
Type:	Parent Agency	Administrator	TRACY NELSON			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed 08/04/2015
License # 016950 BEYONDFaITH HOSPICE OF LUBBOCK LLC
Lic Expire 8/31/2023 4511 B UNIVERSITY
Medicare 1: 741629 HOSPICE LUBBOCK, TX 79413
Medicare 2:
Phone (806) 797-0000 Fax (806) 797-0101
Type: Parent Agency Administrator PENNEY METZE

Owner Information
BEYONDFaITH HOSPICE OF LUBBOCK LLC
4511 B UNIVERSITY
LUBBOCK, TX 79413-3615
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 03 Date Licensed 08/31/2017
License # 018372 BEYONDFaITH LUBBOCK
Lic Expire 8/31/2023 4511 UNIVERSITY AVE
Medicare 1: 679374 HHA-18 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 798-5683 Fax (806) 798-2443
Type: Parent Agency Administrator VERONICA ESQUEDA

Owner Information
BEYONDFaITH HOMECARE & REHAB LLC
2150 S. CENTRAL EXPRESSWAY STE 200
MCKINNEY, TX 75070
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 10/11/2010
License # 013786 BRIGHTSTAR HEALTHCARE
Lic Expire 11/1/2022 6701 ABERDEEN SUITE 6
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 745-9996 Fax (806) 745-9998
Type: Parent Agency Administrator LISA VELASQUEZ

Owner Information
HIGHER EXPECTATIONS LLC
6701 ABERDEEN SUITE 6
LUBBOCK, TX 79424
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 10/04/2008
License # 012273 CALVERT HOME HEALTH CARE
Lic Expire 10/31/2022 5301 66TH ST ROOM 1000
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 783-8878 Fax (806) 783-8986
Type: Branch Agency Administrator JULIE STACY

Owner Information
CORDOVA BAY LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 1717 NORFOLK AVENUE SUITE 2159
Medicare 1: LUBBOCK, TX 79416
Medicare 2:
Phone (806) 747-8972 Fax (806) 747-8965
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 3026 54TH STREET STE 314
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone (806) 793-2662 Fax (806) 793-2636
Type: Branch Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 01/01/2005
License # 009509 CALVERT HOME HEALTH CARE LLC
Lic Expire 12/31/2021 10207 INDIANA AVE
Medicare 1: 677109 HHA-18 LUBBOCK, TX 79423
Medicare 2:
Phone (806) 747-8972 Fax (806) 747-8965
Type: Parent Agency Administrator JULIE STACY

Owner Information
CALVERT HOME HEALTH CARE, LLC
2411 SPRINGER DRIVE
NORMAN, OK 73069
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	LUBBOCK	Region	01	Date Licensed	09/11/2020	Owner Information	
License #	020165					CALVERT HOSPICE, LLC	
Lic Expire	9/11/2022					2411 SPRINGER DRIVE	
Medicare 1:	971650					NORMAN, OK 73069	
Medicare 2:							
Phone	(806) 747-8972	Fax	(806) 747-8965			PHONE:	FAX:
Type:	Parent Agency	Administrator	JULIE STACY			Services: Hospice	
						In-Patient Hospice: NO	
County	LUBBOCK	Region	01	Date Licensed	01/09/1989	Owner Information	
License #	001401					CAPROCK HOME HEALTH SERVICES INC	
Lic Expire	1/31/2025					8806 UNIVERSITY AVENUE	
Medicare 1:	457548 HHA-18					LUBBOCK, TX 79423	
Medicare 2:							
Phone	(806) 792-2660	Fax	(806) 792-1347			PHONE:	FAX:
Type:	Parent Agency	Administrator	VICTORIA CAUGHRON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	LUBBOCK	Region	03	Date Licensed	08/20/2013	Owner Information	
License #	012311					OCI ACQUISITION, LLC	
Lic Expire	9/30/2022					4300 SIGMA ROAD SUITE 130	
Medicare 1:						DALLAS, TX 75244	
Medicare 2:							
Phone	(806) 686-0429	Fax	(806) 300-0230			PHONE:	FAX:
Type:	Branch Agency	Administrator	BARBARA MENEFEE			Services: Licensed Home Health Services	
County	LUBBOCK	Region	01	Date Licensed	01/15/2019	Owner Information	
License #	019200					DPCC INC	
Lic Expire	1/15/2023						
Medicare 1:							
Medicare 2:							
Phone	(806) 230-1234	Fax	(806) 230-1234			PHONE:	FAX:
Type:	Parent Agency	Administrator	DIANA LESLIE			Services: Personal Assistance Services	
County	LUBBOCK	Region	01	Date Licensed	09/12/2016	Owner Information	
License #	009669					DJK HOME HEALTHCARE LLC	
Lic Expire	3/31/2022					901 WATERFALL WAY SUITE 105	
Medicare 1:						RICHARDSON, TX 75080	
Medicare 2:							
Phone	(806) 367-6612	Fax	(806) 367-7148			PHONE:	FAX:
Type:	Branch Agency	Administrator	BUDDY WILSON			Services: Licensed Home Health Services; Personal Assistance Services	
County	LUBBOCK	Region	01	Date Licensed	08/20/2015	Owner Information	
License #	016988					2C PROFIT LLC	
Lic Expire	8/31/2023					2517-74TH STREET	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:							
Phone	(806) 687-7800	Fax	(806) 745-4559			PHONE:	FAX:
Type:	Parent Agency	Administrator	FELISA CARSON			Services: Licensed Home Health Services	
County	LUBBOCK	Region	01	Date Licensed	12/18/2003	Owner Information	
License #	008819					2C PROFIT LLC	
Lic Expire	12/31/2023					2517-74TH STREET	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:							
Phone	(806) 687-7800	Fax	(806) 745-4559			PHONE:	FAX:
Type:	Parent Agency	Administrator	FELISA CARSON			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LUBBOCK	Region	01	Date Licensed	06/22/2020	Owner Information	
License #	020007					LUBBOCK TX CAREGIVING LLC	
Lic Expire	6/22/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(806) 853-8575	Fax	(806) 853-8575			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHALEA PEREZ				
County	LUBBOCK	Region	01	Date Licensed	06/13/2013	Owner Information	
License #	015600					THREE SAINTS BAY LTD	
Lic Expire	6/30/2023					10207 INDIANA AVENUE	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:						PHONE:	FAX:
Phone	(806) 722-4900	Fax	(806) 722-4898			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRADLEY MADISON				
County	LUBBOCK	Region	01	Date Licensed	12/01/1998	Owner Information	
License #	007152					CUIDADO CASERO HOME HEALTH LUBBOCK LLC	
Lic Expire	11/30/2022					SAME	
Medicare 1:	459427 HHA-18;67					SOUTHLAKE, TX 76092	
Medicare 2:						PHONE:	FAX:
Phone	(806) 785-7903	Fax	(806) 785-7918			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA AVILA			In-Patient Hospice: NO	
County	LUBBOCK	Region	01	Date Licensed	05/08/2003	Owner Information	
License #	007152					CUIDADO CASERO HOME HEALTH LUBBOCK LLC	
Lic Expire	11/30/2022					SAME	
Medicare 1:						SOUTHLAKE, TX 76092	
Medicare 2:						PHONE:	FAX:
Phone	(806) 785-7903	Fax	(806) 291-0402			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	MELISSA AVILA				
County	LUBBOCK	Region	03	Date Licensed	01/13/2017	Owner Information	
License #	017399					DAYBREAK COMMUNITY SERVICES TEXAS LLC	
Lic Expire	5/31/2022					4100 INTERNATIONAL PLAZA SUITE 800	
Medicare 1:						FORT WORTH, TX 76109	
Medicare 2:						PHONE:	FAX:
Phone	(806) 784-0722	Fax	(806) 784-0753			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	DEBBIE YOUNGBLOOD				
County	LUBBOCK	Region	01	Date Licensed	04/19/1990	Owner Information	
License #	002112					DIRECT HEALTH CARE INC	
Lic Expire	4/30/2023					5902 66TH STREET	
Medicare 1:	677264 HHA-18;67					LUBBOCK, TX 79424	
Medicare 2:						PHONE:	FAX:
Phone	(806) 793-3999	Fax	(806) 793-2592			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JENNY STROUD			In-Patient Hospice: NO	
County	LUBBOCK	Region	01	Date Licensed	08/01/2013	Owner Information	
License #	015691					EDUCARE COMMUNITY LIVING CORPORATION TEXAS	
Lic Expire	7/31/2023					9901 LINN STATION ROAD	
Medicare 1:						LOUISVILLE, KY 40223	
Medicare 2:						PHONE:	(502) 394-2100 FAX: (502) 394-2369
Phone	(806) 792-2100	Fax	(806) 792-2117			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KAY BALLARD-SMITH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LUBBOCK	Region	01	Date Licensed	04/01/2011	Owner Information	
License #	014033	ENCOMPASS HEALTH HOME HEALTH				ABBA HOME HEALTH, LP	
Lic Expire	3/31/2023	4225 85TH STREET				6688 N CENTRAL EXPRESSWAY SUITE 1300	
Medicare 1:	679022 HHA-18	LUBBOCK, TEXAS 79423				DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	FAX:
Phone	806 7943555	Fax	806 7949303			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	AMBER BRYSON-CAGE				
County	LUBBOCK	Region	01	Date Licensed	05/02/1996	Owner Information	
License #	004822	ESSENTIAL HOME HEALTH				LUBBOCK ESSENTIAL HOME HEALTH CARE INC	
Lic Expire	5/31/2023	2501 BAYLOR SUITE 100				PO BOX 10725	
Medicare 1:	457822 HHA-18	LUBBOCK, TX 79415				LUBBOCK, TEXAS 79408	
Medicare 2:						PHONE:	FAX:
Phone	(806) 747-4229	Fax	(806) 747-5202			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSIE ALVARADO				
County	LUBBOCK	Region	01	Date Licensed	01/09/2015	Owner Information	
License #	016596	FOREVER FAITHFUL HOME CARE				UNTEDWARD LLC	
Lic Expire	1/31/2023	2802 34TH STREET				5808 13TH STREET	
Medicare 1:		LUBBOCK, TX 79410				LUBBOCK, TX 79416	
Medicare 2:						PHONE:	FAX:
Phone	(806) 445-2353	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HEATH HALFORD				
County	LUBBOCK	Region	01	Date Licensed	11/30/2007	Owner Information	
License #	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE				GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	5010 KENOSHA AVENUE SUITE C				12900 FOSTER	
Medicare 1:		LUBBOCK, TX 79413				OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(806) 747-0173	Fax	(806) 747-0491			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LISA CUPPS				
County	LUBBOCK	Region	01	Date Licensed	11/30/2007	Owner Information	
License #	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE				GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	5010 KENOSHA AVENUE SUITE C				12900 FOSTER	
Medicare 1:		LUBBOCK, TX 79413				OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(806) 747-0173	Fax	(806) 747-0491			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LISA CUPPS				
County	LUBBOCK	Region	01	Date Licensed	11/30/2007	Owner Information	
License #	011726	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE				GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	5010 KENOSHA AVENUE SUITE C				12900 FOSTER	
Medicare 1:		LUBBOCK, TX 79413				OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(806) 747-0173	Fax	(806) 747-0491			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LISA CUPPS				
County	LUBBOCK	Region	01	Date Licensed		Owner Information	
License #	015882	HIGH PLAINS SENIOR CARE				HIGH PLAINS SENIOR CARE INC	
Lic Expire	12/31/2023	4611 50TH STREET, SUITE C				SAME	
Medicare 1:		LUBBOCK, TEXAS 79424				AMARILLO, TX 79102	
Medicare 2:						PHONE:	FAX:
Phone	(806) 355-1899	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	CRAIG JOHNSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LUBBOCK	Region	01	Date Licensed		Owner Information
License #	015882					HIGH PLAINS SENIOR CARE INC
Lic Expire	12/31/2023					SAME
Medicare 1:						AMARILLO, TX 79102
Medicare 2:						PHONE:
Phone	(806) 355-1899	Fax				FAX:
Type:	Branch Agency	Administrator	CRAIG JOHNSON			Services: Licensed Home Health Services; Personal Assistance Services
County	LUBBOCK	Region	01	Date Licensed	12/03/2003	Owner Information
License #	008789					TEAM BAUGH LLC
Lic Expire	12/31/2023					1010 SLIDE ROAD
Medicare 1:						LUBBOCK, TX 79416
Medicare 2:						PHONE:
Phone	806 281 4663	Fax	(806) 281-4606			FAX:
Type:	Parent Agency	Administrator	STEPHANIE DODSON			Services: Personal Assistance Services
County	LUBBOCK	Region	01	Date Licensed	09/04/1987	Owner Information
License #	001878					HOSPICE OF LUBBOCK, INC
Lic Expire	9/30/2022					PO BOX 16800
Medicare 1:	451519 HOSPICE					LUBBOCK, TX 79490-6800
Medicare 2:						PHONE:
Phone	(806) 795-2751	Fax	(806) 795-8464			FAX:
Type:	Parent Agency	Administrator	JEREMY BROWN			Services: Hospice In-Patient Hospice: NO
County	LUBBOCK	Region	01	Date Licensed	12/31/2014	Owner Information
License #	016805					SOUTH PLAINS HEALTHCARE, INC
Lic Expire	12/31/2022					4413 82ND ST SUITE 135
Medicare 1:	671667 HOSPICE					LUBBOCK, TX 79424
Medicare 2:						PHONE:
Phone	(806) 783-0382	Fax	(855) 867-5375			FAX:
Type:	Parent Agency	Administrator	ROBERT "SCOTT" MYERS			Services: Hospice In-Patient Hospice: NO
County	LUBBOCK	Region	01	Date Licensed	05/23/2018	Owner Information
License #	007788					INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire	10/31/2022					6548 43RD ST
Medicare 1:						LUBBOCK, TX 79407
Medicare 2:						PHONE:
Phone	(806) 791-0042	Fax	(806) 797-6694			FAX:
Type:	Branch Agency	Administrator	TWILA RUTTER			Services: Personal Assistance Services
County	LUBBOCK	Region	01	Date Licensed	01/11/2007	Owner Information
License #	007781					INTERIM HEALTHCARE OF WEST TEXAS, LLC
Lic Expire	10/31/2023					3305 101ST STREET, STE 100
Medicare 1:						LUBBOCK, TEXAS 79423
Medicare 2:						PHONE:
Phone	(806) 791-0042	Fax	(806) 797-6694			() - 1
Type:	Branch Agency	Administrator	ASHLEY MCPHAIL			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	LUBBOCK	Region	01	Date Licensed	10/31/2001	Owner Information
License #	007788					INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire	10/31/2022					3305 101ST STREET, SUITE 200
Medicare 1:						LUBBOCK, TEXAS 794234076
Medicare 2:						PHONE:
Phone	(806) 791-0042	Fax	(806) 797-6694			FAX:
Type:	Parent Agency	Administrator	TWILA RUTTER			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed 10/31/2001
License # 007781 INTERIM HEALTHCARE OF WEST TEXAS LLC
Lic Expire 10/31/2023 3305 101ST STREET, STE 200
Medicare 1: 677566 HHA-18 LUBBOCK, TEXAS 79423
Medicare 2:
Phone (806) 791-0042 Fax (806) 797-6694
Type: Parent Agency Administrator ASHLEY MCPHAIL

Owner Information

INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: () - 1 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 06/15/2015
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 3305 101ST STREET, STE 200
Medicare 1: LUBBOCK, TX 79423
Medicare 2:
Phone (806) 791-0043 Fax (806) 687-5958
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 06/08/2006
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 3305 101ST STREET, SUITE 200
Medicare 1: 671561 HOSPICE LUBBOCK, TEXAS 79423
Medicare 2:
Phone 80667910043 Fax (806) 687-5958
Type: Parent Agency Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 11/30/2007
License # 011741 KINDRED AT HOME
Lic Expire 11/30/2023 6831 82ND STREET, SUITE 101
Medicare 1: 459496 HHA-18 LUBBOCK, TEXAS 794245068
Medicare 2:
Phone (806) 784-3838 Fax (806) 788-1515
Type: Parent Agency Administrator TATUM KITTLEY

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 08/01/1996
License # 005035 KINDRED HOSPICE
Lic Expire 7/31/2022 7202 SLIDE RD., SUITE 301
Medicare 1: 451520 HOSPICE LUBBOCK, TX 79424
Medicare 2:
Phone (806) 748-1041 Fax (806) 785-1753
Type: Parent Agency Administrator MEGGAN SCOTT

Owner Information

FAMILY HOSPICE LTD
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 07/08/2005
License # 009857 LEGACY OF LOVE HOSPICE, INC
Lic Expire 7/31/2022 4409 71ST ST.
Medicare 1: 671515 HOSPICE LUBBOCK, TX 79424
Medicare 2:
Phone (806) 370-2100 Fax (806) 370-2100
Type: Parent Agency Administrator AMANDA CAMPBELL

Owner Information

LEGACY OF LOVE HOSPICE, INC
4409 71ST ST
LUBBOCK, TX 79424
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed
License # #Error OUTREACH HOME CARE
Lic Expire 5/31/2021 4413 82ND ST, STE 204
Medicare 1: LUBBOCK, TX 79424
Medicare 2:
Phone (806) 794-3796 Fax (806) 794-6953
Type: Branch Agency Administrator CINDY GORDON

Owner Information

PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	LUBBOCK	Region	01	Date Licensed		Owner Information
License #	007334					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2024					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE: FAX: (972) 792-6739
Phone	806 7943796	Fax	806 7946953			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	BRANDI LOVE			
County	LUBBOCK	Region	05	Date Licensed		Owner Information
License #	016811					PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC
Lic Expire	5/31/2023					1122 W 6TH STREET
Medicare 1:						MCGREGOR, TX 76657
Medicare 2:						PHONE: FAX:
Phone	(806) 705-8607	Fax	(254) 765-2501			Services: Licensed Home Health Services
Type:	Branch Agency	Administrator	NATASHA JAMES			
County	LUBBOCK	Region	01	Date Licensed	08/18/2017	Owner Information
License #	018263					REHABCARE GROUP EAST LLC
Lic Expire	8/31/2023					SAME
Medicare 1:						KINGWOOD, TX 77339
Medicare 2:						PHONE: FAX:
Phone	(806) 281-5600	Fax	(806) 799-3714			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	ELIZABETH RAINBOLT			
County	LUBBOCK	Region	01	Date Licensed	09/16/2021	Owner Information
License #	021053					LUBBOCK REGIONAL MHMR
Lic Expire	9/16/2024					PO BOX 2828
Medicare 1:						LUBBOCK, TX 79408
Medicare 2:						PHONE: FAX:
Phone	(806) 740-1500	Fax	(806) 791-0578			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	JOANNE HARWOOD			
County	LUBBOCK	Region	01	Date Licensed	12/22/2011	Owner Information
License #	014547					MHK HOLDINGS INC
Lic Expire	12/31/2023					2505 79TH STREET, SUITE B
Medicare 1:						LUBBOCK, TX 79423
Medicare 2:						PHONE: FAX:
Phone	(806) 589-0400	Fax	(888) 606-1222			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	AMY PECK			
County	LUBBOCK	Region	01	Date Licensed	11/29/2005	Owner Information
License #	009402					KINDSTAR, INC
Lic Expire	11/30/2022					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	67Q9485004					DALLAS, TX 75284
Medicare 2:						PHONE: FAX:
Phone	(806) 791-2100	Fax	(806) 791-2105			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	CRISTI PAULK			
County	LUBBOCK	Region	01	Date Licensed	04/14/2005	Owner Information
License #	009402					KINDSTAR, INC
Lic Expire	11/30/2022					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	67Q9485002					DALLAS, TX 75284
Medicare 2:						PHONE: FAX:
Phone	(806) 791-2100	Fax	(806) 791-2105			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	CRISTI PAULK			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **LUBBOCK** Region 01 Date Licensed 04/14/2005
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 2950 50TH (ALA)
Medicare 1: 67Q9485001 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 791-2100 Fax (806) 791-2105

Type: Branch Agency Administrator CRISTI PAULK

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 04/14/2005
License # 009402 TEXAS HOME HEALTH
Lic Expire 11/30/2022 2950 50TH (JAY)
Medicare 1: 67Q9485003 LUBBOCK, TX 79413
Medicare 2:
Phone (806) 791-2100 Fax (806) 791-2105

Type: Branch Agency Administrator CRISTI PAULK

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 12/03/2020
License # 020365 TEXAS HOME HEALTH
Lic Expire 12/3/2022 3002 50TH STREET
Medicare 1: LUBBOCK, TX 79413
Medicare 2:
Phone 806 7929197 Fax 806 7937527

Type: Parent Agency Administrator TARA PARMENTER

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **LUBBOCK** Region 01 Date Licensed 11/01/2016
License # 017836 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 10/31/2022 1303 82ND STREET SUITE 800
Medicare 1: LUBBOCK, TX 794232388
Medicare 2:
Phone (806) 687-3124 Fax (806) 687-3358

Type: Parent Agency Administrator JAMIE WINEGEART

Owner Information

FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880

PHONE: FAX:

Services: Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed
License # 020681 TRADITIONS HEALTH
Lic Expire 4/1/2024 4601 50TH STREET, SUITE 109
Medicare 1: LUBBOCK, TX 79414
Medicare 2:
Phone (806) 368-8039 Fax (806) 368-8051

Type: Alternate Delivery Site Administrator NANCY KERNELL

Owner Information

TRADITIONS HOSPICE OF PLAINVIEW, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842

PHONE: FAX:

Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **LUBBOCK** Region 01 Date Licensed 12/22/2011
License # 014666 UMC HOME HEALTH
Lic Expire 12/31/2021 309 N SLIDE RD
Medicare 1: 677088 HHA-18 LUBBOCK, TX 79416
Medicare 2:
Phone (806) 747-5377 Fax (806) 747-5465

Type: Parent Agency Administrator LINDA VELARDEZ

Owner Information

LUBBOCK COUNTY HOSPITAL DISTRICT
P.O. BOX 5980
LUBBOCK, TEXAS 79408

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **LUBBOCK** Region 01 Date Licensed 09/11/2020
License # 020171 UMC HOME HEALTH AND HOSPICE, AN AMEDISYS PARTNER
Lic Expire 9/11/2022 309 N. SLIDE ROAD, SUITE 102
Medicare 1: 971631 Hospice LUBBOCK, TX 794161549
Medicare 2:
Phone (806) 516-8103 Fax (888) 910-5132

Type: Parent Agency Administrator JOSHUA LASATER

Owner Information

HOSPICE PARTNERSHIP OPERATING COMPANY, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County	LUBBOCK	Region	01	Date Licensed	09/10/2020	Owner Information	
License #	020164					HOME HEALTH PARTNERSHIP OPERATING COMPANY, LLC	
Lic Expire	9/10/2022						
Medicare 1:	748008 HHA						
Medicare 2:							
Phone	(806) 516-8004	Fax	(888) 910-5153			PHONE:	FAX:
Type:	Parent Agency	Administrator	KELLY GADISON			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	LUBBOCK	Region	01	Date Licensed	01/15/2004	Owner Information	
License #	008861					ANGELS FOR HIRE LP	
Lic Expire	1/31/2022					5109 82ND ST #7 PMB 1214	
Medicare 1:						LUBBOCK, TX 79424	
Medicare 2:							
Phone	(806) 687-2780	Fax	(806) 687-2784			PHONE:	FAX:
Type:	Parent Agency	Administrator	VICKI COLBERT			Services:	Personal Assistance Services
County	LYNN	Region	01	Date Licensed	07/01/2007	Owner Information	
License #	011445					GBA HOLDING, INC	
Lic Expire	6/30/2022					12900 FOSTER SUITE 400	
Medicare 1:	458364 HHA-18;45					OVERLAND PARK, KS 66213	
Medicare 2:							
Phone	(806) 998-5340	Fax	(806) 998-4958			PHONE:	FAX:
Type:	Parent Agency	Administrator	GRANT INNES			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	MADISON	Region	05	Date Licensed	03/29/2012	Owner Information	
License #	014718					TRADITIONS HEALTH CARE OF MADISONVILLE, LLC	
Lic Expire	3/31/2022					P.O. BOX 9980	
Medicare 1:	747834 HHA-18					COLLEGE STATION, TX 77842	
Medicare 2:							
Phone	(936) 348-2707	Fax	(866) 908-8704			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALLISON FULMER			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	MARION	Region	04	Date Licensed	04/04/2012	Owner Information	
License #	014729					ACADEMY FOR SPEECH AND LANGUAGE AT HOME LLC	
Lic Expire	4/30/2022					PO BOX 23269	
Medicare 1:						WOODWAY, TEXAS 76702	
Medicare 2:							
Phone	(254) 207-0301	Fax	(254) 207-0298			PHONE:	FAX:
Type:	Parent Agency	Administrator	LAURI COLE			Services:	Licensed Home Health Services
County	MARION	Region	04	Date Licensed	11/01/2002	Owner Information	
License #	008181					JORDAN HOME HEALTH CARE, LLC	
Lic Expire	10/31/2023					14295 MIDWAY RD. STE. 400	
Medicare 1:						ADDISON, TX 75001	
Medicare 2:							
Phone	(903) 665-2142	Fax	(903) 793-1976			PHONE:	FAX:
Type:	Branch Agency	Administrator	DORIS ERICA GIBSON			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	MARION	Region	04	Date Licensed	03/19/2003	Owner Information	
License #	008366					FIRST IN PEDIATRICS HOME HEALTH CARE, INC	
Lic Expire	3/31/2024					P.O. BOX 901	
Medicare 1:						JEFFERSON, TX 75657	
Medicare 2:							
Phone	(903) 665-6131	Fax	(903) 665-7244			PHONE:	FAX:
Type:	Parent Agency	Administrator	SHARON BONNER-GOOLSBY			Services:	Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MARION	Region	04	Date Licensed	10/13/2017	Owner Information
License #	018375					HERITAGE HOSPICE OF TEXARKANA LLC
Lic Expire						314 N POLK ST STE B
Medicare 1:						JEFFERSON, TX 75657
Medicare 2:						PHONE:
Phone	(903) 665-8898	Fax				FAX:
Type:	Alternate Delivery Site	Administrator	CHRISTOPHER CLEMENS			Services: Hospice In-Patient Hospice: NO
County	MARTIN	Region	01	Date Licensed	12/16/2021	Owner Information
License #	021278					FIVE POINT HOME CARE LLC
Lic Expire	12/16/2024					407 N LAMESA HWY
Medicare 1:						STANTON, TX 79782
Medicare 2:						PHONE:
Phone	(432) 664-4605	Fax				FAX:
Type:	Parent Agency	Administrator	BAILIE WOODS			Services: Personal Assistance Services
County	MARTIN	Region	01	Date Licensed	09/07/2018	Owner Information
License #	019181					MARTIN COUNTY HOSPITAL DISTRICT
Lic Expire	9/7/2022					PO BOX 640
Medicare 1:	678485					STANTON, TX 79782
Medicare 2:						PHONE:
Phone	(432) 607-2516	Fax	(432) 607-2519			FAX:
Type:	Parent Agency	Administrator	JOAN HARRISON			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	MASON	Region	01	Date Licensed	12/16/2015	Owner Information
License #	017417					HILL COUNTRY PREFERRED SENIOR CARE LLC
Lic Expire	12/31/2023					P O BOX 238
Medicare 1:	677458 HHA-18					MASON, TX 76856
Medicare 2:						PHONE:
Phone	(325) 347-5145	Fax	(325) 347-6916			FAX:
Type:	Parent Agency	Administrator	JENNIFER VANCKHOVEN			Services: Licensed and Certified Home Health Services
County	MATAGORDA	Region	06	Date Licensed	04/17/2003	Owner Information
License #	008427					E MEDICAL GROUP INC
Lic Expire	4/30/2022					2803 7TH STREET
Medicare 1:	679345 HHA-18					BAY CITY, TX 77414
Medicare 2:						PHONE:
Phone	(979) 244-0600	Fax	(979) 244-4505			FAX:
Type:	Parent Agency	Administrator	ANGELA CRAWFORD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MATAGORDA	Region	06	Date Licensed	04/17/2003	Owner Information
License #	008427					E MEDICAL GROUP INC
Lic Expire	4/30/2022					2803 7TH STREET
Medicare 1:	679345 HHA-18					BAY CITY, TX 77414
Medicare 2:						PHONE:
Phone	(979) 244-0600	Fax	(979) 244-4505			FAX:
Type:	Parent Agency	Administrator	ANGELA CRAWFORD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MATAGORDA	Region	06	Date Licensed	04/06/2018	Owner Information
License #	018689					RELIABLE HOSPICE, LLC
Lic Expire	4/30/2022					129 VISION PARK SUITE 105
Medicare 1:	74-1739					SHENANDOAH, TX 77384
Medicare 2:						PHONE:
Phone	979 9432742	Fax	979 4816513			FAX:
Type:	Parent Agency	Administrator	MARIA LARA			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MATAGORDA	Region	06	Date Licensed	07/26/2021	Owner Information	
License #	020933					ARIAS IN HOME CARE LLC	
Lic Expire	7/26/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	979 4793488	Fax					FAX:
Type:	Parent Agency	Administrator	BLANCA SNYDER			Services: Personal Assistance Services	
County	MATAGORDA	Region	06	Date Licensed	02/27/2014	Owner Information	
License #	016054					PEGGS HOME HEALTH STAFFING OF TEXAS LLC	
Lic Expire	2/28/2022					1713 MERLIN SUITE 3	
Medicare 1:						BAY CITY, TX 77414	
Medicare 2:							PHONE:
Phone	(979) 245-1300	Fax	(979) 244-4233				FAX:
Type:	Parent Agency	Administrator	MICHAEL PEGGS SR MD			Services: Personal Assistance Services	
County	MATAGORDA	Region	06	Date Licensed	11/07/2019	Owner Information	
License #	019689					GOLD STANDARD HOME HEALTH LLC	
Lic Expire	11/7/2021					3222 EL CAMINO ST.	
Medicare 1:						BAY CITY, TX 77414	
Medicare 2:							PHONE:
Phone	(979) 240-8756	Fax					FAX:
Type:	Parent Agency	Administrator	JEREMY ROTH			Services: Licensed Home Health Services; Personal Assistance Services	
County	MATAGORDA	Region	06	Date Licensed	10/19/2020	Owner Information	
License #	020248					HARMONY HEALTH AND WELLNESS, LLC	
Lic Expire	10/19/2022						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(979) 943-1833	Fax					FAX:
Type:	Parent Agency	Administrator	VERONICA HARVEY			Services: Personal Assistance Services	
County	MATAGORDA	Region	06	Date Licensed	10/15/2014	Owner Information	
License #	016603					AMIGOS CRISTIANOS, LLC	
Lic Expire	10/31/2023					1700 6TH STREET	
Medicare 1:	679461 HHA-18					BAY CITY, TX 77414	
Medicare 2:							PHONE:
Phone	(979) 323-7099	Fax	(979) 323-0555				FAX:
Type:	Parent Agency	Administrator	IRMA OCHOA			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
County	MATAGORDA	Region	06	Date Licensed	12/04/2013	Owner Information	
License #	015988					STAT HOME HEALTH HOUSTON BELLAIRE, LLC	
Lic Expire	12/31/2023					10615 JEFFERSON HIGHWAY	
Medicare 1:						BATON ROUGE, LA 70809	
Medicare 2:							PHONE:
Phone	(281) 997-7118	Fax	(281) 997-7203				FAX:
Type:	Branch Agency	Administrator	BELINDA NORDEN			Services: Licensed and Certified Home Health Services	
County	MAVERICK	Region	07	Date Licensed	11/21/2011	Owner Information	
License #	013879					A & AMAZING HOME CARE LLC	
Lic Expire	11/30/2022					1325 N. FLORES SUITE 114	
Medicare 1:						SAN ANTONIO, TX 78212	
Medicare 2:							PHONE:
Phone	(830) 758-0050	Fax	(830) 758-0052				FAX:
Type:	Branch Agency	Administrator	IRMA VINTON			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MAVERICK** Region 07 Date Licensed 10/30/2007
License # 009636 A PLUS FAMILY CARE LLC
Lic Expire 3/31/2023 2298 N VETERANS BLVD SUITE # 2
Medicare 1: EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 758-1800 Fax (830) 758-1874
Type: Branch Agency Administrator MOHAMED GHANNAM

Owner Information

A PLUS FAMILY CARE LLC
9514 CONSOLE DR #201
SAN ANTONIO, TEXAS 78229
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 06/11/2010
License # 013388 ANTHEM HEALTHCARE
Lic Expire 6/30/2022 3147 MEGAN STREET SUITE 4
Medicare 1: 747874 HHA-18 EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 776-7068 Fax (866) 571-0395
Type: Parent Agency Administrator CHELSEA CAMPOS

Owner Information

ANTHEM HEALTHCARE INC
1615 S. VETERANS BLVD
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 02 Date Licensed 09/13/2011
License # 014398 APC HOMEMAKER SERVICES
Lic Expire 9/30/2023 1109 FERRY STREET, SUITE C.
Medicare 1: EAGLE PASS, TX 788524487
Medicare 2:
Phone 830 7735733 Fax 830 7572969
Type: Branch Agency Administrator JOVIE CANTU

Owner Information

APC HOME HEALTH SERVICE, INC
1805 BELL STREET
HARLINGEN, TX
PHONE: () - 1 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 09/01/2010
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 7/31/2022 2322 N VETERANS BLVD # 1
Medicare 1: EAGLE PASS, TX 78852
Medicare 2:
Phone (830) 757-8900 Fax (830) 757-8902
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information

AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 11/21/2011
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 7/31/2022 714 NORTH BEDELL AVE
Medicare 1: DEL RIO, TX 78852
Medicare 2:
Phone (830) 313-7185 Fax (830) 313-7187
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information

AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 08/03/2009
License # 012757 EAGLE PASS HOME HEALTH SERVICES LLC
Lic Expire 8/31/2023 152 ZAMORA MEDICAL CIRCLE STE 5
Medicare 1: 747509 HHA-18 EAGLE PASS, TX 788526615
Medicare 2:
Phone 830 757 4000 Fax 830 757 4206
Type: Parent Agency Administrator ABRAHAM TIPA

Owner Information

EAGLE PASS HOME HEALTH SERVICES, LLC
2149 DEL RIO BLVD STE303
EAGLE PASS, TX 78852-3487
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **MAVERICK** Region 07 Date Licensed 04/22/2020
License # 019892 EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC
Lic Expire 4/22/2022 152 ZAMORA MEDICAL CIRCLE, STE 4
Medicare 1: 971708 EAGLE PASS, TEXAS 78852
Medicare 2:
Phone 830 213 8122 Fax 830 213 8630
Type: Parent Agency Administrator ABRAHAM TIPA

Owner Information

EAGLE PASS HOSPICE AND PALLIATIVE CARE, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MAVERICK	Region	07	Date Licensed	11/22/2019	Owner Information	
License #	019302					EDEN HOME HEALTH, LLC	
Lic Expire	3/20/2021					2988 TEHUACAN DR	
Medicare 1:						EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	830 7765459	Fax	830 7767611			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DORA MORALES				
County	MAVERICK	Region	07	Date Licensed	01/05/2011	Owner Information	
License #	009908					EN SU CASA PRIMARY HOME CARE INC	
Lic Expire	7/31/2023					401 S. PRESA ST.	
Medicare 1:						SAN ANTONIO, TX 78205	
Medicare 2:						PHONE:	FAX:
Phone	(830) 758-5959	Fax	(210) 403-0360			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	LAUREN RAMON				
County	MAVERICK	Region	07	Date Licensed	04/24/2005	Owner Information	
License #	009852					MAVERICK ADULT DAY CARE LLC	
Lic Expire	4/30/2023					3147 MEGAN STREET STE#1	
Medicare 1:	743115 HHA-18;45					EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 757-0966	Fax	(830) 757-0976			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ISAI MARINES			In-Patient Hospice: NO	
County	MAVERICK	Region	07	Date Licensed	11/19/2009	Owner Information	
License #	013049					LA GUADALUPANA PRIMARY HOME CARE LLC	
Lic Expire	11/30/2023					338 N MONROE STREET	
Medicare 1:						EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 758-1307	Fax	(830) 757-8503			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RICHARD GARZA				
County	MAVERICK	Region	07	Date Licensed	11/17/1994	Owner Information	
License #	003516					LOPEZ HEALTH SYSTEMS INC	
Lic Expire	11/30/2022					2209 N HWY 83	
Medicare 1:						CRYSTAL CITY, TX 78839	
Medicare 2:						PHONE:	(830) 374-9800 FAX: (830) 374-9722
Phone	(830) 757-3525	Fax	(830) 757-0876			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	VICTOR LOPEZ				
County	MAVERICK	Region	07	Date Licensed	12/01/2002	Owner Information	
License #	008267					RIO BRAVO HEALTH SYSTEM LLC	
Lic Expire	11/30/2023					P O BOX 5805	
Medicare 1:	677144 HHA-18					EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 773-5330	Fax	(830) 773-4078			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	VICTOR GONZALEZ			Personal Assistance Services	
County	MAVERICK	Region	07	Date Licensed	12/01/2002	Owner Information	
License #	008267					RIO BRAVO HEALTH SYSTEM LLC	
Lic Expire	11/30/2023					P O BOX 5805	
Medicare 1:	677144 HHA-18					EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 773-5330	Fax	(830) 773-4078			Services: Licensed and Certified Home Health Services; Licensed Home Health Services;	
Type:	Parent Agency	Administrator	VICTOR GONZALEZ			Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MAVERICK	Region	07	Date Licensed	06/27/2006	Owner Information
License #	010575					DOS FRONTERAS LLC
Lic Expire	6/30/2022					P.O. BOX 5450
Medicare 1:	671598 HOSPICE					EAGLE PASS, TX 78852
Medicare 2:						PHONE:
Phone	(830) 757-1362	Fax	(830) 757-4336			FAX:
Type:	Parent Agency	Administrator	JOSE HERNANDEZ			
County	MAVERICK	Region	07	Date Licensed	12/15/2006	Owner Information
License #	010971					NATIONAL MEDICAL HOMECARE INC
Lic Expire	12/31/2023					85 NE LOOP 410 STE 500
Medicare 1:	457906 HHA-18					SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(830) 757-0900	Fax	(830) 757-0908			FAX:
Type:	Parent Agency	Administrator	ALBERTO BANDA			
County	MAVERICK	Region	07	Date Licensed	07/12/2021	Owner Information
License #	020899					RISING SUN HEALTH SERVICES, LLC
Lic Expire	7/12/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(830) 872-0053	Fax	(830) 217-2596			FAX:
Type:	Parent Agency	Administrator	MONA JACINTO			
County	MAVERICK	Region	07	Date Licensed	06/02/2008	Owner Information
License #	012041					ST ISABEL HOME HEALTH INC
Lic Expire	6/30/2022					2149 DEL RIO HWY, SUITE#102
Medicare 1:	747305 HHA-18					EAGLE PASS, TX 78852-3643
Medicare 2:						PHONE:
Phone	(830) 776-5602	Fax	(830) 773-6719			FAX:
Type:	Parent Agency	Administrator	PATRICIA PENILLA			
County	MAVERICK	Region	07	Date Licensed	09/01/2010	Owner Information
License #	013889					SUPERIOR HOME HEALTH OF EAGLE PASS LLC
Lic Expire	8/31/2022					8000 VANTAGE DR
Medicare 1:	459377 HHA-18					SAN ANTONIO, TEXAS 78230
Medicare 2:						PHONE:
Phone	(830) 773-1014	Fax	(830) 773-1440			FAX:
Type:	Parent Agency	Administrator	PATSY BISCAINO			
County	MCCULLOCH	Region	01	Date Licensed	11/01/2013	Owner Information
License #	016067					CARTER HEALTHCARE OF BRADY LLC
Lic Expire	2/28/2025					3105 S. MERIDIAN AVE
Medicare 1:	453119 HHA-18					OKLAHOMA CITY, OK 73119
Medicare 2:						PHONE:
Phone	(325) 597-3107	Fax	(325) 597-3109			FAX:
Type:	Parent Agency	Administrator	DAVID BERNARD			
County	MCCULLOCH	Region	01	Date Licensed	12/16/2015	Owner Information
License #	017417					HILL COUNTRY PREFERRED SENIOR CARE LLC
Lic Expire	12/31/2023					P O BOX 238
Medicare 1:						MASON, TX 76856
Medicare 2:						PHONE:
Phone	(325) 597-2898	Fax	(325) 597-2415			FAX:
Type:	Branch Agency	Administrator	JENNY VANCKHOVEN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MCCULLOCH	Region	07	Date Licensed	03/30/1987	Owner Information	
License #	001190					SID PETERSON MEMORIAL HOSPITAL	
Lic Expire	12/31/2022					551 HILL COUNTRY DRIVE	
Medicare 1:						KERRVILLE, TEXAS 78028	
Medicare 2:						PHONE:	FAX:
Phone	(915) 347-6609	Fax				Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	LAUNA KINDRICK				
County	MCCULLOCH	Region	03	Date Licensed		Owner Information	
License #	007938					SOLARIS HOSPICE, INC	
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400	
Medicare 1:						DECATUR, TX 76234	
Medicare 2:						PHONE:	FAX:
Phone	(940) 627-1011	Fax	(940) 627-3160			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			In-Patient Hospice: NO	
County	MCLENNAN	Region	05	Date Licensed	06/30/2000	Owner Information	
License #	007382					ABC HEALTH CARE, INC	
Lic Expire	6/30/2023					600 AUSTIN AVE SUITE 27	
Medicare 1:						WACO, TX 76701	
Medicare 2:						PHONE:	FAX:
Phone	(254) 867-1180	Fax	(254) 412-0428			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LARISSA BUENO				
County	MCLENNAN	Region	05	Date Licensed	08/01/2017	Owner Information	
License #	018352					TEXAS HOME HEALTH GROUP OF WACO, LLC	
Lic Expire	7/31/2023					8300 CENTRAL PARK DRIVE SUITE A	
Medicare 1:	679200 HHA-18					WACO, TX 76712	
Medicare 2:						PHONE:	FAX:
Phone	(254) 755-6179	Fax	(254) 714-1465			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	REGINA DONNELL				
County	MCLENNAN	Region	05	Date Licensed	08/01/2017	Owner Information	
License #	018352					TEXAS HOME HEALTH GROUP OF WACO, LLC	
Lic Expire	7/31/2023					8300 CENTRAL PARK DRIVE SUITE A	
Medicare 1:						WACO, TX 76712	
Medicare 2:						PHONE:	FAX:
Phone	(254) 755-6179	Fax	(254) 714-1465			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	REGINA DONNELL				
County	MCLENNAN	Region	05	Date Licensed	06/02/2006	Owner Information	
License #	010507					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	6/30/2022					17855 N DALLAS PKWY STE 200	
Medicare 1:	671552 HOSPICE					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	254 7560404	Fax	254 7571468			Services: Hospice	
Type:	Parent Agency	Administrator	CANDICE GOSWICK			In-Patient Hospice: NO	
County	MCLENNAN	Region	05	Date Licensed	06/02/2006	Owner Information	
License #	010507					TEXAS HOME HEALTH HOSPICE, LP	
Lic Expire	6/30/2022					17855 N DALLAS PKWY STE 200	
Medicare 1:	671552 HOSPICE					DALLAS, TX 75287-6857	
Medicare 2:						PHONE:	FAX:
Phone	254 7560404	Fax	254 7571468			Services: Hospice	
Type:	Parent Agency	Administrator	CANDICE GOSWICK			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 06/02/2006
License # 010507 ACCENTCARE HOSPICE & PALLIATIVE CARE OF TEXAS
Lic Expire 6/30/2022 8300 CENTRAL PARK DR. #D
Medicare 1: 671552 HOSPICE WACO, TX 76712
Medicare 2:
Phone 254 7560404 Fax 254 7571468
Type: Parent Agency Administrator CANDICE GOSWICK

Owner Information

TEXAS HOME HEALTH HOSPICE, LP
17855 N DALLAS PKWY STE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 755-6111 Fax (254) 714-1465
Type: Parent Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 755-6111 Fax (254) 714-1465
Type: Parent Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 8300 CENTRAL PARK DRIVE SUITE A
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 755-6111 Fax (254) 714-1465
Type: Parent Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MCLENNAN** Region 07 Date Licensed
License # 021365 ACTIKARE RESPONSIVE INHOME CARE OF FT WORTH
Lic Expire 2/5/2025 301 TWIN LAKE DR.
Medicare 1: WACO, TX 76705
Medicare 2:
Phone (817) 291-8511 Fax
Type: Parent Agency Administrator SAM HANCE

Owner Information

RENEUX LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 05/11/2016
License # 017560 ALAMO HOSPICE OF WACO
Lic Expire 5/31/2022 6801 SANGER AVE., SUITE 145
Medicare 1: 671541 HOSPICE WACO, TX 76710
Medicare 2:
Phone (254) 313-0072 Fax (936) 327-9995
Type: Parent Agency Administrator TERRIE GRIFFITH

Owner Information

HOSPICE PARTNERS OF AMERICA HOLDING, LLC
3021 LORNA RD., SUITE 200
BIRMINGHAM, ALABAMA 35216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 07 Date Licensed
License # 018046 AMEDISYS HOME HEALTH
Lic Expire 4/30/2024 510 N VALLEY MILLS DRIVE, SUITE 601
Medicare 1: WACO, TEXAS 767106078
Medicare 2:
Phone (254) 342-0030 Fax (833) 406-1814
Type: Branch Agency Administrator LISA WELTER

Owner Information

AMEDISYS TEXAS, LLC
3854 AMERICAN WAY, SUITE A
BATON ROUGE, LA 70816-4013
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MCLENNAN** Region 07 Date Licensed
License # 013242 AMEDISYS HOSPICE OF SAN ANTONIO
Lic Expire 12/31/2023 510 N VALLEY MILLS DRIVE, SUITE 703
Medicare 1: 451738 WACO, TX 767106077
Medicare 2:
Phone (254) 246-4397 Fax (866) 767-8802

Owner Information

AMEDISYS HOSPICE, LLC
3854 AMERICAN WAY, SUITE: A
BATON ROUGE, LOUISIANA
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator BERNADINE DAILEY

County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 3010 WILLIAMS DRIVE STE 171
Medicare 1: 45Q7159001 GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (512) 212-1943 Fax (512) 212-7886

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Branch Agency Administrator ERICA SHELLIE THOMAS

County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 131 S. FRONTAGE ROAD
Medicare 1: 457159 HHA-18 LORENA, TEXAS 76655
Medicare 2:
Phone (254) 751-1600 Fax (254) 751-1604

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator ERICA SHELLIE THOMAS

County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 131 S. FRONTAGE ROAD
Medicare 1: 457159 HHA-18 LORENA, TEXAS 76655
Medicare 2:
Phone (254) 751-1600 Fax (254) 751-1604

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator ERICA SHELLIE THOMAS

County **MCLENNAN** Region 05 Date Licensed 05/02/2011
License # 014127 AT HOME HEALTHCARE
Lic Expire 3010 WILLIAMS DRIVE STE 171
Medicare 1: 45Q7159001 GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (512) 212-1943 Fax (512) 212-7886

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Branch Agency Administrator ERICA SHELLIE THOMAS

County **MCLENNAN** Region 05 Date Licensed 09/01/2010
License # 013728 BAYLOR SCOTT & WHITE HOSPICE WACO
Lic Expire 8/31/2022 2911 HERRING AVENUE SUITE 310
Medicare 1: 451569 HOSPICE WACO, TX 76708
Medicare 2:
Phone (254) 202-5100 Fax (254) 202-5180

Owner Information

SCOTT & WHITE MEMORIAL HOSPITAL
2401 SOUTH 31ST STREET
TEMPLE, TX 76508
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator GLEN LEBLANC

County **MCLENNAN** Region 05 Date Licensed 10/25/2013
License # 015971 BLUEBONNET HEALTH SERVICES
Lic Expire 10/31/2023 307 LONDONDERRY
Medicare 1: 671532 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 751-1790 Fax (254) 751-7295

Owner Information

WACO BLUEBONNET HOLDINGS, INC
2020 N. VALLEY MILLS DR
WACO, TX 78710
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator MARK WALSH

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 05 Date Licensed 10/25/2013
License # 015980 BLUEBONNET HEALTH SERVICES OF WACO
Lic Expire 10/31/2023 720 N. 64TH STREET
Medicare 1: 453141 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 772-5577 Fax (254) 772-5588

Owner Information

WACO BLUEBONNET HOLDINGS, INC
2020 N. VALLEY MILLS DR
WACO, TX 76710

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator MARK WALSH

County **MCLENNAN** Region 03 Date Licensed 10/28/2009
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 9/30/2022 900 WASHINGTON AVENUE SUITE 602
Medicare 1: WACO, TX 76701
Medicare 2:
Phone (254) 296-9792 Fax (254) 296-9086

Owner Information

OCI ACQUISITION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244

PHONE: FAX:

Services: Licensed Home Health Services

Type: Branch Agency Administrator BARBARA MENEFFEE

County **MCLENNAN** Region 05 Date Licensed 09/30/2013
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023 300 WEST HWY 6
Medicare 1: 45-1713 WACO, TX 76712
Medicare 2:
Phone (254) 537-4699 Fax (254) 537-9126

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107

PHONE: FAX:

Services: Hospice
In-Patient Hospice: YES

Type: Alternate Delivery Site Administrator AUDREY WILLIAMS

County **MCLENNAN** Region 05 Date Licensed 11/07/2000
License # 007477 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 11/30/2023 6700 SANGER AVE
Medicare 1: 451713 HOSPICE WACO, TX 76710
Medicare 2:
Phone (254) 399-9099 Fax (254) 399-8397

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator AUDREY WILLIAMS

County **MCLENNAN** Region 05 Date Licensed 08/16/2018
License # 019044 DEMIU HOME HEALTHCARE LLC
Lic Expire 11/30/2020 1904 ALEXANDER AVE
Medicare 1: WACO, TX 76708
Medicare 2:
Phone (254) 206-1204 Fax (254) 752-0945

Owner Information

DEMIU HOME HEALTHCARE LLC
1904 ALEXANDER AVE
WACO, TX 76708

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator KERRIAN SMITH

County **MCLENNAN** Region 05 Date Licensed 03/04/2016
License # 017302 GENTLE TRANSITIONS HOSPICE
Lic Expire 3/31/2022 510 AVENUE E
Medicare 1: 741709 HOSPICE MOODY, TEXAS 76557
Medicare 2:
Phone (254) 598-1389 Fax (888) 630-4428

Owner Information

GENTLE TRANSITIONS LLC
510 AVENUE E, PO 1509
MOODY, TX 76557

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator GWENN DALTON

County **MCLENNAN** Region 05 Date Licensed 03/16/2009
License # 011758 GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE
Lic Expire 11/30/2022 1404 SOUTH NEW ROAD, SUITE 100
Medicare 1: WACO, TX 767111335
Medicare 2:
Phone (254) 751-0200 Fax (254) 751-1649

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator LAURA THOMAS

County	MCLENNAN	Region	05	Date Licensed	03/16/2009	Owner Information	
License #	011758					GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022					12900 FOSTER	
Medicare 1:						OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(254) 751-0200	Fax	(254) 751-1649			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LAURA THOMAS				
County	MCLENNAN	Region	05	Date Licensed	11/03/2021	Owner Information	
License #	021182					KINGFISHER HEALTHDALLAS, LLC	
Lic Expire	11/3/2024					8133 MESA DR SUITE 200	
Medicare 1:						AUSTIN, TEXAS 78759	
Medicare 2:						PHONE:	FAX:
Phone	(512) 815-9009	Fax	(512) 233-5161			Services: Hospice; Personal Assistance Services	
Type:	Parent Agency	Administrator	HAYLEY HUGHES			In-Patient Hospice: NO	
County	MCLENNAN	Region	04	Date Licensed	01/03/2014	Owner Information	
License #	015951					HARBOR HOSPICE OF BRYANCOLLEGE STATION LP	
Lic Expire	1/31/2022					3406 COLLEGE STREET	
Medicare 1:	741673 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(254) 218-4290	Fax	(254) 730-7256			Services: Hospice	
Type:	Parent Agency	Administrator	BRYAN GASPARD			In-Patient Hospice: NO	
County	MCLENNAN	Region	05	Date Licensed	05/08/2004	Owner Information	
License #	009082					HEIGHTS SUPPORT SERVICES INC	
Lic Expire	5/31/2023					PO BOX 2416	
Medicare 1:						HARKER HEIGHTS, TX 76548	
Medicare 2:						PHONE:	(254) 953-4702 FAX:
Phone	(254) 753-0431	Fax	(524) 753-0696			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	DENISE MILLER				
County	MCLENNAN	Region	05	Date Licensed	08/01/2021	Owner Information	
License #	021104					JEREMIE HOLDINGS, LLC	
Lic Expire	8/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(254) 666-7300	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LANCE SUMMEY				
County	MCLENNAN	Region	05	Date Licensed		Owner Information	
License #	013855					CLP REGENCY OF TEXAS, LLC	
Lic Expire	1/30/2023					10 CADILLAC DRIVE, SUITE 400	
Medicare 1:						BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(254) 870-5174	Fax	(254) 741-1509			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	KEVIN HOLLINGER			In-Patient Hospice: NO	
County	MCLENNAN	Region	05	Date Licensed		Owner Information	
License #	013855					CLP REGENCY OF TEXAS, LLC	
Lic Expire	1/30/2023					10 CADILLAC DRIVE STE 400	
Medicare 1:						BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(254) 870-5174	Fax	(254) 741-1509			Services: Hospice Alternative Delivery Site (ADS)	
Type:	Alternate Delivery Site	Administrator	KEVIN HOLLINGER			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCLENNAN** Region 03 Date Licensed 05/20/2009
License # 012773 HOSPICE COMPASSUS MCKINNEY
Lic Expire 5/31/2023 6801 SANGER AVENUE, SUITE 190
Medicare 1: 451758 HOSPICE WACO, TX 76710
Medicare 2:
Phone (254) 870-5174 Fax (254) 741-1509
Type: Parent Agency Administrator JACQUELYNN HARRIS

Owner Information
THI OF TEXAS AT SAMARITAN HOSPICE, LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 12/23/2006
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2023 7401 WOODWAY DRIVE
Medicare 1: 677694 HHA-18 WOODWAY, TX 76712
Medicare 2:
Phone (254) 751-9393 Fax (254) 751-7441
Type: Parent Agency Administrator LAURA WATERS

Owner Information
CENTRAL TEXAS HOMECARE, LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed
License # 011181 INTERIM HEALTHCARE OF WACO
Lic Expire 12/31/2023 2121 W. HWY 6
Medicare 1: 67Q7694002 WACO, TX 76710
Medicare 2:
Phone (254) 751-9393 Fax (254) 751-7441
Type: Branch Agency Administrator LAURA WATERS

Owner Information
CENTRAL TEXAS HOMECARE, LLC
3305 101ST STREET STE 100
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **MCLENNAN** Region 05 Date Licensed 05/21/2012
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 2420 WYCON DR STE 401
Medicare 1: 671795 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 741-6570 Fax (254) 751-9390
Type: Parent Agency Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/21/2012
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 2420 WYCON DR STE 401
Medicare 1: 671795 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 741-6570 Fax (254) 751-9390
Type: Parent Agency Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/21/2012
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 2420 WYCON DR STE 401
Medicare 1: 671795 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 741-6570 Fax (254) 751-9390
Type: Parent Agency Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/21/2012
License # 014809 INTERIM HOSPICE OF GRANBURY
Lic Expire 5/31/2022 2420 WYCON DR STE 401
Medicare 1: 671795 HOSPICE WACO, TX 76712
Medicare 2:
Phone (254) 741-6570 Fax (254) 751-9390
Type: Parent Agency Administrator BRENDA EAKIN

Owner Information
FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 07/27/2011
License # 014517 KINDRED AT HOME
Lic Expire 7/31/2023 5400 BOSQUE BOULEVARD, SUITE 245
Medicare 1: 457095 HHA-18 WACO, TX 76710
Medicare 2:
Phone (254) 405-6800 Fax (254) 741-1559
Type: Parent Agency Administrator REGINA ROBERTSON

Owner Information

OUTREACH HEALTH SERVICES OF NORTH TEXAS, LLC
12900 FOSTER ST # 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **MCLENNAN** Region 05 Date Licensed 09/17/2008
License # 012591 KINDRED HOSPICE
Lic Expire 9/30/2022 8005 BAGBY AVENUE
Medicare 1: 671594 HOSPICE HEWITT, TX 766433576
Medicare 2:
Phone (254) 399-0963 Fax (254) 399-8200
Type: Parent Agency Administrator MISTI WORTHAM

Owner Information

ABC HOSPICE LLC
PO BOX 4060
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/14/2021
License # 020752 MAGNOLIA HOME HEALTH LLC
Lic Expire 5/14/2024 1602 WEST SPRING VALLEY RD
Medicare 1: HEWITT, TX 76643
Medicare 2:
Phone (254) 709-9189 Fax
Type: Parent Agency Administrator KATHY KIRK

Owner Information

MAGNOLIA HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **MCLENNAN** Region 07 Date Licensed
License # 018649 PALOMA HOSPICE AND PALLIATIVE CARE
Lic Expire 2/28/2022 658 ALLIANCE PARKWAY SUITE 13
Medicare 1: HEWITT, TEXAS 76643
Medicare 2:
Phone (512) 514-1000 Fax
Type: Alternate Delivery Site Administrator KELLIE GIBSON

Owner Information

PALOMA HOSPICE AND PALLIATIVE CARE
1227 WOODSEY CT
SOUTHLAKE, TX 76092
PHONE: () - 1 FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **MCLENNAN** Region 05 Date Licensed 05/19/2015
License # 016811 PALS HOME HEALTH
Lic Expire 5/31/2023 3640 W WACO DR
Medicare 1: WACO, TX 76710
Medicare 2:
Phone (254) 307-8607 Fax (254) 765-2501
Type: Parent Agency Administrator NATASHA JAMES

Owner Information

PEDIATRIC ADVANCED LIFE SERVICES HOME HEALTH LLC
1122 W 6TH STREET
MCGREGOR, TX 76657
PHONE: FAX:
Services: Licensed Home Health Services

County **MCLENNAN** Region 05 Date Licensed 08/20/2019
License # 019539 PHOENIX CARE LLC
Lic Expire 8/20/2021 542 LOST GOLD RD.
Medicare 1: WACO, TX 76708
Medicare 2:
Phone (254) 366-8331 Fax
Type: Parent Agency Administrator ODETTE JAIMES

Owner Information

PHOENIX CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MCLENNAN** Region 03 Date Licensed 01/09/2018
License # 016865 PRILEO HOME CARE
Lic Expire 6/30/2021 6807 WOODWAY DRIVE STE # 1
Medicare 1: WACO, TX 76712
Medicare 2:
Phone (254) 732-2396 Fax (254) 732-0350
Type: Branch Agency Administrator CAROLIN LEONG

Owner Information

PRILEO HOME CARE TX LLC
8883 W. FLAMINGO ROAD, SUITE 103
LAS VEGAS, NV 89147
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MCLENNAN	Region	05	Date Licensed	11/26/2008	Owner Information
License #	012322					ARMS OF COMFORT HOME HEALTH INC
Lic Expire	11/30/2022					345 WESTPARK WAY
Medicare 1:	747409 HHA-18					EULESS, TEXAS 76040
Medicare 2:						PHONE:
Phone	254 339 1200	Fax	254 339 1210			FAX:
Type:	Parent Agency	Administrator	CONSOLATA BRYANT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	MCLENNAN	Region	05	Date Licensed	03/04/2015	Owner Information
License #	016737					HOME HEALTH PROVIDENCE LLC
Lic Expire	3/31/2023					301 OWEN LANE SUITE C
Medicare 1:	457377 HHA-18					WACO, TX 76710
Medicare 2:						PHONE:
Phone	(254) 523-6970	Fax	(254) 761-8787			FAX:
Type:	Parent Agency	Administrator	AMANDA ROBERTS			Services: Licensed and Certified Home Health Services
County	MCLENNAN	Region	05	Date Licensed	02/27/2007	Owner Information
License #	011100					HOFFMEYER TATE INCORPORATED
Lic Expire	12/6/2023					6312 COBBS
Medicare 1:	743146 HHA-18					WACO, TX 76710
Medicare 2:						PHONE:
Phone	(254) 772-1025	Fax	(254) 772-1029			FAX:
Type:	Parent Agency	Administrator	THOMAS TATE			Services: Licensed and Certified Home Health Services
County	MCLENNAN	Region	05	Date Licensed	11/25/2019	Owner Information
License #	019758					LEGIANG HOLDINGS LLC
Lic Expire	11/25/2021					605 TOWNE OAKS DR
Medicare 1:						WACO, TX 76710
Medicare 2:						PHONE:
Phone	254 3990788	Fax	(254) 399-0773			FAX:
Type:	Parent Agency	Administrator	TRUNG GIANG			Services: Personal Assistance Services
County	MCLENNAN	Region	05	Date Licensed	10/20/2017	Owner Information
License #	012292					SHHSTANDARDS HOME HEALTH INC
Lic Expire	9/30/2022					111 WEST 2ND STREET
Medicare 1:						CAMERON, TEXAS 76520
Medicare 2:						PHONE:
Phone	(254) 313-3221	Fax	(254) 778-7002			FAX:
Type:	Branch Agency	Administrator	ROBYN HURST			Services: Licensed Home Health Services
County	MCLENNAN	Region	05	Date Licensed	10/26/2021	Owner Information
License #	021155					THE GRANDSON LLC
Lic Expire	10/26/2024					6500 HORIZON CIRCLE
Medicare 1:						WACO, TX 76712
Medicare 2:						PHONE:
Phone	(254) 242-0772	Fax				FAX:
Type:	Parent Agency	Administrator	BRETT COX			Services: Personal Assistance Services
County	MCLENNAN	Region	05	Date Licensed	08/27/2002	Owner Information
License #	008089					NICKSTER LLC
Lic Expire	8/31/2022					1514 AUSTIN AVENUE
Medicare 1:						WACO, TX 76710
Medicare 2:						PHONE:
Phone	(254) 772-8660	Fax	(800) 240-7032			FAX:
Type:	Parent Agency	Administrator	JACOB NEUBERT			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MCMULLEN** Region 07 Date Licensed 07/23/2018
License # 018844 AT TWILIGHT HOSPICE & PALLIATIVE CARE
Lic Expire 7/31/2022 2625 N JOSEY LANE SUITE 301
Medicare 1: 971554 (HOSPICE) CARROLLTON, TX 78007
Medicare 2:
Phone (214) 543-6581 Fax (469) 643-1960
Type: Parent Agency Administrator BRUCE DAVIS

Owner Information
RGV HOSPICE CARE LLC
20534 NORTH SAM HOUSTON BLVD
RIO HONDO, TX 78593
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MEDINA** Region 07 Date Licensed 10/13/2016
License # 012175 ALAMO HOSPICE
Lic Expire 7/31/2022 405 LAFAYETTE
Medicare 1: CASTROVILLE, TX 78009
Medicare 2:
Phone (830) 355-2619 Fax (830) 893-0213
Type: Alternate Delivery Site Administrator GEORGETTE ROBBINS

Owner Information
ALAMO AREA HOME HOSPICE, LP
6303 COWBOYS WAY, SUITE 600
FRISCO, TEXAS 75034
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MEDINA** Region 07 Date Licensed 07/24/2014
License # 016337 GOD'S COUNTRY PHC SERVICES
Lic Expire 7/31/2022 1705 19TH STREET STE A
Medicare 1: HONDO, TX 78861
Medicare 2:
Phone (830) 426-2786 Fax (830) 426-4786
Type: Parent Agency Administrator SANDRA ESPARZA

Owner Information
PURE LIFE LLC
1705 19TH STREET STE A
HONDO, TX 78861
PHONE: (830) 426-2786 FAX: (830) 426-4786
Services: Personal Assistance Services

County **MENARD** Region 01 Date Licensed 12/16/2015
License # 017417 HILL COUNTRY PREFERRED SENIOR CARE
Lic Expire 12/31/2023 111 ELLIS STREET
Medicare 1: MENARD, TX 76859
Medicare 2:
Phone (325) 396-4527 Fax (325) 396-2769
Type: Branch Agency Administrator JENNY VANCKHOVEN

Owner Information
HILL COUNTRY PREFERRED SENIOR CARE LLC
P O BOX 238
MASON, TX 76856
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **MIDLAND** Region 01 Date Licensed 12/09/2014
License # 016556 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES
OF TEXAS
Lic Expire 12/31/2022 1020 ANDREWS HWY STE B.
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone 432 5225080 Fax (432) 522-5094
Type: Parent Agency Administrator ELIZABETH LAWSON

Owner Information
NURSES UNLIMITED INC
P. O BOX 4534
ODESSA, TX 79760
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 02/23/2007
License # 011404 ANGELS CARE HOME HEALTH OF WEST TEXAS
Lic Expire 2/28/2023 1030 ANDREWS HWY SUITE 109
Medicare 1: 677864 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 687-3327 Fax (432) 687-3861
Type: Parent Agency Administrator HEATHER KINCAID

Owner Information
MIDLAND CARESERVICES, LLC
1030 ANDREWS HWY, SUITE 109
MIDLAND, TX 79701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **MIDLAND** Region 02 Date Licensed 08/19/2015
License # 016979 ANGELS CARE HOSPICE
Lic Expire 8/31/2023 1030 ANDREWS HWY, STE 104
Medicare 1: 741728 HOSPICE MIDLAND, TX 79701
Medicare 2:
Phone (432) 208-5530 Fax (432) 208-5215
Type: Parent Agency Administrator TAMMY BARTON

Owner Information
WEST TEXAS HOME CARE LLC
3157 ROYAL JEWEL STREET
EL PASO, TX 79936
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MIDLAND** Region 01 Date Licensed 06/05/2007
License # 011373 CALVERT HOME HEALTH CARE
Lic Expire 6/30/2022 1030 ANDREWS HWY STE. 203
Medicare 1: 743175 HHA-18 MIDLAND, TX 79701
Medicare 2:
Phone (432) 218-7996 Fax (432) 699-4102
Type: Parent Agency Administrator JULIE STACY

Owner Information

HANDS OF COMPASSION HOME CARE LLC
1030 ANDREWS HWY SUITE 203
MIDLAND, TX 79701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 07/20/2007
License # 011597 COMFORT KEEPERS 208
Lic Expire 7/31/2022 4305 N GARFIELD ST. SUITE 229
Medicare 1: MIDLAND, TEXAS 79705
Medicare 2:
Phone (432) 520-0414 Fax (432) 697-1329
Type: Parent Agency Administrator SUZETTE DORIA

Owner Information

THE DORIA GROUP INC
3313 HAYNES AVENUE
MIDLAND, TX 79707
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 10/22/2007
License # 011879 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2023 1004 N. BIG SPRING ST., SUITE 515
Medicare 1: 678352 HHA-18 MIDLAND, TEXAS 79701
Medicare 2:
Phone 432 5708899 Fax 432 5705669
Type: Parent Agency Administrator LESLEE MCCUTCHEN

Owner Information

BEST HOME CARE, LP
6688 NORTH CENTRAL EXPRESSWAY STE 1300
DALLAS, TX 75206
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **MIDLAND** Region 01 Date Licensed 04/26/2021
License # 020718 GRACIFIED HEALTHCARE LLC
Lic Expire 4/26/2024 8 BALMORAL CIR
Medicare 1: ODESSA, TEXAS 79765
Medicare 2:
Phone (512) 809-7273 Fax
Type: Parent Agency Administrator NANCY AKAH

Owner Information

GRACIFIED HEALTHCARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 08/26/2013
License # 015730 HCA WEST TEXAS
Lic Expire 8/31/2023 6415 NORTH STATE HIGHWAY 349 BLDG 13
Medicare 1: MIDLAND, TX 79705
Medicare 2:
Phone (432) 349-6718 Fax (888) 243-9359
Type: Parent Agency Administrator KENDALL WARREN

Owner Information

WARREN PROCUREMENT & LOGISTICS LLC
1607 SHELL AVENUE
MIDLAND, TX 79705
PHONE: FAX:
Services: Personal Assistance Services

County **MIDLAND** Region 01 Date Licensed 06/08/2012
License # 014864 HEART TO HEART HOSPICE OF PERMIAN BASIN
Lic Expire 6/30/2022 4214 ANDREWS HIGHWAY, SUITE 307
Medicare 1: 671778 HOSPICE MIDLAND, TX 79703
Medicare 2:
Phone (432) 999-3009 Fax (432) 444-1046
Type: Parent Agency Administrator CHRISTOPHER CURREY

Owner Information

CIRCLE OF CARE HOSPICE, LLC
7240 CHASE OAKS BLVD.
PLANO, TX 75025
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MIDLAND** Region 01 Date Licensed 11/01/2017
License # 018490 HOME CARE PLUS
Lic Expire 10/31/2023 2301 GARDEN CITY HWY
Medicare 1: MIDLAND, TX 79701
Medicare 2:
Phone (432) 570-7587 Fax (432) 620-6675
Type: Parent Agency Administrator STEPHANIE BIODROWSKI

Owner Information

CAREGIVERS PB INC
3303 W. ILLINOIS STREET, SPACE 7
MIDLAND, TX 79703-6232
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	MIDLAND	Region	01	Date Licensed	05/02/2017	Owner Information
License #	018526					CAREGIVERS PB INC
Lic Expire	5/31/2024					3303 W. ILLINOIS STREET, SPACE 7
Medicare 1:	677296 HHA-18					MIDLAND, TX 79703-6232
Medicare 2:						PHONE:
Phone	(432) 570-7587	Fax	(432) 620-6675			FAX:
Type:	Parent Agency	Administrator	HECTOR ORTIZ			Services: Licensed and Certified Home Health Services
County	MIDLAND	Region	01	Date Licensed	05/15/1997	Owner Information
License #	003840					HOME HOSPICE OF ODESSAMIDLAND, LLC
Lic Expire	3/31/2023					619 N GRANT AVE STE 120
Medicare 1:						ODESSA, TX 79761
Medicare 2:						PHONE:
Phone	(432) 570-0700	Fax	(432) 570-0866			FAX:
Type:	Alternate Delivery Site	Administrator	AMY DRUMM			Services: Hospice In-Patient Hospice: NO
County	MIDLAND	Region	01	Date Licensed	03/01/2020	Owner Information
License #	019836					PERMIAN BASIN SENIOR CARE, LLC
Lic Expire	3/1/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	432 6894663	Fax	432 6894606			FAX:
Type:	Parent Agency	Administrator	LORENA GARZA INIGUEZ			Services: Personal Assistance Services
County	MIDLAND	Region	01	Date Licensed	12/01/1988	Owner Information
License #	002022					HOSPICE OF MIDLAND INC
Lic Expire	11/30/2022					
Medicare 1:	451531 HOSPICE					
Medicare 2:						PHONE:
Phone	(432) 682-2855	Fax	(432) 682-2989			FAX:
Type:	Parent Agency	Administrator	DEBORAH GOODMAN			Services: Hospice; Licensed Home Health Services In-Patient Hospice: NO
County	MIDLAND	Region	01	Date Licensed	07/12/2002	Owner Information
License #	007781					INTERIM HEALTHCARE OF WEST TEXAS, LLC
Lic Expire	10/31/2023					3305 101ST STREET, STE 100
Medicare 1:						LUBBOCK, TEXAS 79423
Medicare 2:						PHONE: () - 1
Phone	(432) 550-7593	Fax	(432) 618-0307			FAX:
Type:	Branch Agency	Administrator	ASHLEY MCPHAIL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MIDLAND	Region	01	Date Licensed	11/05/2009	Owner Information
License #	012962					FALCON SOUTH PLAINS HOSPICE LP
Lic Expire	11/30/2023					3305 101ST ST STE 100
Medicare 1:	671669 HOSPICE					LUBBOCK, TX 79423
Medicare 2:						PHONE: () - 0
Phone	(432) 550-7593	Fax	(432) 618-0307			FAX:
Type:	Parent Agency	Administrator	JESSICA SOTELO			Services: Hospice In-Patient Hospice: NO
County	MIDLAND	Region	01	Date Licensed	09/30/2020	Owner Information
License #	020204					HOSPICE OF TEXAS, LLC
Lic Expire	9/30/2022					
Medicare 1:	971637 Hospice					
Medicare 2:						PHONE:
Phone	(432) 897-1401	Fax	(432) 400-3032			FAX:
Type:	Parent Agency	Administrator	MELISSA CLABURN			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MIDLAND	Region	01	Date Licensed	10/31/2019	Owner Information	
License #	019674					NEW HOPE HEALTHCARE SERVICES LLC	
Lic Expire	10/31/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(317) 289-1698	Fax	(317) 289-1698			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUWATOYIN OWASOYO				
County	MIDLAND	Region	01	Date Licensed	06/29/2005	Owner Information	
License #	009842					ST JOSEPHS'S HOME HEALTH, INC	
Lic Expire	6/30/2023					30 VILLAGE CIRCLE	
Medicare 1:	453104 HHA-18					MIDLAND, TX 79701	
Medicare 2:						PHONE:	FAX:
Phone	(432) 684-5858	Fax	(432) 684-4423			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DELMA CHAVEZ				
County	MIDLAND	Region	01	Date Licensed	03/28/2018	Owner Information	
License #	018672					TRINITY PROVIDER SERVICES, LLC	
Lic Expire	3/31/2022					5105 KING RICHARDS ROW	
Medicare 1:						MIDLAND, TX 79707	
Medicare 2:						PHONE:	FAX:
Phone	(432) 853-5659	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LEE SANCHEZ				
County	MIDLAND	Region	01	Date Licensed	11/29/2016	Owner Information	
License #	017931					TRIPPLE C HEALTH SYSTEMS INC	
Lic Expire	11/30/2022					2008 W. WALL	
Medicare 1:	747447 HHA-18					MIDLAND, TX 79701	
Medicare 2:						PHONE:	FAX:
Phone	(432) 686-7449	Fax	(432) 684-6265			Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ADAN RIVAS			In-Patient Hospice: NO	
County	MIDLAND	Region	01	Date Licensed	01/25/2013	Owner Information	
License #	015342					TUCKSTER HOMECARE INC	
Lic Expire	1/31/2023					1031 ANDRES HWY., SUITE 201	
Medicare 1:						MIDLAND, TX 79701	
Medicare 2:						PHONE:	FAX:
Phone	(432) 897-4094	Fax	(432) 897-4095			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BERNADETTE OSTROFF				
County	MILAM	Region	05	Date Licensed	08/01/2018	Owner Information	
License #	019662					HEARTS HOMES AND HANDS LLC	
Lic Expire	10/23/2021					419 W. GILLIS	
Medicare 1:						CAMERON, TEXAS 76520	
Medicare 2:						PHONE:	FAX:
Phone	(254) 627-1200	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KATHLEEN CASO				
County	MILAM	Region	05	Date Licensed	03/31/2006	Owner Information	
License #	010576					STANDARDS OF CARE INC	
Lic Expire	3/31/2024					111 WEST 2ND STREET	
Medicare 1:	453122 HHA-18					CAMERON, TEXAS 76520	
Medicare 2:						PHONE:	FAX:
Phone	(254) 697-2224	Fax	(254) 697-2274			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	RICKY GARCIA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MILAM	Region	05	Date Licensed	01/09/2017	Owner Information	
License #	018020	STANDARDS HOSPICE INC			STANDARDS HOSPICE, INC		
Lic Expire	1/31/2023	602 N TRAVIS AVE			111 W 2ND STREET		
Medicare 1:	671702 HOSPICE	CAMERON, TX 765202564			CAMERON, TX 76520		
Medicare 2:					PHONE:	FAX:	
Phone	254 2840045	Fax	254 6974011		Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	STARLYN HAVENS				
County	MILLS	Region	03	Date Licensed	05/07/2009	Owner Information	
License #	007938	SOLARIS HOSPICE INC			SOLARIS HOSPICE, INC		
Lic Expire	3/31/2023	1006 6TH AVENUE			2250 S FM 51 SUITE 400		
Medicare 1:	45-1688	GOLDTHWAITE, TX 76844			DECATUR, TX 76234		
Medicare 2:					PHONE:	FAX:	
Phone	(940) 627-1011	Fax	(940) 627-3160		Services: Hospice In-Patient Hospice: NO		
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON				
County	MITCHELL	Region	01	Date Licensed	08/01/2008	Owner Information	
License #	012263	KINDRED AT HOME			GBA WEST, LLC		
Lic Expire	7/31/2022	271 WALNUT STREET			12900 FOSTER SUITE 400		
Medicare 1:	677000 HHA-18	COLORADO CITY, TX 79512			OVERLAND PARK, KS 66213		
Medicare 2:					PHONE:	FAX:	
Phone	(325) 728-2657	Fax	(325) 728-3527		Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	JENNIFER CAMP				
County	MONTAGUE	Region	01	Date Licensed	01/15/2005	Owner Information	
License #	005429	ANGELS CARE HOME HEALTH			FIRST CHOICE COMMUNITY HOME CARE INC		
Lic Expire	4/30/2022	1001 ROCK STREET			1908 ELMWOOD NORTH, SUITE 101-103		
Medicare 1:		BOWIE, TX 76230			WICHITA FALLS, TX 76308		
Medicare 2:					PHONE:	FAX:	
Phone	(940) 872-9888	Fax	(940) 872-9889		Services: Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Branch Agency	Administrator	CONNIE GRAVES				
County	MONTAGUE	Region	01	Date Licensed	12/11/1990	Owner Information	
License #	002171	NOCONA GENERAL HOSPITAL HOME AND COMMUNITY SUPPORT SERVICE AGENCY			NOCONA HOSPITAL DISTRICT		
Lic Expire	12/31/2023	507 CROXTON			100 PARK ROAD		
Medicare 1:	677291 HHA-18	NOCONA, TX 76255			NOCONA, TX 76255		
Medicare 2:					PHONE:	(940) 825-3235	FAX: (940) 825-7196
Phone	(940) 825-3235	Fax	(940) 825-4314		Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	GREG MEEKINS				
County	MONTAGUE	Region	03	Date Licensed	06/01/2006	Owner Information	
License #	007938	SOLARIS HOSPICE INC			SOLARIS HOSPICE, INC		
Lic Expire	3/31/2023	800 LINDSEY STREET SUITE B			2250 S FM 51 SUITE 400		
Medicare 1:	45-1688	BOWIE, TX 76230			DECATUR, TX 76234		
Medicare 2:					PHONE:	FAX:	
Phone	(940) 627-1011	Fax	(940) 627-3160		Services: Hospice In-Patient Hospice: NO		
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON				
County	MONTAGUE	Region	03	Date Licensed	05/30/2008	Owner Information	
License #	007938	SOLARIS HOSPICE INC			SOLARIS HOSPICE, INC		
Lic Expire	3/31/2023	101 W HWY 82 SUITE B			2250 S FM 51 SUITE 400		
Medicare 1:	45-1688	NOCONA, TX 76255			DECATUR, TX 76234		
Medicare 2:					PHONE:	FAX:	
Phone	(940) 627-1011	Fax	(940) 627-3160		Services: Hospice In-Patient Hospice: NO		
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	07/31/2018	Owner Information
License #	019813					A & E HEALTHCARE SERVICES LLC
Lic Expire	2/7/2022					1707 POST OAK BLVD. SUITE 232
Medicare 1:						HOUSTON, TX 77056
Medicare 2:						PHONE:
Phone	(202) 403-7311	Fax				FAX:
Type:	Parent Agency	Administrator	AGNES BERRY			Services: Licensed Home Health Services; Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	01/08/2021	Owner Information
License #	020442					A PERFECT HOME HEALTHCARE LLC
Lic Expire	1/8/2023					14019 WOLFTRAP LN
Medicare 1:						CONROE, TEXAS 77384
Medicare 2:						PHONE:
Phone	(201) 467-6491	Fax				FAX:
Type:	Parent Agency	Administrator	ABDEL-FAWZI ISSAH			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	06/17/2021	Owner Information
License #	020839					XENNIAL SENIOR CARE SERVICES, LLC DBA A PLACE AT HOME
Lic Expire	6/17/2024					482 WOODPECKER FOREST LANE
Medicare 1:						CONROE, TEXAS 77384
Medicare 2:						PHONE:
Phone	(612) 229-9648	Fax				FAX:
Type:	Parent Agency	Administrator	ADAM JOHNSON			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	03/23/2015	Owner Information
License #	016694					A PLUS COMFORTS OF HOME LLC
Lic Expire	3/31/2024					3266 EXPLORER WAY
Medicare 1:						CONROE, TX 77301
Medicare 2:						PHONE:
Phone	(337) 945-6307	Fax	(337) 945-6307			FAX:
Type:	Parent Agency	Administrator	JAMIE MECHE			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	05/11/2016	Owner Information
License #	017552					HOSPICE PARTNERS OF AMERICA HOLDING, LLC
Lic Expire	3/31/2022					3021 LORNA RD., SUITE 200
Medicare 1:	671619 HOSPICE					BIRMINGHAM, ALABAMA 35216
Medicare 2:						PHONE:
Phone	(936) 788-5900	Fax	(936) 788-5902			FAX:
Type:	Parent Agency	Administrator	KATHY RELAN			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	07/10/2015	Owner Information
License #	016905					ALLAROUND CARE, LLC
Lic Expire	7/31/2024					PO BOX 10923
Medicare 1:						HOUSTON, TEXAS 77206
Medicare 2:						PHONE:
Phone	(888) 253-5698	Fax	(713) 481-0968			FAX:
Type:	Parent Agency	Administrator	ELIZABETH OSORIO			Services: Personal Assistance Services
County	MONTGOMERY	Region	05	Date Licensed		Owner Information
License #	019358					SOLACE HOSPICE CARE, LLC
Lic Expire	4/29/2023					2249 N. LOOP 336 W, SUITE B
Medicare 1:						CONROE, TX 77304
Medicare 2:						PHONE:
Phone	(979) 704-6684	Fax	(979) 704-6690			FAX:
Type:	Alternate Delivery Site	Administrator	DANA ROWSE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	09/04/2014	Owner Information		
License #	016406		ALWAYS BEST CARE			BRITTON LEGACY ENTERPRISES, INC		
Lic Expire	9/30/2022		26029 ALDINE WESTFIELD RD STE #206			26029 ALDINE WESTFIELD RD STE #206		
Medicare 1:			SPRING, TX 77373			SPRING, TX 77373		
Medicare 2:						PHONE:		FAX:
Phone	(832) 585-1941	Fax	(832) 998-8137			Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	KELLY BRITTON					
County	MONTGOMERY	Region	06	Date Licensed	05/28/2014	Owner Information		
License #	016234		AMADA SENIOR CARE			TICE GROUP INC		
Lic Expire	5/31/2022		286 ED ENGLISH DRIVE, BLDG 8A			150 PINE FOREST DR SUITE 504		
Medicare 1:			SHENANDOAH, TX 77385			THE WOODLANDS, TX 77384		
Medicare 2:						PHONE:		FAX:
Phone	(832) 209-8846	Fax	(832) 377-3250			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	AMY TICE					
County	MONTGOMERY	Region	06	Date Licensed	01/12/2011	Owner Information		
License #	012681		AMEDISYS HOSPICE			COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC		
Lic Expire	7/31/2023		903C HILLCREST DRIVE			903C HILLCREST DRIVE		
Medicare 1:			CONROE, TX 77301			CONROE, TX 77301		
Medicare 2:						PHONE:		FAX:
Phone	(281) 592-2830	Fax	(281) 592-2837			Services: Hospice		
Type:	Alternate Delivery Site	Administrator	STEPHANIE BONDI			In-Patient Hospice: NO		
County	MONTGOMERY	Region	06	Date Licensed	07/02/2009	Owner Information		
License #	012681		AMEDISYS HOSPICE			COMPASSIONATE CARE HOSPICE OF SOUTHEASTERN TEXAS,LLC		
Lic Expire	7/31/2023		903C HILLCREST DRIVE			903C HILLCREST DRIVE		
Medicare 1:	671647 HOSPICE		CONROE, TX 773011106			CONROE, TX 77301		
Medicare 2:						PHONE:		FAX:
Phone	(281) 592-2830	Fax	(281) 592-2837			Services: Hospice		
Type:	Parent Agency	Administrator	STEPHANIE BONDI			In-Patient Hospice: NO		
County	MONTGOMERY	Region	06	Date Licensed	02/04/2020	Owner Information		
License #	019804		AMEN HOSPICE			ZILL HOLDINGS INC		
Lic Expire	2/4/2024		415 WOODLINE DRIVE, SUITE 1A					
Medicare 1:	971574 (HOSPICE)		SPRING, TX 77386					
Medicare 2:						PHONE:		FAX:
Phone	(832) 415-1605	Fax	(832) 916-3082			Services: Hospice		
Type:	Parent Agency	Administrator	SAIRA INAYATALI			In-Patient Hospice: NO		
County	MONTGOMERY	Region	06	Date Licensed	12/10/2021	Owner Information		
License #	021268		AMEN HOSPICE CYPRESS			ASJ ENTERPRISES INC		
Lic Expire	12/10/2024		415 WOODLINE DRIVE					
Medicare 1:			SPRING, TEXAS 77386					
Medicare 2:						PHONE:		FAX:
Phone	(832) 415-1605	Fax	(832) 916-3082			Services: Hospice		
Type:	Parent Agency	Administrator	SAIRA INAYATALI			In-Patient Hospice: NO		
County	MONTGOMERY	Region	06	Date Licensed		Owner Information		
License #	021341		AMEN HOSPICE HUNTSVILLE			SAS GROUP INC		
Lic Expire	1/21/2025		415 WOODLINE DR					
Medicare 1:			SPRING, TX 77386					
Medicare 2:						PHONE:	(832) 289-9514	FAX: (832) 916-3082
Phone	(832) 415-1605	Fax	(832) 916-3082			Services: Hospice		
Type:	Parent Agency	Administrator	SAIRA INAYATALI			In-Patient Hospice: NO		

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	12/03/2021	Owner Information
License #	021251					AMOR HOMECARE INC OF TEXAS
Lic Expire	12/3/2024					11027 106 ST
Medicare 1:						OZONE PARK, NEW YORK 11417
Medicare 2:						PHONE:
Phone	(917) 226-0509					FAX:
Type:	Parent Agency					Services: Personal Assistance Services
		Administrator	LILIANA PINTO-ALEXIS			
County	MONTGOMERY	Region	06	Date Licensed	01/15/2015	Owner Information
License #	016605					ANGELS AROUND HOME CARE LLC
Lic Expire	1/31/2023					29710 SOUTH LEGENDS CHASE CT
Medicare 1:						SPRING, TX 77386
Medicare 2:						PHONE:
Phone	(859) 619-2678					FAX:
Type:	Parent Agency					Services: Licensed Home Health Services; Personal Assistance Services
		Administrator	WINNIE WAWERU			
County	MONTGOMERY	Region	04	Date Licensed	09/14/2005	Owner Information
License #	008437					ANGELS ABOVE US INC
Lic Expire	1/31/2025					2301 FM 1187, SUITE 203
Medicare 1:						MANSFIELD, TX 76063
Medicare 2:						PHONE:
Phone	(936) 494-1100					FAX:
Type:	Branch Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator	DUSTY HOLBROOK			
County	MONTGOMERY	Region	06	Date Licensed	08/14/2002	Owner Information
License #	007603					ASSISTMED INC
Lic Expire	12/31/2023					SAME AS ABOVE
Medicare 1:						HOUSTON, TX 77077
Medicare 2:						PHONE:
Phone	(281) 419-1464					FAX:
Type:	Branch Agency					Services: Personal Assistance Services
		Administrator	ROSA PIZZI			
County	MONTGOMERY	Region	04	Date Licensed	01/25/2008	Owner Information
License #	003487					HELPING HANDS HOMECARE, LTD
Lic Expire						9846 HIGHWAY 31 EAST
Medicare 1:						TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(832) 663-9021					FAX:
Type:	Branch Agency					Services: Licensed Home Health Services; Personal Assistance Services
		Administrator	JENNIFER HUFFMAN			
County	MONTGOMERY	Region	04	Date Licensed	01/25/2008	Owner Information
License #	003487					HELPING HANDS HOMECARE, LTD
Lic Expire						9846 HIGHWAY 31 EAST
Medicare 1:						TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(832) 663-9021					FAX:
Type:	Branch Agency					Services: Licensed Home Health Services; Personal Assistance Services
		Administrator	JENNIFER HUFFMAN			
County	MONTGOMERY	Region	04	Date Licensed	10/02/2001	Owner Information
License #	002875					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire						506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Medicare 1:						TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(832) 327-8676					FAX:
Type:	Branch Agency					Services: Licensed and Certified Home Health Services; Licensed Home Health Services
		Administrator	RHONDA KELLY			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	06/02/2020	Owner Information	
License #	019976					TF HOME CARE WITH HEART, INC	
Lic Expire	6/2/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(936) 274-9200	Fax	(936) 274-9240			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	TAMMIE SMITH				
County	MONTGOMERY	Region	06	Date Licensed	07/13/2017	Owner Information	
License #	018165					SNTF HOME CARE LLC	
Lic Expire	7/31/2024					82 S FAIR MANOR CIR	
Medicare 1:						THE WOODLANDS, TX 77382	
Medicare 2:						PHONE:	FAX:
Phone	(281) 719-5221	Fax	(281) 719-5237			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TAMARA FRANKS				
County	MONTGOMERY	Region	06	Date Licensed	04/14/2010	Owner Information	
License #	011223					ATC HOME HEALTH, LLC	
Lic Expire	4/30/2022					PO BOX 106	
Medicare 1:						PORTER, TX 77365	
Medicare 2:						PHONE:	FAX:
Phone	(936) 788-2282	Fax	(936) 788-2283			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	DINA SUCIU				
County	MONTGOMERY	Region	06	Date Licensed	04/03/2007	Owner Information	
License #	011223					ATC HOME HEALTH, LLC	
Lic Expire	4/30/2022					PO BOX 106	
Medicare 1:	679720 HHA-18					PORTER, TX 77365	
Medicare 2:						PHONE:	FAX:
Phone	(281) 354-7112	Fax	(281) 354-7116			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	DINA SUCIU				
County	MONTGOMERY	Region	06	Date Licensed	08/10/2006	Owner Information	
License #	010674					AVATAR HOME HEALTH CARE AGENCY LLC	
Lic Expire	8/31/2024					25325 BOROUGH PARK DRIVE, SUITE #100	
Medicare 1:	679618 HHA-18;67					THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(281) 465-8220	Fax	(281) 298-7502			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PRISCILLA ARGUEZ			In-Patient Hospice:	NO
County	MONTGOMERY	Region	06	Date Licensed	10/08/2021	Owner Information	
License #	021116					BLUEBONNET LIFECARE, LLC	
Lic Expire	10/8/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	832 433 0465	Fax				Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	EMEM EPHRAIM UDOH				
County	MONTGOMERY	Region	06	Date Licensed	08/05/2019	Owner Information	
License #	019553					ARH FOCUSED CARE GROUP LLC	
Lic Expire	8/5/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 367-7827	Fax	(281) 367-7837			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ANDREA HORGER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	12/02/2013	Owner Information
License #	016069					BRISTOL HOSPICE TEXAS, LLC
Lic Expire	12/31/2023					2002 TIMBERLOCH PLACE SUITE 150
Medicare 1:	671708 HOSPICE					THE WOODLANDS, TX 77380
Medicare 2:						PHONE:
Phone	(281) 419-4476	Fax	(281) 419-0525			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	NORMAN DAVIS			
County	MONTGOMERY	Region	06	Date Licensed		Owner Information
License #	021347					CHAMPION HOSPICE, LLC
Lic Expire	10/1/2024					20851 FM 1485 RD
Medicare 1:						NEW CANEY, TX 77357
Medicare 2:						PHONE:
Phone	(832) 793-5388	Fax	(832) 793-5398			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	PATSY HANDY			
County	MONTGOMERY	Region	06	Date Licensed	07/20/2012	Owner Information
License #	012958					PAINTER'S HOME CARE LLC
Lic Expire	9/30/2021					10 MILLWRIGHT PLACE
Medicare 1:						THE WOODLANDS, TX 77382
Medicare 2:						PHONE:
Phone	(936) 588-2211	Fax	(936) 588-2212			FAX:
						Services: Personal Assistance Services
Type:	Branch Agency	Administrator	JOETTA WATSON			
County	MONTGOMERY	Region	06	Date Licensed	07/15/2018	Owner Information
License #	019848					COMFORTHOME CAREGIVERS LLC
Lic Expire	3/6/2022					1712 N. FRAZIER STREET, SUITE 213
Medicare 1:						CONROE, TEXAS 77301
Medicare 2:						PHONE:
Phone	(832) 650-2237	Fax	(832) 565-1591			FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	ELIZABETH DOWNS			
County	MONTGOMERY	Region	06	Date Licensed	08/25/2009	Owner Information
License #	012807					COMPLETE NURSE SOLUTIONS LLC
Lic Expire	8/31/2023					232 FOREST PEAK WAY
Medicare 1:	747426 HHA-18					MONTGOMERY, TX 77316
Medicare 2:						PHONE:
Phone	(936) 588-5206	Fax	(936) 588-7329			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	LYNETTE GILLESPIE			
County	MONTGOMERY	Region	06	Date Licensed	04/21/2021	Owner Information
License #	020713					DEDICATED HEARTS CAREGIVERS
Lic Expire	4/21/2024					412 W PHILLIPS ST STE 124
Medicare 1:						CONROE, TX 77301
Medicare 2:						PHONE:
Phone	(936) 442-8223	Fax	(936) 588-4504			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	WAMESHIA HATCHETT			
County	MONTGOMERY	Region	06	Date Licensed	03/18/2016	Owner Information
License #	017319					BRITE HOSPICE, INC
Lic Expire	3/31/2022					26723 OAK HILL DR.
Medicare 1:	741708 HOSPICE					SPRING, TEXAS 77386
Medicare 2:						PHONE:
Phone	(281) 742-1142	Fax	(346) 998-1442			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SHAWN STEVENS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	08/27/2015	Owner Information
License #	017134	ELARA CARING				ROSE OF TEXAS HOSPICE OF HOUSTON, LLC
Lic Expire	8/31/2024	200 RIVER POINTE DRIVE SUITE 110				14295 MIDWAY ROAD, SUITE 400
Medicare 1:	671704 HOSPICE	CONROE, TX 77304				ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(855) 800-7673	Fax (888) 605-9190				FAX:
Type:	Parent Agency	Administrator	MOLLY FULMER			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	05/04/2012	Owner Information
License #	014888	ELARA CARING				PROVIDENCE HOMECARE SERVICES, LLC
Lic Expire	5/31/2022	200 RIVER POINTE DR, STE 110A				14295 MIDWAY ROAD SUITE 400
Medicare 1:	457882 HHA-18	CONROE, TX 77304				ADDISON, TX 75001
Medicare 2:						PHONE:
Phone	(936) 539-9846	Fax (936) 539-9842				FAX:
Type:	Parent Agency	Administrator	ALLISON YOUNG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	07/01/2015	Owner Information
License #	016944	ENCOMPASS HEALTH HOME HEALTH				DRC HEALTH SYSTEMS, LP
Lic Expire	6/30/2024	800 ROCKMEAD DRIVE, SUITE 250				6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:	677913 HHA-18	KINGWOOD, TEXAS 77339				DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	281 5702927	Fax 281 9135809				FAX:
Type:	Parent Agency	Administrator	SCOTT BRACKIN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH				DRC HEALTH SYSTEMS, LP
Lic Expire	8/31/2022	2201 TIMBERLOCH PLACE, SUITE 225				6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:		THE WOODLANDS, TEXAS 77380				DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	281 4658812	Fax 281 4658917				FAX:
Type:	Branch Agency	Administrator	BOBBIE SOLET-KANGOT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH				DRC HEALTH SYSTEMS, LP
Lic Expire	8/31/2022	2201 TIMBERLOCH PLACE, SUITE 225				6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:		THE WOODLANDS, TEXAS 77380				DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	281 4658812	Fax 281 4658917				FAX:
Type:	Branch Agency	Administrator	BOBBIE SOLET-KANGOT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	09/01/2008	Owner Information
License #	012241	ENCOMPASS HEALTH HOME HEALTH				DRC HEALTH SYSTEMS, LP
Lic Expire	8/31/2022	2201 TIMBERLOCH PLACE, SUITE 225				6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:		THE WOODLANDS, TEXAS 77380				DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	281 4658812	Fax 281 4658917				FAX:
Type:	Branch Agency	Administrator	BOBBIE SOLET-KANGOT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	06/12/2015	Owner Information
License #	015693	ENCOMPASS HEALTH HOSPICE				DRC HEALTH SYSTEMS, LP
Lic Expire	5/31/2023	2201 TIMBERLOCH PLACE, SUITE 225				6688 N CENTRAL EXPRESS SUITE 1300
Medicare 1:		THE WOODLANDS, TEXAS 77380				DALLAS, TX 75206
Medicare 2:						PHONE:
Phone	281 4658397	Fax 281 4658710				FAX:
Type:	Alternate Delivery Site	Administrator	RANAY DANEK			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	06/24/2021	Owner Information	
License #	020851					FOCUS POINT HOME CARE INC	
Lic Expire	6/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	443 8662311	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NICOLE ODOM-HARDNETT				
County	MONTGOMERY	Region	06	Date Licensed	10/28/2020	Owner Information	
License #	020273					THE DETIVEAUX CORPORATION	
Lic Expire	10/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(281) 528-0761	Fax	(832) 299-1666			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GREGORY DETIVEAUX				
County	MONTGOMERY	Region	06	Date Licensed	08/03/2017	Owner Information	
License #	018227					HANNA CARE LLC	
Lic Expire	8/31/2021					2202 RIVA ROW APT 4227	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(713) 321-0156	Fax	(000) 000-0000			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	INGRID CONNER				
County	MONTGOMERY	Region	06	Date Licensed	01/09/2013	Owner Information	
License #	015294					HARBOR HOSPICE 28 LP	
Lic Expire	1/31/2023					3406 COLLEGE STREET	
Medicare 1:	741515 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(936) 441-5500	Fax	(936) 205-1031			Services: Hospice	
Type:	Parent Agency	Administrator	KRISTY HARRIS			In-Patient Hospice: NO	
County	MONTGOMERY	Region	06	Date Licensed	10/28/2013	Owner Information	
License #	015926					HEART TO HEART HOSPICE OF HOUSTON, LLC	
Lic Expire	10/31/2024					7240 CHASE OAKS BLVD.	
Medicare 1:	671660 HOSPICE					PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(832) 300-0134	Fax	(832) 300-0139			Services: Hospice	
Type:	Parent Agency	Administrator	CLAUDIA THOMAS			In-Patient Hospice: YES	
County	MONTGOMERY	Region	06	Date Licensed	12/11/2014	Owner Information	
License #	016685					BEIER AND ASSOICATES LLC	
Lic Expire	12/31/2022					3091 COLLEGE PK DR STE 240 BOX 111	
Medicare 1:	747095 HHA-18					THE WOODLANDS, TX 77384	
Medicare 2:						PHONE:	FAX:
Phone	936 7565800	Fax	936 4415850			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	HOLLY GILSTRAP				
County	MONTGOMERY	Region	04	Date Licensed	12/21/2007	Owner Information	
License #	001674					HOME HEALTH CARE OF HUNTSVILLE CO	
Lic Expire	4/30/2024					PO BOX 6548	
Medicare 1:						HUNTSVILLE, TEXAS 77342	
Medicare 2:						PHONE:	FAX:
Phone	(936) 291-8439	Fax	(936) 291-8582			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JAMES DESHAW				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 10/06/2010
License # 013613 HOME HEALTH SPECIALISTS
Lic Expire 2/26/2023 600 ROCKMEAD DR., STE 125
Medicare 1: 747738 HHA-18 KINGWOOD, TX 77339
Medicare 2:
Phone (281) 748-9383 Fax (855) 307-8003
Type: Parent Agency Administrator WILLIAM CLEVENGER

Owner Information

SUSAN RHODES ENTERPRISES LLC
1003 CARSON DRIVE
MAGNOLIA, TX 77354

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 05/01/2020
License # 019898 HOME INSTEAD SENIOR CARE
Lic Expire 3/31/2022 32731 EGYPT LANE, UNIT 502
Medicare 1: MAGNOLIA, TX 77354
Medicare 2:
Phone 936 4413223 Fax
Type: Parent Agency Administrator JUDY SALCIDO

Owner Information

KOINONIA HOME CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 10/06/2020
License # 020213 HOMECARE CONTINUUM LLC
Lic Expire 10/6/2022 2495 SAWDUST ROAD # 201
Medicare 1: THE WOODLANDS, TX 77380
Medicare 2:
Phone (614) 779-6330 Fax (713) 391-8432
Type: Parent Agency Administrator CHANTAL ADEMBUH

Owner Information

HOMECARE CONTINUUM LLC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 08/05/2021
License # 020963 HOMEWATCH CAREGIVERS OF THE WOODLANDS
Lic Expire 8/5/2024 19221 I45, SUITE 455
Medicare 1: SHENANDOAH, TEXAS 77385
Medicare 2:
Phone (281) 770-6141 Fax
Type: Parent Agency Administrator JOHN ENGELS

Owner Information

Services: Personal Assistance Services

PHONE: FAX:

Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 10/29/2021
License # 021173 HOPE BEYOND HOSPICE
Lic Expire 10/29/2024 25700 I-45 N STE 4106
Medicare 1: THE WOODLANDS, TEXAS 77386
Medicare 2:
Phone (832) 515-5830 Fax
Type: Parent Agency Administrator STEVEN DEL ANGEL

Owner Information

HOPE BEYOND HOSPICE

PHONE: FAX:

Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **MONTGOMERY** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information

HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 04 Date Licensed 07/29/2015
License # 015346 HOSPICE PLUS HOUSTON
Lic Expire 8/31/2022 322 SPRING HILL DR., STE B100
Medicare 1: SPRING, TX 77386
Medicare 2:
Phone (832) 813-8155 Fax (855) 240-6518
Type: Alternate Delivery Site Administrator SUSAN RICKETTS

Owner Information

HERITAGE HEALTH & HOSPICE CARE, LLC
655 BRAWLEY SCHOOL ROAD, STE: 200
MORRESVILLE, NC 28117

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County	MONTGOMERY	Region	04	Date Licensed	07/29/2015	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	04	Date Licensed	07/29/2015	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:						MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Alternate Delivery Site	Administrator	SUSAN RICKETTS			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	08/31/2012	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:	671626 HOSPICE					MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Parent Agency	Administrator	AMY GROVES			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	08/31/2012	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:	671626 HOSPICE					MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Parent Agency	Administrator	AMY GROVES			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	08/31/2012	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:	671626 HOSPICE					MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Parent Agency	Administrator	AMY GROVES			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	08/31/2012	Owner Information
License #	015346					HERITAGE HEALTH & HOSPICE CARE, LLC
Lic Expire	8/31/2022					655 BRAWLEY SCHOOL ROAD, STE: 200
Medicare 1:	671626 HOSPICE					MORRESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(832) 813-8155	Fax	(855) 240-6518			FAX:
Type:	Parent Agency	Administrator	AMY GROVES			Services: Hospice In-Patient Hospice: NO
County	MONTGOMERY	Region	06	Date Licensed	12/28/2007	Owner Information
License #	011784					IN HIS CARE SENIOR SERVICES, INC
Lic Expire	12/31/2022					818 STONE MOUNTAIN
Medicare 1:						CONROE, TX 77302
Medicare 2:						PHONE:
Phone	(936) 441-6470	Fax	(936) 756-9104			FAX:
Type:	Parent Agency	Administrator	CYNTHIA RATCLIFF			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	04/28/2016	Owner Information	
License #	017374					HEMOCARE & BEYOND LLC	
Lic Expire	4/30/2022					719 SAWDUST ROAD SUITE 107	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(281) 916-1440	Fax	(281) 916-1400			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LESLIE EZE				
County	MONTGOMERY	Region	06	Date Licensed	07/09/2013	Owner Information	
License #	015627					ITRUST HOME CARE LLC	
Lic Expire	7/31/2021					417 C WEST 27TH STREET	
Medicare 1:						HOUSTON, TX 77008	
Medicare 2:						PHONE:	FAX:
Phone	(832) 799-1342	Fax	(832) 553-3212			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KEVIN PATTERSON PATTERSON				
County	MONTGOMERY	Region	06	Date Licensed	05/17/2021	Owner Information	
License #	020759					KARING & PASSIONATE LLC	
Lic Expire	5/17/2024					2001 TIMBERLOCH PLACE SUITE 500	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	832 7912367	Fax	346 3262818			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KARIMA PALMER				
County	MONTGOMERY	Region	06	Date Licensed	10/28/2020	Owner Information	
License #	020275					LABAK HOME HEALTHCARE LLC	
Lic Expire	10/28/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(713) 875-8966	Fax	(469) 425-1239			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MOPELOLA ONIKOYI				
County	MONTGOMERY	Region	06	Date Licensed	05/06/2013	Owner Information	
License #	015520					LIVING WATERS HOSPICE, INC	
Lic Expire	5/31/2023					23315 JOHNSON ROAD	
Medicare 1:	741543 HOSPICE					NEW CANEY, TX 77357	
Medicare 2:						PHONE:	FAX:
Phone	(832) 793-5600	Fax	(832) 201-7590			Services: Hospice	
Type:	Parent Agency	Administrator	LESHEQUA BOWLES			In-Patient Hospice: NO	
County	MONTGOMERY	Region	06	Date Licensed	11/13/2021	Owner Information	
License #	021203					LOVING ARMS CARE LLC	
Lic Expire	11/13/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(346) 310-3028	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUWASEUN KITTRELL				
County	MONTGOMERY	Region	06	Date Licensed	11/04/2015	Owner Information	
License #	017118					JTJ STAFFING, INC	
Lic Expire	11/30/2023					9595 SIX PINES DR STE # 8210	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(832) 447-7130	Fax	(832) 575-4900			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LINDA JENKINS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 03/28/2008
License # 011945 MAGNIFICAT HOME HEALTHCARE SERVICES LLC
Lic Expire 3/31/2022 13414 MEDICAL COMPLEX DR UNIT 12
Medicare 1: 747264 HHA-18 TOMBALL, TX 77375
Medicare 2:
Phone (281) 741-5709 Fax (281) 741-5798
Type: Parent Agency Administrator ESTEFANIA HUNDLEY

Owner Information

MAGNIFICAT HOME HEALTHCARE SERVICES LLC
2205 N MAIN STREET SUITE B
PEARLAND, TX 77581
PHONE: (281) 741-5709 FAX: (281) 741-5798
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 08/13/2021
License # 020978 MASON'S HOME HEALTH CARE LLC
Lic Expire 8/13/2024 24049 WILDE DR.
Medicare 1: MAGNOLIA, TEXAS 77355
Medicare 2:
Phone 18557043491 Fax
Type: Parent Agency Administrator TIFFANY MASON

Owner Information

MASON'S HOME HEALTH LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 01/21/2009
License # 014182 MAXIM HEALTHCARE SERVICES INC
Lic Expire 1/31/2023 460 WILDWOOD FOREST DR STE 150-S
Medicare 1: 679483 HHA-18 SPRING, TX 77380
Medicare 2:
Phone (832) 458-3793 Fax (877) 615-6497
Type: Parent Agency Administrator AUNDRIA MAYES

Owner Information

MAXIM HEALTHCARE SERVICES INC
7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 02/12/2016
License # 017271 MILLENNIUM HOSPICE AGENCY LLC
Lic Expire 2/28/2025 25325 BOROUGH PARK DRIVE SUITE #108
Medicare 1: 741658 HOSPICE SPRING, TX 77380
Medicare 2:
Phone (281) 681-4035 Fax (281) 681-4036
Type: Parent Agency Administrator PRISCILLA ARGUEZ

Owner Information

MILLENNIUM HOSPICE AGENCY LLC
25826 LAKE LAWN DRIVE
SPRING, TX 77380
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 02/04/2016
License # 017341 OASIS HOSPICE
Lic Expire 2/28/2022 12051 SLEEPY HOLLOW
Medicare 1: 671565 HOSPICE CONROE, TX 77385
Medicare 2:
Phone (281) 607-2310 Fax (281) 607-2314
Type: Parent Agency Administrator LAURA SCOTT

Owner Information

FOUNDATION CAREPLUS GROUP INC
1120 MEDICAL PLAZA DRIVE SUITE 240
THE WOODLANDS, TX 77380
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 07/13/2021
License # 020903 PASSIONTOUCH HOME CARE
Lic Expire 7/13/2024 15000 MANSIONS VIEW DR APT 2306
Medicare 1: CONROE, TEXAS 77384
Medicare 2:
Phone (346) 241-0898 Fax (346) 202-2042
Type: Parent Agency Administrator ELLEN CAULCRICK

Owner Information

INTEGRATED HOME CARE LLC
15000 MANSIONS VIEW DR APT 2306
CONROE, TEXAS 77384
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 03/26/2014
License # 016147 PATHFINDER HOME HEALTH
Lic Expire 3/31/2022 318 BRIAR ROCK RD SUITE B
Medicare 1: 679334 HHA-18 THE WOODLANDS, TX 77380
Medicare 2:
Phone (281) 574-3701 Fax (281) 574-3710
Type: Parent Agency Administrator DANNY GOLDEN

Owner Information

PATHFINDER HEALTHCARE LLC
318 BRIAR ROCK ROAD
THE WOODLANDS, TEXAS 77380
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	11/05/2012	Owner Information
License #	015375					PATHFINDER HEALTHCARE LLC
Lic Expire	11/30/2022					318 BRIAR ROCK ROAD
Medicare 1:	458396 HHA-18					THE WOODLANDS, TEXAS 77380
Medicare 2:						PHONE:
Phone	(936) 291-7284	Fax	(936) 436-9308			FAX:
Type:	Parent Agency	Administrator	DANNY GOLDEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	09/11/1995	Owner Information
License #	003864					PROS HOME HEALTHCARE, INC
Lic Expire	9/30/2022					318 BRIAR ROCK ROAD
Medicare 1:	678058 HHA-18					THE WOODLANDS, TX 77380
Medicare 2:						PHONE:
Phone	(281) 364-9161	Fax	(281) 298-1458			FAX:
Type:	Parent Agency	Administrator	MICHELLE HOKANSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	01/08/2009	Owner Information
License #	012397					PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire	1/31/2023					318 BRIAR ROCK RD
Medicare 1:						THE WOODLANDS, TX 77380
Medicare 2:						PHONE:
Phone	(281) 364-9695	Fax	(281) 456-2479			FAX:
Type:	Parent Agency	Administrator	CHARLES WILCOX			Services: Licensed Home Health Services
County	MONTGOMERY	Region	06	Date Licensed	01/15/2021	Owner Information
License #	020466					AK & PRESTIGE LLC
Lic Expire	1/15/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(936) 249-7146	Fax				FAX:
Type:	Parent Agency	Administrator	KIERRA REYNOLDS			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	08/31/2018	Owner Information
License #	019049					WILDER CARE CORPORATION
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(281) 402-8858	Fax	(281) 407-2696			FAX:
Type:	Parent Agency	Administrator	MINDY WILDER			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	10/14/2008	Owner Information
License #	012264					ST AGNES CAREGIVERS INC
Lic Expire	10/31/2022					P.O.BOX 2269
Medicare 1:						STAFFORD, TX 77497
Medicare 2:						PHONE:
Phone	(936) 264-1743	Fax	(936) 264-1927			FAX:
Type:	Parent Agency	Administrator	ANIEFIOK USORO			Services: Personal Assistance Services
County	MONTGOMERY	Region	06	Date Licensed	12/19/2014	Owner Information
License #	016837					ST JOSEPH HOSPICE OF HOUSTON LLC
Lic Expire	12/31/2022					10615 JEFFERSON HWY
Medicare 1:	671765 HOSPICE					BATON ROUGE, LA 70809
Medicare 2:						PHONE:
Phone	(936) 703-5250	Fax	(936) 703-5255			FAX:
Type:	Parent Agency	Administrator	MARYANN NYS			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	MONTGOMERY	Region	06	Date Licensed	06/25/2012	Owner Information	
License #	014887					THE G&L FAMILY OF CAREGIVERS, LLC	
Lic Expire	6/30/2022					1717 WOODSTEAD CT STE 104	
Medicare 1:						THE WOODLANDS, TX 77380	
Medicare 2:						PHONE:	FAX:
Phone	(281) 501-4760	Fax	(281) 315-3636			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	NANCY LARKIN				
County	MONTGOMERY	Region	06	Date Licensed	01/24/2007	Owner Information	
License #	011013					MOSHER INITIATIVES, INC	
Lic Expire	1/31/2025					1104 WILSON ROAD, SUITE C	
Medicare 1:						CONROE, TX 77301	
Medicare 2:						PHONE: (936) 441-7760	FAX: (936) 788-7750
Phone	(936) 441-7760	Fax	(936) 788-7750			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANDREA MOSHER				
County	MONTGOMERY	Region	06	Date Licensed	09/24/2018	Owner Information	
License #	019192					CANTEX HOME HEALTH NORTH HOUSTON LLC	
Lic Expire	9/24/2022						
Medicare 1:	67-8372 (HHA)						
Medicare 2:						PHONE:	FAX:
Phone	936 3270231	Fax	936 3270223			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE M HENDERSON				
County	MONTGOMERY	Region	04	Date Licensed		Owner Information	
License #	019192					CANTEX HOME HEALTH NORTH HOUSTON LLC	
Lic Expire	9/24/2022						
Medicare 1:	67Q8372001						
Medicare 2:						PHONE:	FAX:
Phone	(936) 327-0231	Fax	(936) 327-0223			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	LATONYA CURVEY				
County	MONTGOMERY	Region	06	Date Licensed	12/06/2016	Owner Information	
License #	017932					ALLIANCE HOSPICE, LLC	
Lic Expire	12/31/2022					717 N. HARWOOD STREET, SUITE 550	
Medicare 1:	741611 HOSPICE					DALLAS, TEXAS 75201	
Medicare 2:						PHONE:	FAX:
Phone	(832) 431-5009	Fax	(281) 978-2445			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	STEVEN PARKER				
County	MONTGOMERY	Region	06	Date Licensed	01/01/2017	Owner Information	
License #	017937					ADVOCATE PEDIATRIC HOME CARE, LLC	
Lic Expire	12/31/2022					701 EDGEWATER DRIVE, SUITE 300	
Medicare 1:						WAKEFIELD, MA 1880	
Medicare 2:						PHONE:	FAX:
Phone	(936) 756-5598	Fax	(936) 756-5974			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	BRITNEY BRAZELL				
County	MONTGOMERY	Region	06	Date Licensed	05/22/2012	Owner Information	
License #	014816					TRADITIONS HOSPICE OF CONROE, LLC	
Lic Expire	5/31/2022					P.O. BOX 9980	
Medicare 1:	671772 HOSPICE					COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(936) 539-2273	Fax	(866) 908-8704			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	LISA LEBLANC				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **MONTGOMERY** Region 06 Date Licensed 10/01/2012
License # 015118 TRADITIONS HEALTH CARE
Lic Expire 9/30/2022 1192-D WEST DALLAS
Medicare 1: 458141 HHA-18 CONROE, TX 77301
Medicare 2:
Phone (936) 539-2273 Fax (936) 539-2275
Type: Parent Agency Administrator LISA LEBLANC

Owner Information

TRADITIONS HEALTH CARE OF HOUSTONGALVESTON, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 12/11/2020
License # 020395 TRUE HEALTHCARE
Lic Expire 12/11/2022 10010 S. WHIMBREL CIRCLE
Medicare 1: CONROE, TEXAS 77385
Medicare 2:
Phone (346) 370-2853 Fax
Type: Parent Agency Administrator NOVIA MEARIDY

Owner Information

TRUE HEALTHCARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services

County **MONTGOMERY** Region 06 Date Licensed 01/13/2004
License # 008856 VISITING ANGELS
Lic Expire 1/31/2023 32815 TAMINA RD SUITE A
Medicare 1: MAGNOLIA, TX 77354
Medicare 2:
Phone (281) 356-2827 Fax (281) 259-9098
Type: Parent Agency Administrator ALEXANDER ELGUEZABAL

Owner Information

FOX E ENTERPRISES LLC DBA VISITING ANGELS
32815 TAMINA RD. SUITE A
MAGNOLIA, TX 77354
PHONE: FAX:
Services: Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 04/18/2011
License # 006974 VITAS HEALTHCARE OF TEXAS L P
Lic Expire 11/30/2022 18550 IH 45 SOUTH (G WING)
Medicare 1: CONROE, TEXAS 77384
Medicare 2:
Phone (281) 292-1397 Fax (281) 292-7502
Type: Alternate Delivery Site Administrator WILLIAM WELLER

Owner Information

VITAS HEALTHCARE OF TEXAS LP
201 S. BISCAYNE BLVD SUITE 400
MIAMI, FL 33131
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **MONTGOMERY** Region 06 Date Licensed 02/01/2010
License # 013350 WINDSONG HOME HEALTH AGENCY
Lic Expire 1/31/2022 5055 W PANTHER CREEK DRIVE #100
Medicare 1: 677283 HHA-18 THE WOODLANDS, TX 77381
Medicare 2:
Phone (281) 292-4321 Fax (281) 364-9569
Type: Parent Agency Administrator LAKISHIA JAWDJEE

Owner Information

FIVE STAR WOODLANDS LLC
400 CENTRE ST.ATTN: LICENSING
NEWTON, MA 2458
PHONE: (617) 796-8387 FAX: (617) 219-1435
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **MONTGOMERY** Region 06 Date Licensed 03/29/2017
License # 017975 YOS HEALTH CARE SERVICES INC
Lic Expire 3/31/2024 15 SPRINGTIME CREEK DR
Medicare 1: THE WOODLANDS, TX 77354
Medicare 2:
Phone (866) 900-5007 Fax (866) 677-1896
Type: Parent Agency Administrator EMMANUEL SOFELA

Owner Information

YOS HEALTH CARE SERVICES INC
15 SPRINGTIME CREEK DR
MAGNOLIA, TEXAS 77354
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **MOORE** Region 01 Date Licensed 07/31/1992
License # 002372 MEMORIAL HOME HEALTH
Lic Expire 7/31/2023 209 S BLISS
Medicare 1: 677531 HHA-18 DUMAS, TX 79029
Medicare 2:
Phone (806) 935-4946 Fax (806) 935-2251
Type: Parent Agency Administrator JENNEFIER ALLISON

Owner Information

MOORE COUNTY HOSPITAL DISTRICT
224 E 2ND ST
DUMAS, TX 79029
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	MOORE	Region	01	Date Licensed	11/30/1989	Owner Information
License #	002076					MOORE COUNTY HOSPITAL DISTRICT
Lic Expire	11/30/2022					224 E 2ND ST
Medicare 1:	451538 HOSPICE					DUMAS, TX 79029
Medicare 2:						PHONE:
Phone	(806) 935-4884	Fax	(806) 935-2251			FAX:
						Services: Hospice
						In-Patient Hospice: YES
Type:	Parent Agency	Administrator	JENNEFIER ALLISON			
County	NACOGDOCHES	Region	04	Date Licensed	05/04/2005	Owner Information
License #	002409					A PINEYWOODS HOME HEALTH CARE INC
Lic Expire	8/31/2022					P.O. BOX 1743
Medicare 1:						LUFKIN, TEXAS 75902
Medicare 2:						PHONE:
Phone	(936) 560-5141	Fax	(936) 560-5128			FAX:
						Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	KERRI GRIFFIN			
County	NACOGDOCHES	Region	04	Date Licensed	12/21/2010	Owner Information
License #	013780					CBL MEDICAL ENTERPRISES INC
Lic Expire	12/31/2022					853 N ZAVALLA STREET
Medicare 1:	747683 HHA-18					JASPER, TX 75951-3119
Medicare 2:						PHONE:
Phone	(936) 559-9480	Fax	(936) 559-9498			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	LORI REYNOLDS			
County	NACOGDOCHES	Region	04	Date Licensed	11/12/2004	Owner Information
License #	003546					PERSONAL HOME HEALTHCARE AGENCY LLC
Lic Expire	1/31/2023					2000 S ROYALL
Medicare 1:						PALESTINE, TX 75801
Medicare 2:						PHONE:
Phone	(936) 462-7511	Fax	(936) 462-7540			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	BRANDY SIMMS			
County	NACOGDOCHES	Region	04	Date Licensed	06/01/2006	Owner Information
License #	010729					AHM ACTION HOME HEALTH, LP
Lic Expire	5/31/2022					6688 N CENTRAL EXPRESSWAY STE 1300
Medicare 1:	679432 HHA-18					DALLAS, TX
Medicare 2:						PHONE:
Phone	936 5643700	Fax	936 5640675			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	JOSEPH BRACKIN			
County	NACOGDOCHES	Region	04	Date Licensed	06/24/2016	Owner Information
License #	015764					HEART TO HEART HOSPICE OF LUFKIN, LLC
Lic Expire	4/30/2024					7240 CHASE OAKS BLVD.
Medicare 1:						PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(936) 569-9143	Fax	(936) 569-9168			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	CONNIE RUSSELL			
County	NACOGDOCHES	Region	04	Date Licensed	08/31/2020	Owner Information
License #	020134					KING VISION, LLC
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(954) 261-1026	Fax				FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	TRACY KING			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NACOGDOCHES** Region 04 Date Licensed 11/27/2006
License # 003475 LIFECARE HEALTH SERVICES
Lic Expire 3/31/2022 1901 N STALLINGS DR SUITE #5
Medicare 1: NACOGDOCHES, TX 75964
Medicare 2:
Phone (936) 462-1000 Fax (936) 462-1005
Type: Branch Agency Administrator AMY WILCOX

Owner Information

LIFECARE HOME NURSING LLC
911 W LOOP 281 SUITE 204
LONGVIEW, TX 75604
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NACOGDOCHES** Region 04 Date Licensed 11/01/2002
License # 003475 LIFECARE HEALTH SERVICES
Lic Expire 3/31/2022 1901 N STALLINGS DR SUITE #5
Medicare 1: NACOGDOCHES, TX 75964
Medicare 2:
Phone (936) 462-1000 Fax (936) 462-1005
Type: Alternate Delivery Site Administrator AMY WILCOX

Owner Information

LIFECARE HOME NURSING LLC
911 W LOOP 281 SUITE 204
LONGVIEW, TX 75604
PHONE: FAX:
Services: Hospice; Alternative Delivery Site (ADS)
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed 04/08/2005
License # 009689 MOTHERWELL HOME HEALTH
Lic Expire 4/30/2022 418 WEST MAIN STREET
Medicare 1: 457899 HHA-18 NACOGDOCHES, TX 75961
Medicare 2:
Phone (936) 552-1609 Fax (936) 560-9982
Type: Parent Agency Administrator LINDA MARIE (BROWN) MOTHERWELL MOTHERW

Owner Information

LINDA MOTHERWELL
418 WEST MAIN STREET
NACOGDOCHES, TX 75961
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NACOGDOCHES** Region 06 Date Licensed 02/12/2013
License # 012397 PATHFINDER PEDIATRIC HOME CARE INC
Lic Expire 1/31/2023 7014 NORTH STREET
Medicare 1: NACOGDOCHES, TX 75965
Medicare 2:
Phone (281) 364-9695 Fax (888) 294-6679
Type: Branch Agency Administrator CHARLES M WILCOX

Owner Information

PATHFINDER PEDIATRIC HOME CARE INC
318 BRIAR ROCK RD
THE WOODLANDS, TX 77380
PHONE: FAX:
Services: Licensed Home Health Services

County **NACOGDOCHES** Region 04 Date Licensed
License # 012656 RELIANT AT HOME
Lic Expire 6/30/2024 416A NORTH STREET
Medicare 1: 74Q7328001 NACOGDOCHES, TX 75961
Medicare 2:
Phone (866) 344-2821 Fax (866) 288-4125
Type: Branch Agency Administrator ALETHEA THACKER

Owner Information

AGAPE HOME CARE SERVICES LLC
609 E LUFKIN AVENUE
LUFKIN, TX 75901
PHONE: FAX:
Services: Licensed Home Health Services

County **NACOGDOCHES** Region 03 Date Licensed 08/10/2012
License # 011196 TEXAS HOME HEALTH HOSPICE
Lic Expire 12/31/2022 2714 N UNIVERSITY DR # 100
Medicare 1: 67-1528 NACOGDOCHES, TX 75965
Medicare 2:
Phone (936) 568-0709 Fax (936) 559-9257
Type: Alternate Delivery Site Administrator DENISE WARDEN

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NACOGDOCHES** Region 04 Date Licensed 09/26/2001
License # 007744 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 4619 NORTH STREET
Medicare 1: 679108 HHA-18 NACOGDOCHES, TX 759651816
Medicare 2:
Phone 936 6325402 Fax 936 6324370
Type: Parent Agency Administrator JOEY BAKER

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	NACOGDOCHES	Region	04	Date Licensed		Owner Information	
License #	007744					TEXAS HOME HEALTH SKILLED SERVICES, LP	
Lic Expire	9/30/2022						
Medicare 1:							
Medicare 2:							
Phone	936 7159625	Fax	936 7159473			PHONE:	FAX:
Type:	Branch Agency	Administrator	JOEY BAKER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	NAVARRO	Region	05	Date Licensed	06/04/1996	Owner Information	
License #	006005					ANGELS AT HOME INC	
Lic Expire	6/30/2022					618 W 2ND AVE	
Medicare 1:	678315 HHA-18					CORSICANA, TX 75110	
Medicare 2:							
Phone	(903) 874-5758	Fax	(903) 874-5153			PHONE:	FAX:
Type:	Parent Agency	Administrator	BARBARA SHORTEN			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	NAVARRO	Region	04	Date Licensed	12/28/1994	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:						MALAKOFF, TEXAS 75148	
Medicare 2:							
Phone	(903) 874-4745	Fax	(903) 874-4368			PHONE:	FAX:
Type:	Branch Agency	Administrator	CYNTHIA CALLOWAY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	NAVARRO	Region	04	Date Licensed	12/28/1994	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:						MALAKOFF, TEXAS 75148	
Medicare 2:							
Phone	(903) 874-4745	Fax	(903) 874-4368			PHONE:	FAX:
Type:	Alternate Delivery Site	Administrator	CYNTHIA CALLOWAY			Services: Hospice In-Patient Hospice: NO	
County	NAVARRO	Region	04	Date Licensed	12/28/1994	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:						MALAKOFF, TEXAS 75148	
Medicare 2:							
Phone	(903) 874-4745	Fax	(903) 874-4368			PHONE:	FAX:
Type:	Alternate Delivery Site	Administrator	CYNTHIA CALLOWAY			Services: Hospice In-Patient Hospice: NO	
County	NAVARRO	Region	04	Date Licensed	12/28/1994	Owner Information	
License #	001440					CEDAR LAKE NURSING SERVICE, INC	
Lic Expire	12/31/2022					P. O. BOX 560	
Medicare 1:						MALAKOFF, TEXAS 75148	
Medicare 2:							
Phone	(903) 874-4745	Fax	(903) 874-4368			PHONE:	FAX:
Type:	Branch Agency	Administrator	CYNTHIA CALLOWAY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	NAVARRO	Region	06	Date Licensed	07/06/2007	Owner Information	
License #	011573					OHERBST, INC	
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300	
Medicare 1:	67Q7153005					DALLAS, TX 75240	
Medicare 2:							
Phone	(903) 874-4777	Fax	(903) 874-4001			PHONE:	FAX:
Type:	Branch Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NAVARRO	Region	06	Date Licensed	07/06/2007	Owner Information
License #	011573					OHERBST, INC
Lic Expire	7/31/2022					13737 NOEL RD, SUITE 1300
Medicare 1:	67Q7153005					DALLAS, TX 75240
Medicare 2:						PHONE:
Phone	(903) 874-4777	Fax	(903) 874-4001			FAX:
Type:	Branch Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services
County	NAVARRO	Region	05	Date Licensed	08/18/2005	Owner Information
License #	009915					S AND M S LLC
Lic Expire	8/31/2022					208 SOUTH 31ST STREET
Medicare 1:	671518 HOSPICE					CORSICANA, TX 75110
Medicare 2:						PHONE:
Phone	(903) 874-7700	Fax	(903) 874-7705			FAX:
Type:	Parent Agency	Administrator	MICHELLE TAYLOR			Services: Hospice In-Patient Hospice: NO
County	NAVARRO	Region	05	Date Licensed	06/16/2005	Owner Information
License #	009815					SHEPHERDS TOUCH MINISTRIES INC
Lic Expire	6/30/2022					308 EAST GARRITY STREET
Medicare 1:						CORSICANA, TX 75110
Medicare 2:						PHONE:
Phone	(903) 872-9155	Fax	(903) 872-9201			FAX:
Type:	Parent Agency	Administrator	MARK THOMMARSON			Services: Personal Assistance Services
County	NAVARRO	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075					GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022					12900 FOSTER
Medicare 1:	45Q7096007					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(903) 874-9147	Fax	(903) 874-6732			FAX:
Type:	Branch Agency	Administrator	MARCIA LOWE			Services: Licensed and Certified Home Health Services
County	NAVARRO	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075					GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022					12900 FOSTER
Medicare 1:	45Q7096007					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(903) 874-9147	Fax	(903) 874-6732			FAX:
Type:	Branch Agency	Administrator	MARCIA LOWE			Services: Licensed and Certified Home Health Services
County	NAVARRO	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075					GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022					12900 FOSTER
Medicare 1:	45Q7096007					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(903) 874-9147	Fax	(903) 874-6732			FAX:
Type:	Branch Agency	Administrator	MARCIA LOWE			Services: Licensed and Certified Home Health Services
County	NAVARRO	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075					GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022					12900 FOSTER
Medicare 1:	45Q7096007					OVERLAND PARK, NC 28117
Medicare 2:						PHONE:
Phone	(903) 874-9147	Fax	(903) 874-6732			FAX:
Type:	Branch Agency	Administrator	MARCIA LOWE			Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NAVARRO** Region 03 Date Licensed 03/08/2017
License # 017435 NEW CENTURY HOSPICE OF DALLAS
Lic Expire 1/31/2022 301 HOSPITAL DRIVE STE 101
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 467-3232 Fax (903) 229-4019
Type: Alternate Delivery Site Administrator NARISSA ATTEBERRY

Owner Information

NEW CENTURY HOSPICE, INC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NAVARRO** Region 03 Date Licensed 06/01/2000
License # 007339 OUTREACH HOME CARE
Lic Expire 5/31/2022 731 N MAIN ST
Medicare 1: CORSICANA, TX 75110
Medicare 2:
Phone (903) 874-4357 Fax (903) 872-2306
Type: Branch Agency Administrator MARY ELIZABETH ROBERTS

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County **NEWTON** Region 04 Date Licensed 03/24/2009
License # 012630 CONSOLIDATED FIRST CHOICE HOME HEALTH INC
Lic Expire 3/31/2023 412 S. KAUFMAN ST.
Medicare 1: 679177 HHA-18 NEWTON, TEXAS 75966
Medicare 2:
Phone (409) 489-9573 Fax (409) 489-9128
Type: Parent Agency Administrator JUDY HUFF

Owner Information

CONSOLIDATED FIRST CHOICE HOME HEALTH, INC
PO BOX 308
BON WIER, TX 75928
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NOLAN** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 5/31/2024 1210 HAILEY STREET
Medicare 1: SWEETWATER, TEXAS 79556
Medicare 2:
Phone 325 2350888 Fax 325 2354803
Type: Branch Agency Administrator DANA WHITE

Owner Information

EH OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **NOLAN** Region 01 Date Licensed 06/13/1989
License # 002146 ROLLING PLAINS HOME HEALTH
Lic Expire 6/30/2024 200 EAST ARIZONA
Medicare 1: 677027 HHA-18 SWEETWATER, TX 79556
Medicare 2:
Phone (325) 235-2030 Fax (325) 235-0613
Type: Parent Agency Administrator MICHELLE ROMEO

Owner Information

ROLLING PLAINS MEMORIAL HOSPITAL
200 E ARIZONA
SWEETWATER, TX 79556
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 08/04/2021
License # 020957 247 PERSONAL CARE
Lic Expire 8/4/2024 226 S ENTERPRIZE PKWY STE 114
Medicare 1: CORPUS CHRISTI, TX 78405
Medicare 2:
Phone (361) 353-4643 Fax (361) 353-4647
Type: Parent Agency Administrator TRICIA CRAIG

Owner Information

247 ON SITE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 05/02/2018
License # 018858 A*MED COMMUNITY HOSPICE
Lic Expire 5/31/2022 6262 WEBER ROAD, SUITE 325
Medicare 1: 451727 HOSPICE CORPUS CHRISTI, TX 78413
Medicare 2:
Phone (979) 848-8925 Fax (979) 848-8565
Type: Parent Agency Administrator RICHARD (TOMMY) HERMANN

Owner Information

AMED COMMUNITY HOSPICE AUSTIN INC
8901 E F LOWRY EXPWY SUITE A
TEXAS CITY, TX 77591
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/16/2008
License # 012214 AADI HOME HEALTH AND HOSPICE
Lic Expire 7/31/2024 1001 2ND ST
Medicare 1: 679617 HHA-18;74 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 452-3384 Fax (361) 400-5763

Owner Information

BAYSIDE SOLUTIONS, INC
P.O. BOX 61057
CORPUS CHRISTI, TX 78466

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
In-Patient Hospice: NO

Type: Parent Agency Administrator OSCAR LIMAS

County **NUECES** Region 07 Date Licensed 01/17/2019
License # 019209 AEON HOMECARE & HOSPICE, LLC
Lic Expire 3/31/2021 719 N UPPER BROADWAY, STE 100-A
Medicare 1: CORPUS CHRISTI, TEXAS 78401
Medicare 2:
Phone 361 8559393 Fax 361 8559392

Owner Information

AEON HOMECARE & HOSPICE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SHEILA TELLO

County **NUECES** Region 07 Date Licensed
License # 010852 ALL SEASONS HOME CARE
Lic Expire 10/31/2022 5541 BEAR LANE, SUITE 218C
Medicare 1: CORPUS CHRISTI, TEXAS 78405
Medicare 2:
Phone (956) 584-7444 Fax (956) 584-8573

Owner Information

LEGACY HOME CARE SERVICES INC
PO BOX 61180
CORPUS CHRISTI, TX 78466

PHONE: FAX:

Services: Personal Assistance Services

Type: Branch Agency Administrator AMBROSE HERNANDEZ

County **NUECES** Region 07 Date Licensed 10/25/2019
License # 019771 ALTUS HOSPICE
Lic Expire 10/25/2021 4300 SOUTH PADRE ISLAND DR, SUITE 1?1
Medicare 1: 671621 Hospice CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 752-3016 Fax (361) 723-1056

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator KATHRYN SYKES-WITZSCHE

County **NUECES** Region 07 Date Licensed 11/29/1993
License # 003177 AMERICAN MEDICAL HOME HEALTH SERVICES
Lic Expire 11/30/2023 2820 SOUTH PADRE ISLAND DR SUITE 296
Medicare 1: 677522 HHA-18 CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 887-9760 Fax (361) 887-9767

Owner Information

HUB CITY HOME HEALTH INC
506 VALLEY BROOK RD, STE 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator JESSICA MONTNEY

County **NUECES** Region 07 Date Licensed 09/12/2017
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 6/30/2023 2820 SOUTH PADRE ISLAND DRIVE, SUITE 296
Medicare 1: CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 887-9761 Fax (361) 887-9762

Owner Information

AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK RD, STER 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator REBECCA CANEDO

County **NUECES** Region 07 Date Licensed 09/12/2017
License # 016852 AMERICAN MEDICAL HOSPICE & PALLIATIVE CARE
Lic Expire 6/30/2023 2820 SOUTH PADRE ISLAND DRIVE, SUITE 296
Medicare 1: CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 887-9761 Fax (361) 887-9762

Owner Information

AMERICAN MEDICAL HOSPICE CARE LLC
506 VALLEY BROOK RD, STER 201
MCMURRAY, PA 15317

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator REBECCA CANEDO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 03/25/2003
License # 008378 ANGEL BRIGHT HOME HEALTH INC
Lic Expire 3/31/2023 3221 HOLLY RD
Medicare 1: 679294 HHA-18 CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 986-1102 Fax (361) 986-1152
Type: Parent Agency Administrator JOHN FERNANDEZ

Owner Information

ANGEL BRIGHT HOME HEALTH INC
3221 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NUECES** Region 07 Date Licensed 01/17/2008
License # 011827 ANGEL BRIGHT HOSPICE INC
Lic Expire 5/31/2022 3213 HOLLY RD
Medicare 1: 671608 HOSPICE CORPUS CHRISTI, TX 78415
Medicare 2:
Phone (361) 853-4300 Fax (361) 853-4310
Type: Parent Agency Administrator BLANCH FERNANDEZ

Owner Information

ANGEL BRIGHT HOSPICE INC
3213 HOLLY ROAD
CORPUS CHRISTI, TX 78415
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

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AOC TX, LLC
P O BOX 338
HOWE, TX 75459
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County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 03 Date Licensed
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 444 CORONA DRIVE #107
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 400-1886 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	NUECES	Region	03	Date Licensed		Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(361) 400-1886	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	07/05/2011	Owner Information
License #	014373					APC HOME HEALTH SERVICE, INC
Lic Expire	7/31/2023					1805 BELL STREET
Medicare 1:	457146 HHA-18					HARLINGEN, TX
Medicare 2:						PHONE: () - 1
Phone	(361) 814-3033	Fax	(361) 814-5398			FAX:
Type:	Parent Agency	Administrator	ANDREW S. PAINTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	NUECES	Region	02	Date Licensed	09/13/2011	Owner Information
License #	014398					APC HOME HEALTH SERVICE, INC
Lic Expire	9/30/2023					1805 BELL STREET
Medicare 1:						HARLINGEN, TX
Medicare 2:						PHONE: () - 1
Phone	361 8531696	Fax	361 8531699			FAX:
Type:	Branch Agency	Administrator	JOVIE CANTU			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	11/12/2015	Owner Information
License #	017286					APRIL SKYY HOME HEALTH CARE INC
Lic Expire	4/29/2022					5333 EVERHART ROAD SUITE 202A
Medicare 1:	747674 HHA-18					CORPUS CHRISTI, TX 78411
Medicare 2:						PHONE:
Phone	(361) 334-3361	Fax	(361) 334-7322			FAX:
Type:	Parent Agency	Administrator	RODERICK RESIO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	05/05/2016	Owner Information
License #	017636					AKESSO HEALTH SERVICES, LLC
Lic Expire	5/31/2022					5726 W. HAUSMAN ROAD SUITE 100
Medicare 1:	457958 HHA-18					SAN ANTONIO, TX 78249
Medicare 2:						PHONE:
Phone	(361) 334-1609	Fax	(361) 906-0478			FAX:
Type:	Parent Agency	Administrator	MARY GARZA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	05/06/2009	Owner Information
License #	012579					NEIGHBORHOOD NURSING HEALTH SERVICES INC
Lic Expire	5/31/2023					7426 S. STAPLES STE 209
Medicare 1:	747600 HHA-18					CORPUS CHRSTI, TEXAS 78413
Medicare 2:						PHONE:
Phone	(361) 462-4569	Fax	(361) 356-4200			FAX:
Type:	Parent Agency	Administrator	VENESSA DE LA RIVAHERRERA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	NUECES	Region	07	Date Licensed	03/28/2012	Owner Information
License #	014828					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(361) 854-1110	Fax	(855) 448-9769			FAX:
Type:	Parent Agency	Administrator	OSCAR SALINAS			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	06/22/1992	Owner Information
License #	002352					BAYSIDE HOME HEALTH CARE INC
Lic Expire	6/30/2023					PO BOX 6250
Medicare 1:	677513 HHA-18					CORPUS CHRISTI, TX 78466
Medicare 2:						PHONE:
Phone	(361) 980-9797	Fax	(361) 980-8253			FAX:
Type:	Parent Agency	Administrator	CURTIS MARTINEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	NUECES	Region	05	Date Licensed		Owner Information
License #	012109					BHH HEALTH LLC
Lic Expire	7/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 295-7000	Fax				FAX:
Type:	Branch Agency	Administrator	BRANDIS WILMORE			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	06/15/1998	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(888) 411-0136	Fax	(361) 767-9312			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	06/15/1998	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(888) 411-0136	Fax	(361) 767-9312			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	06/15/1998	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(888) 411-0136	Fax	(361) 767-9312			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	05/19/2009	Owner Information
License #	012607					BKD PERSONAL ASSISTANCE SERVICES LLC
Lic Expire	5/31/2024					111 WESTWOOD PLACE, SUITE 400
Medicare 1:						BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(361) 887-2000	Fax	(361) 887-8228			FAX:
Type:	Parent Agency	Administrator	KENDRA RENU			Services: Personal Assistance Services
County	NUECES	Region	07	Date Licensed	01/17/2003	Owner Information
License #	008294					ARC THERAPY SERVICES, LLC
Lic Expire	1/31/2024					111 WESTWOOD PLACE SUITE 400
Medicare 1:	679637 HHA-18					BRENTWOOD, TN 37027
Medicare 2:						PHONE:
Phone	(361) 880-7912	Fax	(361) 884-9414			FAX:
Type:	Parent Agency	Administrator	JESSICA ROWAN			Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	07/01/2019	Owner Information
License #	019458					CARESTAT HOSPICE, LLC
Lic Expire	7/1/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	361 2423004	Fax	361 2423006			FAX:
						Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	OSCAR BARRERA			
County	NUECES	Region	07	Date Licensed	07/28/1995	Owner Information
License #	003825					CARESTAT LLC
Lic Expire	7/31/2022					13330 LEOPARD ST SUITE 21
Medicare 1:	678094 HHA-18					CORPUS CHRISTI, TX 78410
Medicare 2:						PHONE:
Phone	(361) 241-4600	Fax	(361) 241-4620			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OSCAR BARRERA			
County	NUECES	Region	07	Date Licensed	08/25/2004	Owner Information
License #	003825					CARESTAT LLC
Lic Expire	7/31/2022					13330 LEOPARD ST SUITE 21
Medicare 1:	67Q8094001					CORPUS CHRISTI, TX 78410
Medicare 2:						PHONE:
Phone	(361) 241-4600	Fax	(361) 241-4620			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	OSCAR BARRERA			
County	NUECES	Region	07	Date Licensed	10/01/2001	Owner Information
License #	007918					CARING SENIOR SERVICE USA LTD
Lic Expire	9/30/2022					201 E. PARK AVENUE
Medicare 1:						SAN ANTONIO, TX 78212
Medicare 2:						PHONE:
Phone	(361) 883-9494	Fax	(361) 883-4633			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JESSICA BALBOA			
County	NUECES	Region	07	Date Licensed	05/10/2007	Owner Information
License #	004883					CHAMPION CARE INC
Lic Expire	9/30/2023					SAME AS PHYSICAL ADDRESS
Medicare 1:						LAREDO, TX 78040
Medicare 2:						PHONE:
Phone	(361) 881-9152	Fax	(361) 881-9174			FAX:
						Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	YOLINDA TREVINO			
County	NUECES	Region	07	Date Licensed	09/24/2012	Owner Information
License #	015347					AMOR HOME HEALTH LLC
Lic Expire						8901 EF LOWRY EXPWY STE A
Medicare 1:	747109 HHA-18					TEXAS CITY, TX 77591
Medicare 2:						PHONE:
Phone	(361) 933-0101	Fax	(888) 874-5706			FAX:
						Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	RICHARD (TOMMY) HERMANN			
County	NUECES	Region	07	Date Licensed	09/01/2017	Owner Information
License #	018434					LHCG CXIII, LLC
Lic Expire	8/31/2024					PO BOX 51266
Medicare 1:	677814 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	(361) 994-3400	Fax	(361) 994-3498			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	09/01/2017	Owner Information
License #	018397	CHRISTUS HOSPICE AND PALLIATIVE CARE SPOHN			LHCG CXIV LLC	
Lic Expire	8/31/2023	6200 SARATOGA BLVD SUITE 104			PO BOX 51266	
Medicare 1:	451502 HOSPICE	CORPUS CHRISTI, TX 784143478			LAFAYETTE, LA	
Medicare 2:					PHONE:	FAX:
Phone	(361) 994-3450	Fax	(361) 994-3495			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	MICKI HAUSER			
County	NUECES	Region	07	Date Licensed	09/01/2014	Owner Information
License #	016554	COASTAL HOME HEALTH CARE			RESTORATIVE HEALTH SERVICES LLC	
Lic Expire	8/31/2022	5541 BEAR LANE, SUITE 218A			PO BOX 271476	
Medicare 1:	747542 HHA-18	CORPUS CHRISTI, TEXAS 78405			CORPUS CHRISTI, TX 78427	
Medicare 2:					PHONE:	FAX:
Phone	(361) 758-5200	Fax	(361) 758-5206			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CLARISSA NAVARRO			
County	NUECES	Region	07	Date Licensed		Owner Information
License #	018098	COMPASSUS SAN ANTONIO			COMPASSUS OP OF TEXAS LLC	
Lic Expire	1/31/2023	326 S. ENTERPRISE PARKWAY, SUITE 326			10 CADILLAC DRIVE SUITE 400	
Medicare 1:		CORPUS CHRISTI, TX 78405			BRENTWOOD, TN 37027	
Medicare 2:					PHONE:	FAX:
Phone	(361) 232-4459	Fax	(361) 402-6071			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	IDA PICHON			
County	NUECES	Region	07	Date Licensed	07/10/2020	Owner Information
License #	020045	CORNERSTONE CAREGIVING			CORPUS CHRISTI TX CAREGIVING LLC	
Lic Expire	7/10/2022	6262 WEBER RD STE 214				
Medicare 1:		CORPUS CHRISTI, TEXAS 78413				
Medicare 2:					PHONE:	FAX:
Phone	(361) 333-5639	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	VERONICA MARSELLO			
County	NUECES	Region	07	Date Licensed	12/29/2003	Owner Information
License #	005343	DEL CIELO HOME CARE SERVICES			GOLD HORSES, LLC	
Lic Expire	3/31/2022	422 ENTERPRIZE PARKWAY			PO DRAWER 3267	
Medicare 1:	45Q9319001	CORPUS CHRISTI, TX 78405			ALICE, TX 78333	
Medicare 2:					PHONE:	FAX:
Phone	(361) 814-4500	Fax	(361) 814-9797			Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	ANDRES ELIZONDO II			
County	NUECES	Region	06	Date Licensed		Owner Information
License #	016766	DEL CIELO HOSPICE & PALLIATIVE CARE			FAMILIA HEALTHCARE SERVICES, INC	
Lic Expire	4/30/2024	422 ENTERPRISE PARKWAY			9888 BISSONNET STREET SUITE 450-E	
Medicare 1:	741598	CORPUS CHRISTI, TEXAS 78405			HOUSTON, TX 77036	
Medicare 2:					PHONE:	FAX:
Phone	(361) 814-4500	Fax	(361) 723-0212			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	ANDRES ELIZONDO III			
County	NUECES	Region	07	Date Licensed	11/06/2019	Owner Information
License #	019686	DEVOTED HEALTHCARE & HOSPICE SERVICES, LLC			DEVOTED HEALTHCARE & HOSPICE SERVICES, LLC	
Lic Expire	11/6/2024	15602 NORTHWEST BLVD. STE A-1			3890 VAUGHN CIRCLE	
Medicare 1:	971585	ROBSTOWN, TEXAS 78380			ROBSTOWN, TEXAS 78380	
Medicare 2:					PHONE:	FAX:
Phone	(833) 338-6831	Fax	(361) 298-2229			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	TRACY HILDRETH			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	05/21/2004	Owner Information			
License #	002497					DORAN'S HOME HEALTH SERVICES, INC			
Lic Expire	3/31/2022					PO BOX 832			
Medicare 1:						ROBSTOWN, TX 78380			
Medicare 2:						PHONE:	FAX:		
Phone	(361) 387-0860	Fax	(361) 387-4520			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Branch Agency	Administrator	KATHERINE SAENZ						
County	NUECES	Region	07	Date Licensed	03/25/1993	Owner Information			
License #	002497					DORAN'S HOME HEALTH SERVICES, INC			
Lic Expire	3/31/2022					PO BOX 832			
Medicare 1:	677620 HHA-18					ROBSTOWN, TX 78380			
Medicare 2:						PHONE:	FAX:		
Phone	(361) 387-4575	Fax	(361) 387-9694			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	KATHERINE SAENZ						
County	NUECES	Region	07	Date Licensed	08/01/2013	Owner Information			
License #	015681					EDUCARE COMMUNITY LIVING CORPORATION TEXAS			
Lic Expire	7/31/2021					9901 LINN STATION ROAD			
Medicare 1:						LOUISVILLE, KY 40223			
Medicare 2:						PHONE:	(502) 394-2100	FAX:	(502) 394-2369
Phone	(361) 814-8757	Fax	(361) 814-8879			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JERRICA JACKSON						
County	NUECES	Region	07	Date Licensed	09/04/2019	Owner Information			
License #	019575					EMPIRE HOME HEALTH, LLC			
Lic Expire	9/4/2024					P.O. BOX 60806			
Medicare 1:	747994					CORPUS CHRISTI, TEXAS			
Medicare 2:						PHONE:	FAX:		
Phone	(361) 929-5557	Fax	(361) 929-5567			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	DOLORES GARCIA						
County	NUECES	Region	07	Date Licensed	09/27/2012	Owner Information			
License #	015097					DRC HEALTH SYSTEMS, LP			
Lic Expire	9/30/2022					6688 N CENTRAL EXPRESS SUITE 1300			
Medicare 1:	679302 HHA-18					DALLAS, TX 75206			
Medicare 2:						PHONE:	FAX:		
Phone	361 9860272	Fax	361 9851219			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services		
Type:	Parent Agency	Administrator	MARY JUAREZ						
County	NUECES	Region	07	Date Licensed	08/09/2017	Owner Information			
License #	016722					FIRST HOME HEALTHCARE LLC			
Lic Expire	2/28/2023					PO BOX 1877			
Medicare 1:						ALICE, TX			
Medicare 2:						PHONE:	FAX:		
Phone	(361) 356-6032	Fax	(361) 356-6035			Services:	Personal Assistance Services		
Type:	Branch Agency	Administrator	ARELY MATHEWS						
County	NUECES	Region	07	Date Licensed	11/30/2007	Owner Information			
License #	011736					GIRLING HEALTH CARE, INC			
Lic Expire	11/30/2022					12900 FOSTER			
Medicare 1:						OVERLAND PARK, NC 28117			
Medicare 2:						PHONE:	FAX:		
Phone	(361) 853-7470	Fax	(361) 853-7961			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	EVANGELINA CANALS						

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	01/27/2021	Owner Information	
License #	020494					GLORYCARE HOME HEALTH INC	
Lic Expire	1/27/2024					15342 CHIANTI LANE	
Medicare 1:						CORPUS CHRISTI, TEXAS 78410	
Medicare 2:							PHONE:
Phone	(774) 253-4035	Fax					FAX:
Type:	Parent Agency	Administrator	OLUBUNMI OGUNDIMINEGHA			Services: Personal Assistance Services	
County	NUECES	Region	07	Date Licensed	10/20/2015	Owner Information	
License #	012169					GREATER VALLEY HOSPICE ALLIANCE LP	
Lic Expire	8/31/2022					605 MACO DRIVE	
Medicare 1:	671629 Hospice					HARLINGEN, TX 78550	
Medicare 2:							PHONE:
Phone	(361) 645-7999	Fax	(361) 645-7999				FAX:
Type:	Alternate Delivery Site	Administrator	DANIELLE MARTINEZ			Services: Hospice In-Patient Hospice: NO	
County	NUECES	Region	07	Date Licensed	07/03/2008	Owner Information	
License #	012297					KMAC INC	
Lic Expire	7/31/2022					1500 N GREENVILLE AVE SUITE 300	
Medicare 1:	679129 HHA-18					RICHARDSON, TX 75081	
Medicare 2:							PHONE:
Phone	(361) 758-9336	Fax	(361) 758-9356				FAX:
Type:	Parent Agency	Administrator	CRYSTAL CALLAHAM			Services: Licensed and Certified Home Health Services	
County	NUECES	Region	07	Date Licensed	09/28/2011	Owner Information	
License #	014381					HARBOR HOSPICE OF CORPUS CHRISTI LP	
Lic Expire	9/30/2023					3406 COLLEGE STREET	
Medicare 1:	741546 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:							PHONE:
Phone	(361) 452-3592	Fax	(361) 232-5399				FAX:
Type:	Parent Agency	Administrator	KATHLEEN FLANIGAN			Services: Hospice In-Patient Hospice: NO	
County	NUECES	Region	07	Date Licensed	02/21/2013	Owner Information	
License #	015381					HARBOR HOSPICE OF PORTLAND, LP	
Lic Expire	2/28/2023					3406 COLLEGE STREET	
Medicare 1:	671784 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:							PHONE:
Phone	(361) 579-7120	Fax	(361) 894-8707				FAX:
Type:	Parent Agency	Administrator	LORI DEEN			Services: Hospice In-Patient Hospice: YES	
County	NUECES	Region	03	Date Licensed	09/24/2014	Owner Information	
License #	014884					AND HOME HEALTHCARE, LLC	
Lic Expire	6/30/2022					2000 N CENTRAL EXPRESSWAY STE 102	
Medicare 1:						PLANO, TX 75074	
Medicare 2:							PHONE: () - 1
Phone	(361) 334-3449	Fax	(361) 334-3471				FAX:
Type:	Branch Agency	Administrator	ALTON BLAKELY			Services: Licensed Home Health Services; Personal Assistance Services	
County	NUECES	Region	07	Date Licensed	10/08/2021	Owner Information	
License #	021114					HOLY SAVIOR HOME CARE	
Lic Expire	10/8/2024					1752 SANTA FE STREET	
Medicare 1:						CORPUS CHRISTI, TEXAS 78404	
Medicare 2:							PHONE:
Phone	(361) 444-6888	Fax	(361) 252-0096				FAX:
Type:	Parent Agency	Administrator	JESSICA TAYLOR			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	03	Date Licensed		Owner Information
License #	016498					ROLLINGS MEADOWS HOSPICE LLC
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200
Medicare 1:						DALLAS, TX 75234
Medicare 2:						PHONE:
Phone	(361) 444-6888	Fax	(361) 252-0096			FAX:
Type:	Alternate Delivery Site	Administrator	LAURA CANTU			Services: Hospice In-Patient Hospice: NO
County	NUECES	Region	03	Date Licensed		Owner Information
License #	016498					ROLLINGS MEADOWS HOSPICE LLC
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200
Medicare 1:						DALLAS, TX 75234
Medicare 2:						PHONE:
Phone	(361) 444-6888	Fax	(361) 252-0096			FAX:
Type:	Alternate Delivery Site	Administrator	LAURA CANTU			Services: Hospice In-Patient Hospice: NO
County	NUECES	Region	07	Date Licensed	01/01/2016	Owner Information
License #	017299					J & K INC
Lic Expire	12/31/2023					5151 FLYNN PARKWAY STE#307
Medicare 1:						CORPUS CHRISTI, TX 78411
Medicare 2:						PHONE:
Phone	(361) 814-3331	Fax	(361) 814-4728			FAX:
Type:	Parent Agency	Administrator	KENNETH KIRKPATRICK			Services: Personal Assistance Services
County	NUECES	Region	07	Date Licensed	02/17/2017	Owner Information
License #	017971					HOMECARE DIMENSIONS, INC
Lic Expire	2/28/2023					12500 NETWORK BLVD SUITE 210
Medicare 1:	678191					SAN ANTONIO, TX 78249
Medicare 2:						PHONE:
Phone	(361) 855-4050	Fax	(361) 854-3915			FAX:
Type:	Branch Agency	Administrator	ASHLEIGH STRICKLAND			Services: Licensed and Certified Home Health Services
County	NUECES	Region	07	Date Licensed	07/09/2015	Owner Information
License #	017029					HEALTH COM MANAGEMENT, LLC
Lic Expire	7/31/2021					116 W TOM LANDRY
Medicare 1:	679354 HHA-18					MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(361) 887-9000	Fax	(361) 887-9010			FAX:
Type:	Parent Agency	Administrator	MARLA MUNOZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	01/28/2015	Owner Information
License #	016861					HEALTH COM MANAGEMENT, LLC
Lic Expire	1/31/2023					116 W TOM LANDRY
Medicare 1:						MISSION, TX 78572
Medicare 2:						PHONE:
Phone	(361) 887-9000	Fax	(361) 887-9010			FAX:
Type:	Branch Agency	Administrator	MARLA MUNOZ			Services: Licensed Home Health Services; Personal Assistance Services
County	NUECES	Region	07	Date Licensed	12/08/2015	Owner Information
License #	014065					NATIONAL NURSING & REHAB SA PEDIATRICS, INC
Lic Expire	4/30/2024					85 NE LOOP 410 SUITE 500
Medicare 1:						SAN ANTONIO, TX 78216
Medicare 2:						PHONE:
Phone	(361) 225-3492	Fax	(361) 225-4409			FAX:
Type:	Branch Agency	Administrator	MARC PICTROWSKI			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 03/20/2007
License # 011168 KINDRED HOSPICE
Lic Expire 3/31/2023 210 SOUTH CARANCAHUA STREET STE 200
Medicare 1: 671580 HOSPICE CORPUS CHRISTI, TX 78401
Medicare 2:
Phone (361) 992-2700 Fax (361) 883-1906
Type: Parent Agency Administrator TRACY ATCHISON

Owner Information
LIGHTHOUSE HOSPICE COASTAL BLEND, LLC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 02/06/2003
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023 5541 BEAR LANE, SUITE 218B
Medicare 1: 459433 HHA-18;45 CORPUS CHRISTI, TEXAS 78405
Medicare 2:
Phone (361) 855-0848 Fax (361) 853-4855
Type: Parent Agency Administrator AMBROSE HERNANDEZ

Owner Information
LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 03/23/2021
License # 020633 MANNA HOME PROVIDER SERVICES, LLC
Lic Expire 3/23/2024 5151 FLYNN PARKWAY SUITE 412-T
Medicare 1: CORPUS CHRISTI, TEXAS 78411
Medicare 2:
Phone (361) 688-1586 Fax
Type: Parent Agency Administrator DAMARIS GONZALEZ

Owner Information
MANNA HOME PROVIDER SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/14/2018
License # 019263 NATIONAL NURSING AND REHAB CORPUS CHRISTI
Lic Expire 9/14/2022 4444 CORONA DRIVE; STE 100
Medicare 1: 678464 HHA-18 CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 225-3492 Fax (361) 225-4409
Type: Parent Agency Administrator ERNESTO MORENO

Owner Information
REGENCY IHS HOME CARE SERVICES LLC
101 W GOODWIN AVE STE 600
VICTORIA, TEXAS 77901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 07 Date Licensed 01/19/2016
License # 017441 NEW CENTURY HOSPICE OF SOUTH TEXAS
Lic Expire 1/31/2025 4550 CORONA DRIVE
Medicare 1: 671607 HOSPICE CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 572-0622 Fax (361) 572-0674
Type: Parent Agency Administrator SCOTT DINKENS

Owner Information
COSMOS HOSPICE OF CORPUS CHRISTI, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 05/18/2011
License # 015564 NURSE PLACEMENT SERVICES
Lic Expire 5/31/2024 4444 CORONA DR., STE. 120
Medicare 1: CORPUS CHRISTI, TX 784114322
Medicare 2:
Phone 361 8143033 Fax 361 8145398
Type: Parent Agency Administrator JOVIE CANTU

Owner Information
NURSE PLACEMENT OF HARLINGEN, INC
1805 BELL STREET
HARLINGEN, TX
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 07 Date Licensed 08/19/1996
License # 006229 NURSES ON WHEELS INC
Lic Expire 8/31/2022 1101 3RD STREET
Medicare 1: 459200,451717 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 814-1669 Fax (361) 814-4918
Type: Parent Agency Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 02/15/2005
License # 006229 NURSES ON WHEELS INC
Lic Expire 8/31/2022 3206 REID DR STE 101
Medicare 1: CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 668-0486 Fax (361) 668-0556

Type: Alternate Delivery Site Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 02/09/2005
License # 006229 NURSES ON WHEELS INC
Lic Expire 8/31/2022 3206 REID DR
Medicare 1: 45Q9200004 CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (361) 510-4678 Fax (361) 850-7577

Type: Branch Agency Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 05/11/2004
License # 006229 NURSES ON WHEELS INC
Lic Expire 8/31/2022 1101 3RD ST
Medicare 1: CORPUS CHRISTI, TEXAS 78404
Medicare 2:
Phone (361) 882-0181 Fax (361) 814-4918

Type: Alternate Delivery Site Administrator MARY GARCIA

Owner Information
NURSES ON WHEELS INC
1101 3RD STREET
CORPUS CHRISTI, TX 78404
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 08/14/2017
License # 018453 ONE AT HOME TEXAS
Lic Expire 8/31/2023 8233-A LEOPARD ST BLDG 2
Medicare 1: 678236 HHA-18 CORPUS CHRISTI, TX 78409
Medicare 2:
Phone (361) 242-1109 Fax (361) 242-1157

Type: Parent Agency Administrator JENNIFER HARPER

Owner Information
CORPUS CHRISTI HOME CARE, INC
3351 EXECUTIVE WAY
MIRAMAR, FLORIDA 33025
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **NUECES** Region 07 Date Licensed 07/11/2018
License # 018026 OPUSCARE OF TEXAS
Lic Expire 12/31/2022 1315 SANTA FE SUITE 101
Medicare 1: CORPUS CHRISTI, TX 78404
Medicare 2:
Phone (210) 988-1461 Fax (210) 404-9887

Type: Alternate Delivery Site Administrator VELEZ SONIA

Owner Information
MY OWN HOSPICE LLC
200 NAVARRO STREET SUITE 100
SAN ANTONIO, TX 78205
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 11/03/2000
License # 007476 ORION HEALTH SERVICES INC
Lic Expire 11/30/2022 5118 MOULTRIE DRIVE
Medicare 1: 679065 HHA-18 CORPUS CHRISTI, TEXAS 784133810
Medicare 2:
Phone (361) 855-8189 Fax (361) 855-4214

Type: Parent Agency Administrator TERESA CASTILLO

Owner Information
ORION HEALTH SERVICES INC
PO BOX 271056
CORPUS CHRISTI, TEXAS 78413
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NUECES** Region 07 Date Licensed
License # 007332 OUTREACH HOME CARE
Lic Expire 5/31/2023 4639 CORONA DRIVE #65
Medicare 1: CORPUS CHRISTI, TX 784115416
Medicare 2:
Phone 361 8575075 Fax 361 8522027

Type: Branch Agency Administrator JULIA LERMA

Owner Information
OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE:
FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County	NUECES	Region	06	Date Licensed	05/14/2015	Owner Information		
License #	012397					PATHFINDER PEDIATRIC HOME CARE INC		
Lic Expire	1/31/2023					318 BRIAR ROCK RD		
Medicare 1:						THE WOODLANDS, TX 77380		
Medicare 2:						PHONE:		FAX:
Phone	(281) 364-9695	Fax	(281) 456-2479			Services: Licensed Home Health Services		
Type:	Branch Agency	Administrator	CHARLES WILCOX					
County	NUECES	Region	07	Date Licensed	01/01/2009	Owner Information		
License #	012597					PORT HOMECARE SERVICES, INC		
Lic Expire	12/31/2022					315 FIFTH AVENUE		
Medicare 1:	459268 HHA-18					PORTLAND, TX 78374		
Medicare 2:						PHONE:		FAX:
Phone	(361) 854-2273	Fax	(361) 854-6419			Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	LARRY MARTINEZ					
County	NUECES	Region	07	Date Licensed	01/03/2008	Owner Information		
License #	011952					PRIME CARE HOME HEALTH INC		
Lic Expire	1/31/2023					3833 SOUTH STAPLES SUITE N 215		
Medicare 1:	677954 HHA-18					CORPUS CHRISTI, TX 78411		
Medicare 2:						PHONE:		FAX:
Phone	(361) 334-9112	Fax	(361) 334-9114			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	HORACIO CANALES					
County	NUECES	Region	07	Date Licensed	03/21/2001	Owner Information		
License #	007577					RISING STAR HOME CARE SERVICES INC		
Lic Expire	3/31/2022					2802 CARVER DRIVE		
Medicare 1:						CORPUS CHRISTI, TX 78405		
Medicare 2:						PHONE:		FAX:
Phone	(361) 882-7834	Fax	(361) 882-5415			Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	VIOLET RUSSELL-EDWARDS					
County	NUECES	Region	07	Date Licensed	07/07/2020	Owner Information		
License #	020037					RIVER CITY HOME CARE OF COASTAL BEND, LLC		
Lic Expire	7/7/2022					10221 DESSERT SANDS #108		
Medicare 1:						SAN ANTONIO, TX 78216		
Medicare 2:						PHONE:		FAX:
Phone	(361) 452-2323	Fax				Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	BETSY MILLER					
County	NUECES	Region	07	Date Licensed	05/12/2010	Owner Information		
License #	013315					REAL LIFE HEALTHCARE SYSTEMS LLC		
Lic Expire	5/31/2022					PO BOX 20595		
Medicare 1:	671654 HOSPICE					BEAUMONT, TX 77720		
Medicare 2:						PHONE:		FAX:
Phone	(361) 882-5900	Fax	(361) 882-5901			Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	MARY VARELA					
County	NUECES	Region	07	Date Licensed	07/08/1996	Owner Information		
License #	005773					SACRED HEART HOME HEALTH INC		
Lic Expire	7/31/2022					SAME		
Medicare 1:						CORPUS CHRISTI, TX 78411		
Medicare 2:						PHONE:	(361) 289-5525	FAX: (361) 289-5583
Phone	(361) 289-5525	Fax	(361) 289-5583			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	RITA DE ROCHE					

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	05/30/2014	Owner Information	
License #	009483					SAENZ HOME HEALTH SERVICES INC	
Lic Expire	12/31/2023					PO BOX 2	
Medicare 1:						ROBSTOWN, TX 78380	
Medicare 2:						PHONE:	FAX:
Phone	(361) 985-0476	Fax	(361) 985-0496			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	DAVID OCHOA				
County	NUECES	Region	07	Date Licensed	12/23/2004	Owner Information	
License #	009483					SAENZ HOME HEALTH SERVICES INC	
Lic Expire	12/31/2023					PO BOX 2	
Medicare 1:	677910 HHA-18					ROBSTOWN, TX 78380	
Medicare 2:						PHONE:	FAX:
Phone	(361) 387-1650	Fax	(361) 387-3791			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID OCHOA				
County	NUECES	Region	07	Date Licensed	07/02/2006	Owner Information	
License #	010616					SAINT BENEDICTS HOME HEALTH INC	
Lic Expire	7/31/2024					424 E MAIN	
Medicare 1:						ROBSTOWN, TX 78380	
Medicare 2:						PHONE:	FAX:
Phone	(361) 387-1973	Fax	(361) 387-5389			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BRENDA RAMON				
County	NUECES	Region	07	Date Licensed	11/14/2003	Owner Information	
License #	008750					SANTA FE HEALTH CARE INC	
Lic Expire	11/30/2022					PO BOX 510	
Medicare 1:						BENAVIDES, TEXAS 78341	
Medicare 2:						PHONE:	FAX:
Phone	(361) 853-3971	Fax	(361) 853-4309			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	PRISCILLA GARZA				
County	NUECES	Region	07	Date Licensed	08/31/2000	Owner Information	
License #	007471					SAVE HOME CARE, INCORPORATED	
Lic Expire	8/31/2022					719 NORTH UPPER BROADWAY SUITE 100	
Medicare 1:						CORPUS CHRISTI, TX 78401	
Medicare 2:						PHONE:	FAX:
Phone	(361) 855-9393	Fax	(361) 855-9392			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHEILA TELLO				
County	NUECES	Region	07	Date Licensed	08/21/1996	Owner Information	
License #	005407					SAVE HOME HEALTH CARE INC	
Lic Expire	8/31/2022					719 N UPPER BROADWAY STE 100	
Medicare 1:	459015 HHA-18					CORPUS CHRISTI, TX 78401	
Medicare 2:						PHONE:	FAX:
Phone	(361) 855-9393	Fax	(361) 855-9392			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHEILA TELLO				
County	NUECES	Region	07	Date Licensed	04/27/2018	Owner Information	
License #	012384					SELAH HOSPICE CARE INC	
Lic Expire	1/31/2023					PO BOX 4034	
Medicare 1:						MCALLEN, TX 78502	
Medicare 2:						PHONE:	FAX:
Phone	(361) 730-7444	Fax	(800) 517-4764			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	VIRGINIA MAZARIEGO			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **NUECES** Region 07 Date Licensed 11/01/2016
License # 017616 SERENITY AND GRACE HOSPICE CARE LLC
Lic Expire 7/31/2022 9241 S. PADRE ISLAND DR. SUITE B
Medicare 1: CORPUS CHRISTI, TX 78418
Medicare 2:
Phone (361) 334-3542 Fax (844) 685-2273

Type: Alternate Delivery Site Administrator JOHN FLORES

Owner Information
SERENITY AND GRACE HOSPICE CARE, LLC
919 GRANT PL
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 07/27/2016
License # 017616 SERENITY AND GRACE HOSPICE CARE LLC
Lic Expire 7/31/2022 9241 S. PADRE ISLAND DR BLDG B
Medicare 1: 741621 HOSPICE CORPUS CHRISTI, TX 78418
Medicare 2:
Phone (361) 334-3542 Fax (844) 685-2273

Type: Parent Agency Administrator JOHN FLORES

Owner Information
SERENITY AND GRACE HOSPICE CARE, LLC
919 GRANT PL
CORPUS CHRISTI, TX 78411
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **NUECES** Region 07 Date Licensed 01/15/2009
License # 012489 SERENITY HOME CARE
Lic Expire 1/31/2023 4600 OCEAN DR. #405
Medicare 1: 747918 HHA-18 CORPUS CHRISTI, TEXAS 78412
Medicare 2:
Phone (361) 241-2244 Fax (361) 241-7220

Type: Parent Agency Administrator JOHN FLORES

Owner Information
SIXTEEN LAC INC
13310 LEOPARD SUITE 21
CORPUS CHRISTI, TX 78410
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **NUECES** Region 07 Date Licensed 03/09/2001
License # 007591 TEXAS HOME HEALTH OF AMERICA
Lic Expire 3/31/2022 5151 FLYNN PARKWAY SUITE 510
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 855-2947 Fax (361) 855-2892

Type: Parent Agency Administrator CLARISSA SILMON

Owner Information
TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 07 Date Licensed 09/30/2016
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 6/30/2022 4918 EVERHART RD
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 452-1232 Fax (361) 452-1204

Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information
TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **NUECES** Region 07 Date Licensed 05/08/2020
License # 019920 THRIVE SKILLED PEDIATRIC CARE
Lic Expire 5/8/2022 6100 BANDERA ROAD SUITE 305
Medicare 1: SAN ANTONIO, TX 78238
Medicare 2:
Phone (210) 868-6120 Fax (210) 469-9590

Type: Parent Agency Administrator JOSEPH VALDEZ

Owner Information
FIRST CHOICE CHILDREN'S HOMECARE, LP
701 EDGEWATER DRIVE, SUITE 300
WAKEFIELD, MA 1880
PHONE: FAX:
Services: Licensed Home Health Services

County **NUECES** Region 06 Date Licensed 04/18/2008
License # 009281 TOUCH OF CLASS
Lic Expire 8/31/2022 5151 FLYNN PARKWAY SUITE #402
Medicare 1: CORPUS CHRISTI, TX 78411
Medicare 2:
Phone (361) 806-0322 Fax (361) 806-0337

Type: Branch Agency Administrator JANET BOWLES

Owner Information
TOUCH OF CLASS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	NUECES	Region	07	Date Licensed	11/02/2011	Owner Information	
License #	014579					TRIO HOME HEALTH CARE INC	
Lic Expire	11/30/2023					SAME AS ABOVE	
Medicare 1:	678428 HHA-18					CORPUS CHRISTI, TX 78411	
Medicare 2:						PHONE:	FAX:
Phone	(361) 881-8787	Fax	(361) 881-8815			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KATHY ADAMS				
County	NUECES	Region	07	Date Licensed	07/16/2019	Owner Information	
License #	019483					TRIO HOME HEALTHRURAL INC	
Lic Expire	7/16/2023					4444 CORONA DRIVE STE 205	
Medicare 1:						CORPUS CHRISTI, TEXAS 78411	
Medicare 2:						PHONE:	FAX:
Phone	(361) 500-3057	Fax	(361) 881-8815			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	VAN VILLA				
County	NUECES	Region	07	Date Licensed	05/31/2017	Owner Information	
License #	018082					TRIO HOSPICE INC	
Lic Expire	5/31/2023					SAME AS ABOVE	
Medicare 1:	971570 (HOSPICE)					CORPUS CHRISTI, TX 78414	
Medicare 2:						PHONE:	FAX:
Phone	(361) 881-8787	Fax	(361) 881-8815			Services: Hospice	
Type:	Parent Agency	Administrator	KATHY ADAMS			In-Patient Hospice: NO	
County	NUECES	Region	07	Date Licensed	03/17/2003	Owner Information	
License #	002358					E & O HOME HEALTH CARE INC	
Lic Expire	7/31/2023					P.O. BOX 691	
Medicare 1:						KINGSVILLE, TEXAS 78363	
Medicare 2:						PHONE:	FAX:
Phone	(361) 985-1700	Fax	(361) 985-1714			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	PATRICIA PEREZ				
County	NUECES	Region	07	Date Licensed	12/13/2001	Owner Information	
License #	007816					VASQUEZFLORES HOME HEALTH CARE	
Lic Expire	12/31/2023					PO BOX 8734	
Medicare 1:						CORPUS CHRISTI, TX 78468	
Medicare 2:						PHONE:	FAX:
Phone	(361) 881-9922	Fax	(361) 881-9928			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PRISCILLA VASQUEZ				
County	NUECES	Region	07	Date Licensed	09/14/2004	Owner Information	
License #	009310					KERR TECHNICAL SERVICES LLC	
Lic Expire	9/30/2022					5262 SOUTH STAPLES STREET SUITE 220	
Medicare 1:						CORPUS CHRISTI, TX 78411	
Medicare 2:						PHONE:	FAX:
Phone	(361) 854-2800	Fax	(361) 906-3345			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHARLIE KERR				
County	OCHILTREE	Region	01	Date Licensed	10/22/1993	Owner Information	
License #	002657					OCHILTREE HOSPITAL DISTRICT	
Lic Expire	10/31/2023					3101 GARRETT DR	
Medicare 1:	451589 HOSPICE					PERRYTON, TX 79070	
Medicare 2:						PHONE:	FAX: (806) 648-2813
Phone	(806) 435-2122	Fax	(806) 435-3704			Services: Hospice	
Type:	Parent Agency	Administrator	SANDRA BURTON			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **OCHILTREE** Region 01 Date Licensed 05/22/1984
License # 003137 OCHILTREE GENERAL HOSPITAL HOME HEALTH CARE DEPARTMENT
Lic Expire 5/31/2022 2309 S CEDAR
Medicare 1: 457640 HHA-18 PERRYTON, TEXAS 79070
Medicare 2:
Phone (806) 435-2122 Fax (806) 345-3704
Type: Parent Agency Administrator SANDRA BURTON

Owner Information

OCHILTREE HOSPITAL DISTRICT
3101 GARRETT DR
PERRYTON, TX 79070
PHONE: (806) 435-3606 FAX: (806) 648-2813
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **ORANGE** Region 04 Date Licensed 06/01/2007
License # 003520 COMPLETE HOMECARE SERVICES INC
Lic Expire 5/31/2023 3425 MARTIN
Medicare 1: ORANGE, TX 77630
Medicare 2:
Phone (409) 882-0523 Fax (409) 886-4727
Type: Branch Agency Administrator ERNESTO DOMENECH

Owner Information

COMPLETE HOMECARE SERVICES INC
PO BOX 299
JASPER, TX 75951
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **ORANGE** Region 04 Date Licensed 11/21/2019
License # 019709 HELPING HANDS SENIOR CARE
Lic Expire 11/21/2021 1818 24TH ST
Medicare 1: ORANGE, TEXAS 77630
Medicare 2:
Phone 409 221 5280 Fax 409 2385032
Type: Parent Agency Administrator RIDASHA HAFFORD

Owner Information

H B & G INVESTMENTS, LLC
1818 24TH ST
ORANGE, TX 77630
PHONE: (409) 221-5280 FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **ORANGE** Region 04 Date Licensed 09/16/2005
License # 009969 PRESCRIBED HOME HEALTH INC
Lic Expire 9/30/2023 2303 NORTH 16TH ST
Medicare 1: 677832 HHA-18 ORANGE, TX 77630
Medicare 2:
Phone (409) 670-0026 Fax (409) 670-0047
Type: Parent Agency Administrator PAMELA WILLEY

Owner Information

PRESCRIBED HOME HEALTH, INC
198 MAGNOLIA DR
ORANGE, TX 77632
PHONE: (409) 670-0026 FAX: (409) 670-0047
Services: Licensed and Certified Home Health Services

County **ORANGE** Region 04 Date Licensed 04/27/2004
License # 009050 SABINE NECHES HOME HEALTH
Lic Expire 4/30/2023 150 LAMESA DR
Medicare 1: 457824 HHA-18 BRIDGE CITY, TX 77611
Medicare 2:
Phone (409) 735-3757 Fax 4097353783 or 4097356773
Type: Parent Agency Administrator ROBERT LOVELACE

Owner Information

LAKES AREA MEDICAL SUPPLY, INC
150 LAMESA
BRIDGE CITY, TX 77611
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **ORANGE** Region 04 Date Licensed 07/11/2000
License # 007359 SOUTH WEST TEXAS HOME HEALTH INC
Lic Expire 7/31/2022 150 LAMESA DR
Medicare 1: 679081 HHA-18 BRIDGE CITY, TX 77611
Medicare 2:
Phone (409) 735-6100 Fax (409) 735-6773
Type: Parent Agency Administrator ROBERT CRAIG LOVELACE

Owner Information

SOUTH WEST TEXAS HOME HEALTH, INC
150 LAMESA DRIVE
BRIDGE CITY, TX 77611
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **ORANGE** Region 04 Date Licensed 08/22/2000
License # 005037 TEXAS TOTAL CARE INC
Lic Expire 7/31/2022 1880 NORTH MAIN STREET
Medicare 1: VIDOR, TX 77662
Medicare 2:
Phone (409) 832-3011 Fax (409) 832-3071
Type: Branch Agency Administrator DEBBIE DEWBERRY

Owner Information

TEXAS TOTAL CARE INC
21820 IH 10
VIDOR, TX 77662
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **ORANGE** Region 04 Date Licensed 07/15/1996
License # 005037 TEXAS TOTAL CARE INC
Lic Expire 7/31/2022 21820 IH 10
Medicare 1: 458025 HHA-18;67 VIDOR, TX 77662
Medicare 2:
Phone (409) 769-3414 Fax (409) 769-6740
Type: Parent Agency Administrator JULE ALTNAU

Owner Information

TEXAS TOTAL CARE INC
21820 IH 10
VIDOR, TX 77662
PHONE:
FAX:
Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

County **ORANGE** Region 04 Date Licensed 05/01/1989
License # 002033 THE SOUTHEAST TEXAS HOSPICE
Lic Expire 4/30/2022 912 WEST CHERRY
Medicare 1: 451533 HOSPICE ORANGE, TX 77630
Medicare 2:
Phone (409) 886-0622 Fax (409) 886-0623
Type: Parent Agency Administrator MARY MCKENNA

Owner Information

THE SOUTHEAST TEXAS HOSPICE
PO BOX 2385
ORANGE, TX 77630
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **ORANGE** Region 04 Date Licensed 06/03/2020
License # 019981 TRUE LIVING HOME HEALTH, LLC
Lic Expire 6/3/2022 415 KAY ST.
Medicare 1: BRIDGE CITY, TX 77611
Medicare 2:
Phone (806) 685-0258 Fax
Type: Parent Agency Administrator ANGELICA GARNICA

Owner Information

TRUE LIVING HOME HEALTH, LLC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 937 FM 1821 NORTH SUITE A
Medicare 1: MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 325-5255 Fax (940) 325-5258
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 01 Date Licensed 07/01/2007
License # 011458 KINDRED HOSPICE
Lic Expire 6/30/2023 937 FM 1821 NORTH SUITE A-100
Medicare 1: 451703 HOSPICE MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 468-4194 Fax (940) 325-3353
Type: Parent Agency Administrator LATASHA GRAY

Owner Information

TRINITY HOSPICE OF TEXAS, LLC
12900 FOSTER, SUITE 400
OVERLAND PARK, KS 66213
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PALO PINTO** Region 01 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 3/31/2024 2611 HWY 180 W
Medicare 1: 457893 HHA-18 MINERAL WELLS, TEXAS 76067
Medicare 2:
Phone (817) 921-6400 Fax (817) 921-6407
Type: Parent Agency Administrator PHIL CRISWELL RN

Owner Information

MAXUS HEALTHCARE PARTNERS LLC
1050 FOREST PARK BLVD
FORT WORTH, TX 76110
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PALO PINTO** Region 03 Date Licensed 04/01/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 401 W HUBBARD
Medicare 1: 45-1688 MINERAL WELLS, TX 76067
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PANOLA** Region 04 Date Licensed 01/24/2007
License # 002514 HEART'SWAY HOSPICE OF NORTHEAST TEXAS
Lic Expire 4/30/2024 437 W PANOLA ST
Medicare 1: CARTHAGE, TX 75633
Medicare 2:
Phone (903) 690-9924 Fax (903) 690-9217
Type: Alternate Delivery Site Administrator POLLY MAINES

Owner Information

HOSPICE LONGVIEW INC
PO BOX 5608
LONGVIEW, TEXAS 75608
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PANOLA** Region 04 Date Licensed 12/11/2003
License # 007741 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2023 1505 W PANOLA
Medicare 1: CARTHAGE, TX 75633
Medicare 2:
Phone (903) 690-9203 Fax (903) 690-0019
Type: Branch Agency Administrator JANET DALME

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **PARKER** Region 01 Date Licensed 07/29/2004
License # 009222 ALPHA OMEGA HOSPICE LP
Lic Expire 10/31/2021 941 HILLTOP DRIVE
Medicare 1: 451778 HOSPICE WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 238-0770 Fax (817) 238-0786
Type: Parent Agency Administrator JACKIE HARTT

Owner Information

ALPHA OMEGA HOSPICE LP
500 FAULCONER DRIVE
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	PARKER	Region	01	Date Licensed	09/22/2015	Owner Information
License #	017048					CONCARE LLC
Lic Expire	9/30/2023					108 VALHALLA CT
Medicare 1:						ALEDO, TX 76008-3159
Medicare 2:						PHONE:
Phone	(817) 688-3466	Fax	(877) 389-5792			FAX:
Type:	Parent Agency	Administrator	CHRISTINE CONNELLY			Services: Personal Assistance Services
County	PARKER	Region	01	Date Licensed	09/17/2021	Owner Information
License #	021055					TRIPLE BARRY CORPORATION
Lic Expire	9/17/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(817) 609-8166	Fax				FAX:
Type:	Parent Agency	Administrator	MARTIN BAYLOR			Services: Personal Assistance Services
County	PARKER	Region	01	Date Licensed	06/11/2020	Owner Information
License #	020351					E MEDICAL GROUP OF TEXAS NO 1 LLC
Lic Expire	6/11/2022					
Medicare 1:	677099					
Medicare 2:						PHONE:
Phone	(817) 807-0224	Fax	(682) 804-7034			FAX:
Type:	Parent Agency	Administrator	MANDY BRYANT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	PARKER	Region	01	Date Licensed	02/04/2018	Owner Information
License #	018609					BEYONDFAITH HOSPICE OF GARLAND, LLC
Lic Expire	2/28/2022					1475 RICHARDSON DRIVE, SUITE 265
Medicare 1:	741616 HOSPICE					RICHARDSON, TX 75080-4659
Medicare 2:						PHONE:
Phone	(817) 770-0207	Fax	(817) 550-6019			FAX:
Type:	Parent Agency	Administrator	KIMBERLY MAHAN			Services: Hospice In-Patient Hospice: NO
County	PARKER	Region	01	Date Licensed	10/03/2013	Owner Information
License #	015793					CLEAR PATH HOME CARE LLC
Lic Expire	10/31/2023					1515 WEST WALKER
Medicare 1:						BRECKENRIDGE, TX 76424
Medicare 2:						PHONE:
Phone	(254) 559-2030	Fax	(254) 559-2056			FAX:
Type:	Parent Agency	Administrator	BILLINGSELY			Services: Personal Assistance Services
County	PARKER	Region	01	Date Licensed		Owner Information
License #	015793					CLEAR PATH HOME CARE LLC
Lic Expire	10/31/2023					1515 WEST WALKER
Medicare 1:						BRECKENRIDGE, TX 76424
Medicare 2:						PHONE:
Phone	(817) 631-7710	Fax	(817) 631-7711			FAX:
Type:	Branch Agency	Administrator	JAMES SIMMONDS			Services: Personal Assistance Services
County	PARKER	Region	03	Date Licensed	11/01/2006	Owner Information
License #	011086					EH OF FORT WORTH, LP
Lic Expire	10/31/2022					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	817 3414350	Fax	817 3414355			FAX:
Type:	Branch Agency	Administrator	ERIC DENGLER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **PARKER** Region 03 Date Licensed 04/22/2016
License # 017364 HAVEN HOME HEALTH FT WORTH BRANCH STE 200A
Lic Expire 4/30/2022 107 LARSON LANE, STE 200A
Medicare 1: 67Q9291001 ALEDO, TX 76008
Medicare 2:
Phone (817) 298-3300 Fax (817) 441-2772
Type: Branch Agency Administrator MICHAEL MCGIBBON

Owner Information

HAVEN HOME HEALTH LLC
12160 NORTH ABRAMS RD SUITE 100
DALLAS, TX 75243
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PARKER** Region 01 Date Licensed 02/24/2011
License # 013916 HOME SWEET HOMEHEALTH
Lic Expire 2/28/2024 8402 E INTERSTATE 20
Medicare 1: 747777 HHA-18 ALEDO, TEXAS 760083204
Medicare 2:
Phone (817) 731-9100 Fax (817) 882-9700
Type: Parent Agency Administrator MARIE LAWSON

Owner Information

HOME SWEET HOMEHEALTH LLC
6000 WESTERN PLACE SUITE #710
FORT WORTH, TX 76107
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 03 Date Licensed 08/04/2004
License # 009235 HOSPICE PLUS
Lic Expire 8/31/2022 109 E RENTZ STREET
Medicare 1: WEATHERFORD, TX 760865621
Medicare 2:
Phone (817) 598-0566 Fax (817) 598-0571
Type: Alternate Delivery Site Administrator REBECCA JEFFERSON

Owner Information

INTERNATIONAL TUTORING SERVICES LLC
PO BOX 4060 ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **PARKER** Region 01 Date Licensed 06/12/2007
License # 011531 KINDRED AT HOME
Lic Expire 6/30/2022 813 SANTA FE DRIVE SUITE 100
Medicare 1: 679523 HHA-18 WEATHERFORD, TX 76086
Medicare 2:
Phone (817) 599-0192 Fax (817) 599-3694
Type: Parent Agency Administrator JESSICA MCDONALD

Owner Information

INTEGRACARE OF TEXAS, LLC
ATTN: LIC & CERT DEPT 12900 FOSTER S#400
OVERLAND PARK, TX 66213
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **PARKER** Region 01 Date Licensed 02/15/2005
License # 009670 MAIN STREET HOMECARE
Lic Expire 2/28/2023 450 WEST MAIN STREET
Medicare 1: 679052 HHA-18 AZLE, TX 76020
Medicare 2:
Phone (817) 444-7992 Fax (817) 444-7768
Type: Parent Agency Administrator BETTY BUSCH

Owner Information

NURSES ETC INC
450 WEST MAIN STREET
AZLE, TX 76020
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	PARKER	Region	01	Date Licensed	12/15/1997	Owner Information
License #	006257					HOMEBOUND HOSPICE INC
Lic Expire	12/31/2023					6420 SW BLVD
Medicare 1:	451687 HOSPICE					FORT WORTH, TX 76109-6905
Medicare 2:						PHONE:
Phone	(817) 444-7992	Fax	(817) 444-7768			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	BETTY BUSCH			
County	PARKER	Region	03	Date Licensed	10/16/2006	Owner Information
License #	007938					SOLARIS HOSPICE, INC
Lic Expire	3/31/2023					2250 S FM 51 SUITE 400
Medicare 1:	45-1688					DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011	Fax	(940) 627-3160			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			
County	PARKER	Region	01	Date Licensed	03/22/2012	Owner Information
License #	014700					LAURENZO SERVICES INC
Lic Expire	3/31/2022					133 SAM BASS ROAD
Medicare 1:						WILLOW PARK, TX 76087
Medicare 2:						PHONE:
Phone	(817) 927-1925	Fax	(888) 667-1750			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	DAVID LAURENZO			
County	PARKER	Region	01	Date Licensed	02/23/2015	Owner Information
License #	016654					THUNDER HOME HEALTH SERVICES LLC
Lic Expire	2/28/2021					5508 SHADY SPRINGS TRL
Medicare 1:						FORT WORTH, TEXAS 76179
Medicare 2:						PHONE:
Phone	(469) 735-0194	Fax	(682) 200-2635			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	NEVILLE TSHIAMALA			
County	PARKER	Region	01	Date Licensed	06/21/2016	Owner Information
License #	017472					WILLOW PARK HOMEHEALTH SERVICES INC
Lic Expire	6/30/2022					4971 E I-20 SERVICE ROAD N STE 201
Medicare 1:						WILLOW PARK, TX 76087
Medicare 2:						PHONE:
Phone	(817) 441-2080	Fax	(817) 441-2081			FAX:
						Services: Hospice; Licensed Home Health Services; Personal Assistance Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	BUNMI BAMIDELE			
County	PARMER	Region	01	Date Licensed	07/19/2010	Owner Information
License #	013604					WEST TEXAS HOME HEALTH INC
Lic Expire	7/31/2022					807 WEST AVE.
Medicare 1:	677617 HHA-18;67					WELLINGTON, TX 79095
Medicare 2:						PHONE:
Phone	(806) 247-0057	Fax	(806) 247-0187			FAX:
						Services: Hospice; Licensed and Certified Home Health Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	PENNY PHILLIPS			
County	PECOS	Region	01	Date Licensed	09/24/2004	Owner Information
License #	009326					PECOS COUNTY MEMORIAL HOSPITAL
Lic Expire	9/30/2022					PO BOX 1648
Medicare 1:	673107 HHA-18;67					FORT STOCKTON, TX 79735
Medicare 2:						PHONE:
Phone	(432) 336-7044	Fax	(844) 315-6526			FAX:
						Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	KATHY SARABIA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	POLK	Region	04	Date Licensed	08/25/1995	Owner Information
License #	002409	A PINEYWOODS HOME HEALTH CARE INC			A PINEYWOODS HOME HEALTH CARE INC	
Lic Expire	8/31/2022	1601 US HIGHWAY 59 LOOP NORTH SUITE 300			P.O. BOX 1743	
Medicare 1:		LIVINGSTON, TX 77351			LUFKIN, TEXAS 75902	
Medicare 2:					PHONE:	FAX:
Phone	(936) 327-7812	Fax	(936) 327-7816		Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	KERRI GRIFFIN			
County	POLK	Region	04	Date Licensed	08/19/2015	Owner Information
License #	016984	ALL PERSONAL ASSISTANCE LLC			ALL PERSONAL ASSISTANCE LLC	
Lic Expire	8/31/2024	2410 HWY190 W STE B			2410 US HWY 190 W STE B	
Medicare 1:		LIVINGSTON, TX 77351			LIVINGSTON, TX 77351	
Medicare 2:					PHONE:	FAX:
Phone	(936) 967-2552	Fax	(936) 967-2551		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LACEY OVERSTREET-PHILLIPS			
County	POLK	Region	06	Date Licensed		Owner Information
License #	017398	ELYSIAN HOSPICE			ELYSIAN HOSPICE HOUSTON LLC	
Lic Expire	3/31/2022	301 HIGHWAY 59 LOOP SOUTH, SUITE F			2537 GOLDEN BEAR DRIVE	
Medicare 1:	671786	LIVINGSTON, TX 77351			CARROLLTON, TX 75006	
Medicare 2:					PHONE:	FAX:
Phone	(936) 327-0239	Fax	(936) 327-0224		Services: Hospice	
Type:	Alternate Delivery Site	Administrator	STEPHANIE MORRIS			
County	POLK	Region	04	Date Licensed	07/15/2005	Owner Information
License #	010286	ENCOMPASS HEALTH HOME HEALTH			DOSIK, INC	
Lic Expire		2784 US HIGHWAY 190 W, SUITE 300			6688 NORTH CENTRAL EXPRESSWAY SUITE 1300	
Medicare 1:	678324 HHA-18	LIVINGSTON, TEXAS 773518734			DALLAS, TX 75206	
Medicare 2:					PHONE:	FAX:
Phone	936 2474700	Fax	936 2052149		Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	SCOTT BRACKIN			
County	POLK	Region	04	Date Licensed	05/29/2012	Owner Information
License #	014825	HARBOR HOSPICE OF LIVINGSTON LP			HARBOR HOSPICE OF LIVINGSTON LP	
Lic Expire	5/31/2022	317 WEST CHURCH STREET SUITE 112			3406 COLLEGE STREET	
Medicare 1:	671760 HOSPICE	LIVINGSTON, TX 77351			BEAUMONT, TX 77701	
Medicare 2:					PHONE:	FAX:
Phone	(936) 327-8010	Fax	(936) 205-1392		Services: Hospice	
Type:	Parent Agency	Administrator	KELLY BADGER			
County	POLK	Region	04	Date Licensed	07/29/2010	Owner Information
License #	011503	KAMCARE HOME HEALTH SERVICES LLC			KAMCARE HOME HEALTH SERVICES LLC	
Lic Expire	6/30/2022	416A NORTH STREET			171 OLD MILL CENTER	
Medicare 1:	67Q9719001	NACOGDOCHES, TEXAS 75961			LIVINGSTON, TX 77351	
Medicare 2:					PHONE:	FAX:
Phone	(866) 344-2821	Fax	(866) 288-4125		Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	CHASE JONES			
County	POLK	Region	04	Date Licensed	08/03/2010	Owner Information
License #	013607	KINDRED HOSPICE			AMERICAN HOSPICE, INC	
Lic Expire	8/31/2022	210 WEST PARK DRIVE SUITE 107			PO BOX 4060	
Medicare 1:	671609 HOSPICE	LIVINGSTON, TX 77351			MOORESVILLE, NC 28117	
Medicare 2:					PHONE:	FAX:
Phone	(936) 327-5888	Fax	(936) 327-5899		Services: Hospice	
Type:	Parent Agency	Administrator	DANA PLACKER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	POLK	Region	06	Date Licensed		Owner Information
License #	019127					RELIANT HOSPICE OF HOUSTON LLC
Lic Expire	7/1/2022					12947 LAKE CONROE HILLS DRIVE SUITE C
Medicare 1:						WILLIS, TX 75860
Medicare 2:						PHONE:
Phone	(936) 856-6888	Fax	(877) 322-3298			FAX:
Type:	Alternate Delivery Site	Administrator	CASEY WILSON			Services: Hospice Alternative Delivery Site (ADS)
						In-Patient Hospice: NO
County	POTTER	Region	01	Date Licensed	08/30/2011	Owner Information
License #	012120					KINDSTAR, INC
Lic Expire	7/31/2023					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	45-1774					DALLAS, TX 75284
Medicare 2:						PHONE:
Phone	(806) 352-4303	Fax	(806) 352-3911			FAX:
Type:	Alternate Delivery Site	Administrator	AMANDA HUNSAKER			Services: Hospice
						In-Patient Hospice: NO
County	POTTER	Region	01	Date Licensed	10/10/1996	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	(806) 467-0672	Fax	(806) 467-0674			FAX:
Type:	Branch Agency	Administrator	TRACY FOLLER			Services: Licensed Home Health Services; Personal Assistance Services
County	POTTER	Region	01	Date Licensed	10/10/1996	Owner Information
License #	003467					NURSES UNLIMITED INC
Lic Expire	1/31/2025					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	(806) 467-0672	Fax	(806) 467-0674			FAX:
Type:	Branch Agency	Administrator	TRACY FOLLER			Services: Licensed Home Health Services; Personal Assistance Services
County	POTTER	Region	01	Date Licensed	11/30/2020	Owner Information
License #	020357					NURSES UNLIMITED INC
Lic Expire	11/30/2022					P. O BOX 4534
Medicare 1:						ODESSA, TX 79760
Medicare 2:						PHONE:
Phone	806 4670672	Fax	806 4670674			FAX:
Type:	Parent Agency	Administrator	TARA PARMENTER			Services: Licensed Home Health Services; Personal Assistance Services
County	POTTER	Region	01	Date Licensed	01/30/2014	Owner Information
License #	016005					AMA RUBY SLIPPERS CARE INC
Lic Expire	1/31/2024					2300N. WESTERN
Medicare 1:						AMARILLO, TX 79124
Medicare 2:						PHONE:
Phone	(806) 410-2010	Fax	(806) 410-2010			FAX:
Type:	Parent Agency	Administrator	CHERYL TWEET			Services: Personal Assistance Services
County	POTTER	Region	01	Date Licensed	11/05/2009	Owner Information
License #	012959					AMARILLOS BEST HOME HEALTHCARE INC
Lic Expire	11/30/2023					1900 S COULTER UNIT N
Medicare 1:	747550 HHA-18					AMARILLO, TX 79106
Medicare 2:						PHONE:
Phone	(806) 322-5858	Fax	(806) 322-5859			FAX:
Type:	Parent Agency	Administrator	KIMBERLY ESTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 03 Date Licensed 01/22/2010
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 6300 WEST IH 40 SUITE 110
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 353-2700 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 01 Date Licensed 09/14/2010
License # 011689 BSA COMPASSION HOME CARE
Lic Expire 10/31/2023 1300 SOUTH HARRISON, SUITE 307
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 322-0991 Fax (806) 322-0992
Type: Branch Agency Administrator DANA MADISON

Owner Information

CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed 11/01/2007
License # 011689 BSA COMPASSION HOME CARE
Lic Expire 10/31/2023 5211 SW 9TH AVENUE
Medicare 1: 677943 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 351-8522 Fax (806) 355-7408
Type: Parent Agency Administrator DANA MADISON

Owner Information

CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **POTTER** Region 01 Date Licensed 04/28/2005
License # 009721 BSA HOSPICE OF THE SOUTHWEST
Lic Expire 4/30/2022 5211 SW 9TH AVENUE
Medicare 1: 671501 HOSPICE AMARILLO, TX 79106
Medicare 2:
Phone (806) 356-0026 Fax (806) 358-3114
Type: Parent Agency Administrator RONNIE ATKINS

Owner Information

FMC LUBBOCK LLC
5211 SW 9TH
AMARILLO, TX 79106
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: YES

County **POTTER** Region 01 Date Licensed 02/21/1990
License # 002118 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 2/28/2023 1619 S KENTUCKY STE F-630
Medicare 1: 457381 HHA-18 AMARILLO, TX 79102
Medicare 2:
Phone 806 4637051 Fax 806 4637058
Type: Parent Agency Administrator CAROL TANKERSLEY

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **POTTER** Region 01 Date Licensed 09/11/2020
License # 020668 CARING SENIOR SERVICE OF AMARILLO
Lic Expire 9/11/2022 1100 S FILLMORE STREET
Medicare 1: AMARILLO, TEXAS 79101
Medicare 2:
Phone (806) 373-8940 Fax
Type: Parent Agency Administrator ASHLEE WOTHAM

Owner Information

DTS TEXAS OPS, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **POTTER** Region 01 Date Licensed 03/31/2005
License # 009669 CHILDREN'S HOME HEALTHCARE
Lic Expire 3/31/2022 1612 S VAN BUREN STREET
Medicare 1: 457841 HHA-18 AMARILLO, TX 79102
Medicare 2:
Phone (806) 367-6612 Fax (806) 367-7148
Type: Parent Agency Administrator BUDDY WILSON

Owner Information

DJK HOME HEALTHCARE LLC
901 WATERFALL WAY SUITE 105
RICHARDSON, TX 75080
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **POTTER** Region 01 Date Licensed 10/27/2021
License # 021162 COMMUNITY HOME CARERS LLC
Lic Expire 10/27/2024 6041 WEST INTERSTATE 40 E159
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 410-5441 Fax NA
Type: Parent Agency Administrator KIVEN PETER NSAMELUH

Owner Information

COMMUNITY HOME CARERS LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **POTTER** Region 01 Date Licensed 03/31/2016
License # 017335 COMPASSION AT HOME
Lic Expire 3/31/2022 400 W 14TH ST SUITE 1000
Medicare 1: AMARILLO, TX 79101
Medicare 2:
Phone (806) 337-5953 Fax (806) 337-5956
Type: Parent Agency Administrator BRADLEY MADISON

Owner Information

CAMDEN BAY LTD
10207 INDIANA AVENUE
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Personal Assistance Services

County	POTTER	Region	01	Date Licensed	09/30/2005	Owner Information
License #	010011					DELCORP HOME HEALTH SERVICES INC
Lic Expire	9/30/2023					1408 S JEFFERSON STREET SUITE 114
Medicare 1:	679534 HHA-18					AMARILLO, TX 79101-4048
Medicare 2:						PHONE:
Phone	(806) 373-8100	Fax	(866) 325-5410			FAX:
Type:	Parent Agency	Administrator	DOROTHY OMEIRE			
County	POTTER	Region	01	Date Licensed	12/01/2004	Owner Information
License #	009484					ABBA HOME HEALTH, LP
Lic Expire	11/30/2022					6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	677447 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	806 3511700	Fax	806 3511777			FAX:
Type:	Parent Agency	Administrator	AMBER BRYSON-CAGE			
County	POTTER	Region	01	Date Licensed	08/05/2015	Owner Information
License #	016954					ABBA HOME HEALTH, LP
Lic Expire	8/31/2024					6688 N CENTRAL EXPRESSWAY SUITE 1300
Medicare 1:	741634 HOSPICE					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	806 2234741	Fax	806 5774816			FAX:
Type:	Parent Agency	Administrator	LESIA SMITH			
County	POTTER	Region	01	Date Licensed	03/22/2012	Owner Information
License #	014910					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(806) 353-2101	Fax	(806) 353-2674			FAX:
Type:	Parent Agency	Administrator	MIKAL HUFF			
County	POTTER	Region	01	Date Licensed	07/31/2018	Owner Information
License #	018856					GIVING HOME HEALTH CARE LLC
Lic Expire						1600 S COULTER #D404
Medicare 1:						AMARILLO, TX 79106
Medicare 2:						PHONE:
Phone	(806) 350-3332	Fax	(806) 553-3088			FAX:
Type:	Parent Agency	Administrator	CHANDRA CRAWFORD			
County	POTTER	Region	01	Date Licensed	09/19/2013	Owner Information
License #	015882					HIGH PLAINS SENIOR CARE INC
Lic Expire	12/31/2023					SAME
Medicare 1:	459482 HHA-18					AMARILLO, TX 79102
Medicare 2:						PHONE:
Phone	(806) 355-1899	Fax	(806) 355-4312			FAX:
Type:	Parent Agency	Administrator	CHRIS ADCOCK			
County	POTTER	Region	01	Date Licensed	09/19/2013	Owner Information
License #	015882					HIGH PLAINS SENIOR CARE INC
Lic Expire	12/31/2023					SAME
Medicare 1:	459482 HHA-18					AMARILLO, TX 79102
Medicare 2:						PHONE:
Phone	(806) 355-1899	Fax	(806) 355-4312			FAX:
Type:	Parent Agency	Administrator	CHRIS ADCOCK			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	POTTER	Region	01	Date Licensed	12/22/2016	Owner Information	
License #	017941					A P HEALTH AND PALLIATIVE CARE, INC	
Lic Expire	2/28/2023					SAME	
Medicare 1:	741672 HOSPICE					HOUSTON, TX 77057	
Medicare 2:						PHONE:	
Phone	806 3507100	Fax	806 3507104			FAX:	
Type:	Parent Agency	Administrator	CRAIG JOHNSON				Services: Hospice In-Patient Hospice: NO
County	POTTER	Region	01	Date Licensed	04/01/2008	Owner Information	
License #	012029					RIVERCREST HOME HEALTH CARE INC	
Lic Expire	3/31/2022					PO BOX 51266	
Medicare 1:	679259 HHA-18					LAFAYETTE, LA	
Medicare 2:						PHONE:	
Phone	(806) 356-8911	Fax	(806) 356-8922			FAX:	
Type:	Parent Agency	Administrator	ASHLEY FLAHERTY				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	POTTER	Region	01	Date Licensed	11/05/2021	Owner Information	
License #	021188					WOODLAKE HEALTHCARE LLC	
Lic Expire	9/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(806) 576-0075	Fax				FAX:	
Type:	Parent Agency	Administrator	JONATHAN "TRAVIS" JONES				Services: Hospice In-Patient Hospice: NO
County	POTTER	Region	01	Date Licensed	09/15/2009	Owner Information	
License #	012937					INTEGRACARE OF WEST TEXASHOME HEALTH, LLC	
Lic Expire	9/30/2023					12900 FOSTER SUITE 400	
Medicare 1:	457590 HHA-18					OVERLAND PARK, KS 66213	
Medicare 2:						PHONE:	
Phone	(806) 353-3601	Fax	(806) 355-5867			FAX:	
Type:	Parent Agency	Administrator	TONI STONER				Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	POTTER	Region	01	Date Licensed	11/07/2019	Owner Information	
License #	019690					NUCLEAR CARE PARTNERS, LLC	
Lic Expire	11/7/2023						
Medicare 1:							
Medicare 2:						PHONE:	
Phone	(888) 525-5111	Fax	(888) 525-5115			FAX:	
Type:	Parent Agency	Administrator	STACY TODD				Services: Licensed Home Health Services
County	POTTER	Region	01	Date Licensed	08/31/2011	Owner Information	
License #	014315					NURSECORE MANAGEMENT SERVICES LLC	
Lic Expire	8/31/2024					PO BOX 201925	
Medicare 1:						ARLINGTON, TX 76006	
Medicare 2:						PHONE:	
Phone	(806) 358-7300	Fax	(806) 358-7301			FAX:	
Type:	Parent Agency	Administrator	BRIANNA CONRAD				Services: Licensed Home Health Services; Personal Assistance Services
County	POTTER	Region	01	Date Licensed		Owner Information	
License #	007334					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP	
Lic Expire	5/31/2024					1919 S SHILOH RDSTE 102 LB 28	
Medicare 1:						GARLAND, TX 75042	
Medicare 2:						PHONE:	
Phone	806 3730986	Fax	806 3735128			FAX: (972) 792-6739	
Type:	Branch Agency	Administrator	BRANDI LOVE				Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	POTTER	Region	01	Date Licensed		Owner Information
License #	007334					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2024					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE: FAX: (972) 792-6739
Phone	806 3730986	Fax	806 3735128			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	CINDY GORDON			
County	POTTER	Region	01	Date Licensed	03/17/2017	Owner Information
License #	017959					PROFESSIONAL CASE MANAGEMENT OF TEXAS LLC
Lic Expire	3/31/2023					500 E 8TH AVENUE
Medicare 1:						DENVER, CO 80203
Medicare 2:						PHONE: FAX:
Phone	(806) 686-2525	Fax	(844) 852-4286			Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	KIMBERLY MUNGER			
County	POTTER	Region	01	Date Licensed	02/08/2007	Owner Information
License #	008662					KINDSTAR, INC DO NOT USE
Lic Expire	9/30/2022					1934 MEDI PARK DRIVE
Medicare 1:	45Q7754005					AMARILLO, TX 79106
Medicare 2:						PHONE: FAX:
Phone	(806) 352-3900	Fax	(806) 352-3906			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	LINDSEY HENSON			
County	POTTER	Region	01	Date Licensed	02/08/2007	Owner Information
License #	008662					KINDSTAR, INC
Lic Expire	9/30/2022					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	45Q7754005					DALLAS, TX 75284
Medicare 2:						PHONE: FAX:
Phone	(806) 352-3900	Fax	(806) 352-3906			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	LINDSEY HENSON			
County	POTTER	Region	01	Date Licensed	02/08/2007	Owner Information
License #	008662					KINDSTAR, INC DO NOT USE
Lic Expire	9/30/2022					1934 MEDI PARK DRIVE
Medicare 1:	45Q7754005					AMARILLO, TX 79106
Medicare 2:						PHONE: FAX:
Phone	(806) 352-3900	Fax	(806) 352-3906			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	LINDSEY HENSON			
County	POTTER	Region	01	Date Licensed	09/19/2003	Owner Information
License #	008662					KINDSTAR, INC
Lic Expire	9/30/2022					17855 N. DALLAS PARKWAY DR. #200
Medicare 1:	457754 HHA-18					DALLAS, TX 75284
Medicare 2:						PHONE: FAX:
Phone	(806) 352-3900	Fax	(806) 352-3906			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LINDSEY HENSON			
County	POTTER	Region	01	Date Licensed	09/19/2003	Owner Information
License #	008662					KINDSTAR, INC DO NOT USE
Lic Expire	9/30/2022					1934 MEDI PARK DRIVE
Medicare 1:	457754 HHA-18					AMARILLO, TX 79106
Medicare 2:						PHONE: FAX:
Phone	(806) 352-3900	Fax	(806) 352-3906			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LINDSEY HENSON			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **POTTER** Region 01 Date Licensed 09/19/2003
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 1934 MEDI PARK DR
Medicare 1: 457754 HHA-18 AMARILLO, TX 79106
Medicare 2:
Phone (806) 352-3900 Fax (806) 352-3906
Type: Parent Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC DO NOT USE
1934 MEDI PARK DRIVE
AMARILLO, TX 79106
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 01 Date Licensed 07/20/2017
License # 018182 TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC
Lic Expire 7/31/2023 3501 S. SONCY ROAD SUITE 133
Medicare 1: AMARILLO, TX 79119
Medicare 2:
Phone (817) 718-0867 Fax (806) 576-3838
Type: Parent Agency Administrator TANYA HEFNER

Owner Information

TEXAS UNITED ENERGY WORKERS HEALTHCARE LLC
614 E. MAIN STREET, SUITE C
RIVERTON, WY 82501
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **POTTER** Region 01 Date Licensed 03/27/2015
License # 016709 VISITING ANGELS
Lic Expire 3/31/2023 6009 BELPREE RD
Medicare 1: AMARILLO, TX 79106
Medicare 2:
Phone (806) 344-8264 Fax (806) 344-8672
Type: Parent Agency Administrator LINDA COMER

Owner Information

HARRY M HOMECARE INC
2314 LAKEVIEW
AMARILLO, TX 79109
PHONE: FAX:
Services: Personal Assistance Services

County **RAINS** Region 04 Date Licensed 06/18/2003
License # 007525 AMERICAN HOME CARE
Lic Expire 1/31/2022 600 E LENNON SUITE 130
Medicare 1: EMORY, TX 75440
Medicare 2:
Phone (903) 473-4401 Fax (903) 473-4403
Type: Branch Agency Administrator CHORLECIA PRITCHETT

Owner Information

TBHL INC
211 WEST MOORE AVE
TERRELL, TX 75160
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **RANDALL** Region 01 Date Licensed 12/01/2000
License # 007538 GOODCARE SERVICES
Lic Expire 11/30/2022 4107 W 49TH
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (806) 373-7373 Fax (806) 342-3300
Type: Parent Agency Administrator KENNETH CARGLE

Owner Information

THE KENDRA COMPANY LLC
4107 WEST 49TH
AMARILLO, TX 79101
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **RANDALL** Region 01 Date Licensed 01/22/2019
License # 019211 HIGH PLAINS HOME CARE ASSISTANCE LLC
Lic Expire 1/22/2023 2730 DUNIVEN CIRCLE, SUITE B
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (806) 803-9991 Fax (806) 803-9996
Type: Parent Agency Administrator KIM DYSON MAY

Owner Information

HIGH PLAINS HOME CARE ASSISTANCE LLC
106 DOLPHIN TERRACE
AMARILLO, TEXAS 79118
PHONE: FAX:
Services: Personal Assistance Services

County **RANDALL** Region 01 Date Licensed 10/31/2001
License # 007787 INTERIM HEALTHCARE OF AMARILLO
Lic Expire 10/31/2023 3501 SOUTH SONCY STE 134
Medicare 1: 459426 HHA-18 AMARILLO, TX 79119
Medicare 2:
Phone (806) 467-1156 Fax (806) 467-1168
Type: Parent Agency Administrator TWILA RUTTER

Owner Information

INTERIM HEALTHCARE OF WEST TEXAS, LLC
3305 101ST STREET, STE 100
LUBBOCK, TEXAS 79423
PHONE: () - 1 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **RANDALL** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 3501 SOUTH SONCY ROAD, STE 134
Medicare 1: AMARILLO, TX 79119
Medicare 2:
Phone (806) 352-0241 Fax (806) 352-4753
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **RANDALL** Region 01 Date Licensed 09/15/2009
License # 012961 KINDRED HOSPICE
Lic Expire 9/30/2023 3232 HOBBS AVENUE SUITE A
Medicare 1: 451663 HOSPICE AMARILLO, TX 79109
Medicare 2:
Phone (806) 372-7696 Fax (806) 372-2825
Type: Parent Agency Administrator STACIE FAWELL

Owner Information

INTEGRACARE OF WEST TEXAS HOSPICE, LLC
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **RANDALL** Region 01 Date Licensed 10/20/2021
License # 021143 SUPERIOR HOME AND RESPITE CARE
Lic Expire 10/20/2024 5301 MESQUITE SPRINGS TRAIL
Medicare 1: AMARILLO, TEXAS 79119
Medicare 2:
Phone (806) 236-5746 Fax
Type: Parent Agency Administrator JAN CANNON

Owner Information

SUPERIOR HOME AND RESPITE CARE
PO BOX 52312
AMARILLO, TEXAS 79159
PHONE: FAX:
Services: Personal Assistance Services

County **RANDALL** Region 01 Date Licensed 06/12/2007
License # 011386 THE BASICS AT JAN WERNER
Lic Expire 6/30/2024 3108 S FILLMORE
Medicare 1: AMARILLO, TX 79110
Medicare 2:
Phone 806 3739447 Fax 806 3739446
Type: Parent Agency Administrator KRISTEN "KRISSY" HURT

Owner Information

AMARILLO MULTISERVICE CENTER FOR THE AGING INC
SAME
AMARILLO, TX 79110-1026
PHONE: (806) 374-5516 FAX: (806) 373-9446
Services: Licensed Home Health Services

County **RANDALL** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 8/31/2022 3505 OLSEN BLVD SUITE #215
Medicare 1: AMARILLO, TX 79109
Medicare 2:
Phone (806) 467-1700 Fax (806) 467-1321
Type: Branch Agency Administrator JANET BOWLES

Owner Information

TOUCH OF CLASS
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **RANDALL** Region 01 Date Licensed 02/06/2018
License # 018593 TRUE BLESSINGS LLC
Lic Expire 2/28/2022 1404 4TH AVENUE
Medicare 1: CANYON, TEXAS 79015
Medicare 2:
Phone (806) 731-6266 Fax (806) 476-0579
Type: Parent Agency Administrator MARLA GALES

Owner Information

TRUE BLESSINGS LLC
PO BOX 665
CANYON, TX 79015
PHONE: FAX:
Services: Personal Assistance Services

County **RED RIVER** Region 04 Date Licensed 11/28/2005
License # 010155 COUNTRY HOME CARE
Lic Expire 11/30/2024 1505 W MAIN ST
Medicare 1: 677887 HHA-18 CLARKSVILLE, TX 75426
Medicare 2:
Phone (903) 427-8366 Fax (903) 427-8369
Type: Parent Agency Administrator TONYA PENDLETON

Owner Information

COUNTRY HOME CARE INC
1505 W MAIN STREET
CLARKSVILLE, TX 75426
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	RED RIVER	Region	04	Date Licensed	05/12/2006	Owner Information
License #	010450					LEWIS HOME HEALTH CARE INC
Lic Expire	5/31/2023					PO BOX 28
Medicare 1:	679546 HHA-18					BOGATA, TX 75417
Medicare 2:						PHONE:
Phone	(903) 632-2173	Fax	(903) 632-2174			FAX:
Type:	Parent Agency	Administrator	DONITA LEWIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	REEVES	Region	01	Date Licensed	03/16/2017	Owner Information
License #	018091					REEVES COUNTY HOSPITAL DISTRICT
Lic Expire	3/31/2023					2323 TEXAS STREET
Medicare 1:	677210 HHA-18;45					PECOS, TX 79772
Medicare 2:						PHONE:
Phone	(432) 445-3330	Fax	(432) 445-3331			FAX:
Type:	Parent Agency	Administrator	BRENDA MCKINNEY			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	ROBERTSON	Region	05	Date Licensed	02/02/2006	Owner Information
License #	010271					MERRYMAN HOME HEALTH INC
Lic Expire	5/30/2021					PO BOX 247
Medicare 1:	679536 HHA-18					FRANKLIN, TX 77856
Medicare 2:						PHONE:
Phone	(979) 828-1173	Fax	(979) 828-3426			FAX:
Type:	Parent Agency	Administrator	KIMBERLY MCCORMICK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ROBERTSON	Region	05	Date Licensed	08/05/2020	Owner Information
License #	020094					V'S SERVANT HEARTS HOME CARE SERVICE LLC
Lic Expire	8/5/2022					114 S. MAGNOLIA ST.
Medicare 1:						HEARNE, TEXAS 77859
Medicare 2:						PHONE:
Phone	(979) 393-0254	Fax				FAX:
Type:	Parent Agency	Administrator	LAVOSHA BENFORD			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	05/04/2020	Owner Information
License #	019910					247 COMMUNITY HOME CARE INC
Lic Expire	5/4/2022					293 BLACKHAW DRIVE
Medicare 1:						FATE, TEXAS 75087
Medicare 2:						PHONE:
Phone	(469) 964-3310	Fax	(469) 732-3420			FAX:
Type:	Parent Agency	Administrator	LANEAN LANG			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	11/19/2018	Owner Information
License #	019337					TILLIE J LLC
Lic Expire	7/28/2021					232 DEVONPORT DRIVE
Medicare 1:						ROCKWALL, TEXAS 75032
Medicare 2:						PHONE:
Phone	(214) 771-1116	Fax				FAX:
Type:	Parent Agency	Administrator	ANGELA KIRBY			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	08/03/2017	Owner Information
License #	018226					ALKRIST HOME HEALTH INC
Lic Expire	8/31/2019					596 PENDLETON DRIVE
Medicare 1:						ROCKWALL, TX 75032
Medicare 2:						PHONE:
Phone	(972) 369-4435	Fax	(972) 369-4435			FAX:
Type:	Parent Agency	Administrator	GRACE INYANG			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ROCKWALL	Region	04	Date Licensed	10/01/2001	Owner Information
License #	007525					TBHL INC
Lic Expire	1/31/2022					211 WEST MOORE AVE
Medicare 1:						TERRELL, TX 75160
Medicare 2:						PHONE:
Phone	(972) 771-4558	Fax	(972) 771-4288			FAX:
Type:	Branch Agency	Administrator	CHORLECIA PRITCHETT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	09/24/2021	Owner Information
License #	021072					CAMISSA HOME HEALTH AGENCY LLC
Lic Expire	9/24/2024					SAME
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 655-0038	Fax	(972) 463-0414			FAX:
Type:	Parent Agency	Administrator	FRANCOISE WAMBO FOMUNUNG			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	02/01/2007	Owner Information
License #	011332					CHILEX HOME CARE SERVICES INC
Lic Expire	1/31/2023					127 HAMPSHIRE LANE
Medicare 1:	677846 HHA-18					ROCKWALL, TX 75032
Medicare 2:						PHONE:
Phone	(972) 772-2940	Fax	(972) 772-2956			FAX:
Type:	Parent Agency	Administrator	HAPPINESS NWABUKO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	09/03/2003	Owner Information
License #	008625					ALVERA REHAB ASSOCIATES INC
Lic Expire	9/30/2024					55 NOBLE COURT #110
Medicare 1:	679377 HHA-18					ROCKWALL, TX 75032
Medicare 2:						PHONE:
Phone	(972) 772-5086	Fax	(972) 771-5686			FAX:
Type:	Parent Agency	Administrator	ARMIDA JUANE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ROCKWALL	Region	03	Date Licensed	09/09/2013	Owner Information
License #	015759					FREEDOM AT HOME DIALYSIS, LLC
Lic Expire	9/30/2023					55 NOBLE COURT, SUITE#110
Medicare 1:						ROCKWALL, TX 75032
Medicare 2:						PHONE:
Phone	(469) 402-3450	Fax	(469) 402-0940			FAX:
Type:	Parent Agency	Administrator	TANYA GRIFFIN			Services: Licensed Home Health Services with Dialysis
County	ROCKWALL	Region	03	Date Licensed	05/19/2016	Owner Information
License #	017408					LAKEPOINT COMPASSION HOME CARE LLC
Lic Expire	5/31/2022					190 DRYWELL CT
Medicare 1:						ROYSE CITY, TEXAS 75189
Medicare 2:						PHONE:
Phone	(972) 722-7833	Fax	(844) 270-7015			FAX:
Type:	Parent Agency	Administrator	STEVE HANSON			Services: Personal Assistance Services
County	ROCKWALL	Region	04	Date Licensed	10/14/2013	Owner Information
License #	015975					HOME CARE NETWORK EAST INC
Lic Expire	10/31/2024					1701 N. HAMPTON ROAD, SUITE G
Medicare 1:						DESOTO, TEXAS 75115
Medicare 2:						PHONE:
Phone	(469) 757-3052	Fax	(972) 961-3984			FAX:
Type:	Branch Agency	Administrator	SAUNDRA HILL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	ROCKWALL	Region	04	Date Licensed	04/07/2009	Owner Information
License #	011067					GREENVILLE PHYSICIANS CHOICE HOMECARE LLC
Lic Expire	2/28/2025					4315 RIDGECREST DR
Medicare 1:						GREENVILLE, TX 75402
Medicare 2:						PHONE:
Phone	(972) 412-9916	Fax	(972) 412-9971			FAX:
Type:	Branch Agency	Administrator	DELAUNTE CRAWFORD			Services: Licensed Home Health Services; Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	11/18/2005	Owner Information
License #	009451					DALLAS PHYSICIANS CHOICE HOMECARE LLC
Lic Expire	12/31/2023					200 E MAIN STREET
Medicare 1:						MESQUITE, TX 75149
Medicare 2:						PHONE:
Phone	(972) 412-9916	Fax	(972) 412-9971			FAX:
Type:	Branch Agency	Administrator	DELAUNTE CRAWFORD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	05/04/2020	Owner Information
License #	019909					RADIANT HEART HOME CARE LLC
Lic Expire	5/4/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 500-5582	Fax				FAX:
Type:	Parent Agency	Administrator	GENEVIEVE MARTIN			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	11/11/2019	Owner Information
License #	019586					MIP SERVICES
Lic Expire	9/10/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 314-1774	Fax	(469) 440-8812			FAX:
Type:	Parent Agency	Administrator	RACHEL REYNOLDS			Services: Personal Assistance Services
County	ROCKWALL	Region	03	Date Licensed	07/01/2021	Owner Information
License #	020877					SHEENA HEALTH CARE SERVICES INC
Lic Expire	7/1/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 924-2110	Fax				FAX:
Type:	Parent Agency	Administrator	CAREN MUNAI			Services: Licensed Home Health Services
County	ROCKWALL	Region	03	Date Licensed	02/09/2018	Owner Information
License #	018607					AEGIS HOME HEALTH INC
Lic Expire	2/28/2022					1221 ARISTA LANE
Medicare 1:	457937 HHA-18					ROCKWALL, TX 75032
Medicare 2:						PHONE:
Phone	(214) 771-0771	Fax	(972) 772-9425			FAX:
Type:	Parent Agency	Administrator	NEVILLE GOVENDER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	ROCKWALL	Region	03	Date Licensed	05/27/1988	Owner Information
License #	001939					SUNRISE HOME HEALTH SERVICES OF AMERICA INC
Lic Expire	5/31/2022					PO BOX 494728
Medicare 1:	677158 HHA-18					GARLAND, TX 75049
Medicare 2:						PHONE:
Phone	(972) 278-1414	Fax	(972) 772-9425			FAX:
Type:	Parent Agency	Administrator	NEVILLE GOVENDER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **ROCKWALL** Region 03 Date Licensed 02/15/2019
License # 019259 SUPERIOR HELPERS
Lic Expire 2/15/2023 1648 TROWBRIDGE CIRCLE
Medicare 1: ROCKWALL, TEXAS 750320021
Medicare 2:
Phone (316) 377-4770 Fax (833) 790-2263
Type: Parent Agency Administrator CHRISTOPHER TOUOBOUN

Owner Information

SUPERIOR HELPERS LIABILITY COMPANY
1648 TROWBRIDGE CIRCLE
ROCKWALL, TEXAS 75032
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **ROCKWALL** Region 03 Date Licensed 04/07/2011
License # 014017 TEXAS PRIME HEALTHCARE INC
Lic Expire 4/30/2023 618 EAST LAMAR STREET
Medicare 1: 747860 HHA-18 ROYSE CITY, TX 75189
Medicare 2:
Phone (972) 635-6666 Fax (972) 635-6667
Type: Parent Agency Administrator REX UZZI

Owner Information

TEXAS PRIME HEALTHCARE INC
516 DYANN DR
ROYSE CITY, TEXAS 75189
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **ROCKWALL** Region 03 Date Licensed 08/18/2021
License # 020989 WILL HEALTH CARE SERVICES INC
Lic Expire 8/18/2024 113 BRENTWOOD DRIVE
Medicare 1: HEATH, TEXAS 75032
Medicare 2:
Phone (214) 924-2110 Fax
Type: Parent Agency Administrator CAREN MUNAI

Owner Information

WILL HEALTH CARE SERVICES INC
PHONE: FAX:
Services: Licensed Home Health Services

County **RUNNELS** Region 01 Date Licensed 07/09/2012
License # 014917 BALLINGER HOME HEALTH INC
Lic Expire 7/31/2022 818 HUTCHINS AVENUE
Medicare 1: 457773 HHA-18 BALLINGER, TX 76821
Medicare 2:
Phone (325) 365-3889 Fax (325) 365-5685
Type: Parent Agency Administrator MICHELLE AGUILERA

Owner Information

BALLINGER HOME HEALTH INC
PO BOX 214
BALLINGER, TX 76821
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **RUNNELS** Region 01 Date Licensed 08/23/2012
License # 015166 HOSPICE OF BALLINGER
Lic Expire 8/31/2022 818 HUTCHINGS AVE
Medicare 1: 671570 HOSPICE BALLINGER, TX 76821
Medicare 2:
Phone (325) 365-2375 Fax (325) 365-5484
Type: Parent Agency Administrator MICHELLE AGUILERA

Owner Information

BALLINGER HOME HEALTH INC
PO BOX 214
BALLINGER, TX 76821
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **RUNNELS** Region 01 Date Licensed 09/02/1994
License # 003174 NORTH RUNNELS HOME HEALTH AGENCY
Lic Expire 9/30/2022 500 S MAIN STREET
Medicare 1: 458191 HHA-18 WINTERS, TX 79567
Medicare 2:
Phone (325) 754-4141 Fax (325) 754-4337
Type: Parent Agency Administrator JEANNIE FREE

Owner Information

NORTH RUNNELS COUNTY HOSPITAL
PO BOX 185
WINTERS, TX 79567
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **RUSK** Region 04 Date Licensed 08/28/2017
License # 018426 ACEA HOME HEALTH LLC
Lic Expire 8/31/2024 5304 US HWY 79 SOUTH
Medicare 1: HENDERSON, TX 75654
Medicare 2:
Phone (903) 854-2318 Fax (90) 385-4319
Type: Parent Agency Administrator MANDY POPE

Owner Information

ACEA HOME HEALTH LLC
306 SHAWNEE TRAIL
HENDERSON, TX 75654
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	RUSK	Region	04	Date Licensed	06/29/2011	Owner Information
License #	014194					LINNCARE MANAGEMENT CORPORATION
Lic Expire	6/30/2024					5136 FM 2867 E
Medicare 1:						HENDERSON, TX 75654
Medicare 2:						PHONE:
Phone	(903) 889-2025	Fax	(903) 392-8996			FAX:
Type:	Parent Agency	Administrator	LARRY COLEMAN			Services: Licensed Home Health Services; Personal Assistance Services
County	RUSK	Region	04	Date Licensed	02/15/2008	Owner Information
License #	011889					ADVANCING AT HOME HEALTH CARE LLC
Lic Expire	2/28/2022					702 FAIRPARK DRIVE SUITE 101
Medicare 1:	747038 HHA-18					HENDERSON, TX 75654-5215
Medicare 2:						PHONE:
Phone	(903) 657-6050	Fax	(903) 657-4361			FAX:
Type:	Parent Agency	Administrator	TIFFANY TYESKIE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	RUSK	Region	04	Date Licensed	05/15/2008	Owner Information
License #	012010					ANGEL CARE HOSPICE, LLC
Lic Expire	5/31/2023					702 FAIR PARK DRIVE SUITE 102
Medicare 1:	671638 HOSPICE					HENDERSON, TX 75654
Medicare 2:						PHONE:
Phone	(903) 657-2461	Fax	(903) 657-8796			FAX:
Type:	Parent Agency	Administrator	MICHELLE ADAMS			Services: Hospice In-Patient Hospice: NO
County	RUSK	Region	04	Date Licensed	06/17/2013	Owner Information
License #	015639					SPRINGFIELD & SPRINGFIELD INVESTMENTS, LLC
Lic Expire	6/30/2023					315 WILSON ST.
Medicare 1:	459266 HHA-18					HENDERSON, TX 75652
Medicare 2:						PHONE:
Phone	(903) 657-4413	Fax	(903) 655-0225			FAX:
Type:	Parent Agency	Administrator	MICHELLE SPRINGFIELD			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	RUSK	Region	04	Date Licensed	05/06/1994	Owner Information
License #	002875					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire						506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Medicare 1:	458072 HHA-18					TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(903) 657-1004	Fax	(903) 657-2260			FAX:
Type:	Parent Agency	Administrator	RHONDA KELLY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	RUSK	Region	04	Date Licensed	02/06/2017	Owner Information
License #	017904					BIRTHED TO CARE
Lic Expire	2/28/2024					611 ZION ST SUITE 2
Medicare 1:						HENDERSON, TX 75652
Medicare 2:						PHONE:
Phone	(903) 722-4193	Fax	(903) 392-8996			FAX:
Type:	Parent Agency	Administrator	LARRY COLEMAN			Services: Personal Assistance Services
County	RUSK	Region	04	Date Licensed	11/30/2000	Owner Information
License #	007572					DISABILITY SERVICES OF THE SOUTHWEST, INC
Lic Expire	11/30/2022					6243 IH 10 WEST, STE. 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(903) 657-5100	Fax	(877) 463-1310			FAX:
Type:	Branch Agency	Administrator	KRISTALA EVANS			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	RUSK	Region	04	Date Licensed	09/15/2014	Owner Information
License #	016464					JEFF D MILLER INVESTMENTS LLC
Lic Expire	9/30/2022					125 SOUTH MAIN STREET
Medicare 1:	677275 HHA-18					HENDERSON, TX 75654
Medicare 2:						PHONE:
Phone	(903) 722-9002	Fax	(903) 722-9004			FAX:
Type:	Parent Agency	Administrator	WESLEY HOLLOWAY			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	RUSK	Region	04	Date Licensed	02/27/2013	Owner Information
License #	015396					ADVANCE HI TECH NURSING, INC
Lic Expire	2/28/2023					6243 IH 10 WEST, SUITE 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(877) 434-3153	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	MARCOS CAMPOS			Services: Licensed Home Health Services; Personal Assistance Services
County	RUSK	Region	06	Date Licensed	09/12/2019	Owner Information
License #	019594					NEW AGE HOSPICE PALLIATIVE LLC
Lic Expire	9/12/2024					
Medicare 1:	971606 Hospice					
Medicare 2:						PHONE:
Phone	(903) 657-9441	Fax	(903) 655-0225			FAX:
Type:	Parent Agency	Administrator	SELENA CABRERA			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO
County	SABINE	Region	05	Date Licensed		Owner Information
License #	007810					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	11/30/2022					1919 S SHILOH RDSTE 102 LB 28
Medicare 1:						GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	409 7871636	Fax	409 7873690			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	ANDREA AGUILERA			Services: Licensed Home Health Services; Personal Assistance Services
County	SAN JACINTO	Region	04	Date Licensed	06/07/2012	Owner Information
License #	014854					BLESSED ASSURANCE HOMEHEALTH CARE INC
Lic Expire	6/30/2022					11231 HWY 150 SUITE A
Medicare 1:						SHEPHERD, TX 77371
Medicare 2:						PHONE:
Phone	(936) 585-4519	Fax	(936) 585-4772			FAX:
Type:	Parent Agency	Administrator	SHERI TAJUDEEN			Services: Personal Assistance Services
County	SAN PATRICIO	Region	07	Date Licensed	12/17/2018	Owner Information
License #	019251					BRIGGS HOMECARE LLC
Lic Expire	12/17/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(361) 643-2323	Fax	(361) 643-1212			FAX:
Type:	Parent Agency	Administrator	TASHA BURNETT			Services: Personal Assistance Services
County	SCURRY	Region	01	Date Licensed	04/24/1984	Owner Information
License #	001523					SCURRY COUNTY HOSPITAL DISTRICT
Lic Expire	4/30/2022					1700 COGDELL BLVD
Medicare 1:	457656 HHA-18;74					SNYDER, TX 79549
Medicare 2:						PHONE:
Phone	(325) 574-7340	Fax	(325) 573-1882			FAX:
Type:	Parent Agency	Administrator	SHERRI LIEB			Services: Hospice; Licensed and Certified Home Health Services In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	SCURRY	Region	01	Date Licensed	02/03/2020	Owner Information
License #	020020					SDX HOME CARE OPERATIONS LLC
Lic Expire	2/3/2022					6640 POE AVE STE 200
Medicare 1:						DAYTON, OH 45414
Medicare 2:						PHONE: FAX:
Phone	(325) 268-1531	Fax	(325) 573-3223			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	BECKY CROSS			
County	SHACKELFORD	Region	01	Date Licensed	12/01/2008	Owner Information
License #	012325					INTEGRACARE OF ALBANY, LLC
Lic Expire	11/30/2022					ATTN: LICENSING DEPT., 12900 FOSTER, SUITE 400
Medicare 1:	747259 HHA-18					OVERLAND PARK, KS 66213
Medicare 2:						PHONE: FAX:
Phone	(325) 762-2854	Fax	(325) 762-3746			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	SHANNON NICKLAS			
County	SHELBY	Region	04	Date Licensed	08/25/1995	Owner Information
License #	002409					A PINEYWOODS HOME HEALTH CARE INC
Lic Expire	8/31/2022					P.O. BOX 1743
Medicare 1:						LUFKIN, TEXAS 75902
Medicare 2:						PHONE: FAX:
Phone	936 5910116	Fax	(936) 591-0302			Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	KERRI GRIFFIN			
County	SHELBY	Region	04	Date Licensed	05/31/2016	Owner Information
License #	013942					AFFINITY HOSPICE LLC
Lic Expire	3/31/2023					2708 SOUTH MEDFORD DRIVE
Medicare 1:						LUFKIN, TX 75901
Medicare 2:						PHONE: FAX:
Phone	(936) 657-4050	Fax	(888) 659-2676			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	QUINCY MARTINDALE			
County	SHELBY	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008274					JHS OPERATIONS, LLC
Lic Expire	12/31/2022					2039 CROCKETT RD.
Medicare 1:						PALESTINE, TX 75801
Medicare 2:						PHONE: FAX:
Phone	(936) 590-9303	Fax	(936) 590-9306			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	ROBIN WEBB			
County	SMITH	Region	04	Date Licensed	01/10/2006	Owner Information
License #	002409					A PINEYWOODS HOME HEALTH CARE INC
Lic Expire	8/31/2022					P.O. BOX 1743
Medicare 1:						LUFKIN, TEXAS 75902
Medicare 2:						PHONE: FAX:
Phone	(430) 205-3800	Fax	(430) 205-3999			Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	KERRI GRIFFIN			
County	SMITH	Region	04	Date Licensed	10/21/2016	Owner Information
License #	017692					ZENITH HOSPICE CARE INC
Lic Expire	10/31/2022					8204 ELMBROOK DRIVE SUITE 210
Medicare 1:	741685 HOSPICE					DALLAS, TX 75247
Medicare 2:						PHONE: FAX:
Phone	(903) 980-6142	Fax	(903) 200-1510			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	SILAS SHELTON, LVN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 03/24/2003
License # 008374 AMCARE PRO HOME HEALTH OF EAST TEXAS
Lic Expire 3/31/2024 401 E FRONT ST STE 229
Medicare 1: 679290 HHA-18 TYLER, TEXAS 75702
Medicare 2:
Phone (903) 593-1737 Fax (903) 593-1752
Type: Parent Agency Administrator MUFADDAL BOOTWALA

Owner Information

ALLEGIANCE HOME HEALTH SERVICES LLC
1222 E ARAPAHO RD STE 305
RICHARDSON, TEXAS 75081
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 05/07/2021
License # 020738 AMY'S HOMETOWN HOME CARE
Lic Expire 5/7/2024 121 S. BROADWAY SUITE 426
Medicare 1: TYLER, TEXAS 75702
Medicare 2:
Phone (903) 201-6720 Fax
Type: Parent Agency Administrator AMY METCALF

Owner Information

MY DNARX, LLC
10601 CLARENCE ROAD SUITE 250
FRISCO, TX 75033
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 03/24/2006
License # 003546 ANGELS CARE HOME HEALTH
Lic Expire 1/31/2023 1820 SHILOH ROAD SUITE 1400
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 561-2252 Fax (903) 561-2253
Type: Branch Agency Administrator BRANDY SIMMS

Owner Information

PERSONAL HOME HEALTHCARE AGENCY LLC
2000 S ROYALL
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

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P O BOX 338
HOWE, TX 75459
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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
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PHONE: FAX:
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County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 755 SOUTH BECKHAM AVE
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 534-4684 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 05/26/2021
License # 020788 ARROW SENIOR CONCIERGE LLC
Lic Expire 5/26/2024 1125 HWY 110 SUITE 107
Medicare 1: WHITEHOUSE, TEXAS 75791
Medicare 2:
Phone (903) 871-3460 Fax (903) 871-3452
Type: Parent Agency Administrator SIMONE SPARKS

Owner Information

ARROW SENIOR CONCIERGE
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 09/11/2001
License # 002875 AT HOME HEALTHCARE
Lic Expire 419 S BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 597-7700 Fax (903) 592-1903
Type: Branch Agency Administrator RHONDA KELLY

Owner Information

NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 07/01/1999
License # 007113 AT HOME HEALTHCARE
Lic Expire 423 S BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 593-9945 Fax (903) 525-3861
Type: Parent Agency Administrator CRYSTOL HENRY

Owner Information

BIENVILLE HOLDINGS, LTD
423 S BECKHAM AVENUE
TYLER, TX 75702
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 12/09/1987
License # 001881 AT HOME HEALTHCARE
Lic Expire 12/31/2023 419 S BECKHAM
Medicare 1: 677132 TYLER, TX 75702
Medicare 2:
Phone (903) 592-8001 Fax (903) 787-7636
Type: Parent Agency Administrator ERICA SHELLIE THOMAS

Owner Information

MEHLING & ASSOCIATES
9846 HWY 31 EAST
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 01/11/1995
License # 003487 AT HOME HEALTHCARE
Lic Expire 9846 HWY 31 EAST
Medicare 1: 458347 TYLER, TX 75705
Medicare 2:
Phone (903) 592-8001 Fax (903) 596-7479
Type: Parent Agency Administrator JENNIFER HUFFMAN

Owner Information

HELPING HANDS HOMECARE, LTD
9846 HIGHWAY 31 EAST
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 01/11/1995
License # 003487 AT HOME HEALTHCARE
Lic Expire 9846 HWY 31 EAST
Medicare 1: 458347 TYLER, TX 75705
Medicare 2:
Phone (903) 592-8001 Fax (903) 596-7479
Type: Parent Agency Administrator JENNIFER HUFFMAN

Owner Information

HELPING HANDS HOMECARE, LTD
9846 HIGHWAY 31 EAST
TYLER, TX 75705
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 04/02/2002
License # 007898 AT HOME SUPPORT
Lic Expire 421 S. BECKHAM
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 593-9330 Fax (903) 525-3862
Type: Parent Agency Administrator CRYSTOL HENRY

Owner Information

BIENVILLE HOLDINGS, LTD
423 S BECKHAM AVENUE
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 04/19/2016
License # 014848 AVEANNA HEALTHCARE
Lic Expire 3/31/2022 921 SHILOH ROAD SUITE C 120
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 939-2800 Fax (903) 581-7057
Type: Branch Agency Administrator TYLER FRANKLIN

Owner Information

EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 03/28/2012
License # 014848 AVEANNA HEALTHCARE
Lic Expire 3/31/2022 212 OLD GRANDE BLD STE A110
Medicare 1: TYLER, TX 75703
Medicare 2:
Phone (903) 509-3742 Fax (903) 509-3744
Type: Parent Agency Administrator TYLER FRANKLIN

Owner Information

EPIC HEALTH SERVICES INC
1341W MOCKINGBIRD SUITE 220E
DALLAS, TX 75247
PHONE: FAX:
Services: Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 03/20/2006
License # 010346 BALM IN GILEAD HOME HEALTH SERVICES INC
Lic Expire 3/31/2024 626 WHITEOAK LANE
Medicare 1: 679545 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 561-9419 Fax (903) 561-2633
Type: Parent Agency Administrator NGOZI ONWUZURUMBA

Owner Information

BALM IN GILEAD HOME HEALTH SERVICES INC
4546 SOUTH BROADWAY SUITE C
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 03/08/2021
License # 020575 BETTER HOME CARE LLC
Lic Expire 3/8/2023 1600 RICE RD APT 1228
Medicare 1: TYLER, TEXAS 75703
Medicare 2:
Phone (903) 504-2735 Fax
Type: Parent Agency Administrator BRENDA CAMPBELL

Owner Information

BETTER HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **SMITH** Region 04 Date Licensed 09/20/2011
License # 014367 BEULAH HOME HEALTH AGENCY INC
Lic Expire 9/30/2023 3613 ROCK CREEK DRIVE
Medicare 1: 747788 HHA-18 TYLER, TX 75707
Medicare 2:
Phone (903) 525-9037 Fax (903) 525-9076
Type: Parent Agency Administrator VINCENT UDOSEN

Owner Information

BEULAH HOME HEALTH AGENCY INC
3613 ROCK CREEK DRIVE
TYLER, TX 75707-1635
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 04/01/2013
License # 015531 CHOICE HOMECARE
Lic Expire 3/31/2023 6760 OLD JACKSONVILLE HIGHWAY SUITE 101
Medicare 1: 458261 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 363-9932 Fax (888) 333-8977
Type: Parent Agency Administrator SHERI SHELTON

Owner Information

INTEGRITY FAMILY HOME CARE LLC
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **SMITH** Region 04 Date Licensed 12/01/2012
License # 015333 CHOICE HOSPICE
Lic Expire 11/30/2022 6770 OLD JACKSONVILLE HWY; SUITE 102
Medicare 1: 451740 HOSPICE TYLER, TEXAS 75703
Medicare 2:
Phone (903) 509-3015 Fax (903) 509-5971
Type: Parent Agency Administrator KATIE SANDLIN

Owner Information

LEGACY HOSPICE, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 08/23/2017
License # 018468 CHOICE PLUSCARE
Lic Expire 8/31/2023 4200 OLD OMEN ROAD SUITE 2202
Medicare 1: TYLER, TX 75707
Medicare 2:
Phone (903) 566-0734 Fax (903) 566-2915
Type: Parent Agency Administrator CYNTHIA BECKNAL

Owner Information

CIVPLUS CARE, LLC
6760 OLD JACKSONVILLE HIGHWAY SUITE 101
TYLER, TX 75703-0566
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 09/01/2017
License # 018435 CHRISTUS HOMECARE
Lic Expire 8/31/2024 821 E SOUTHEAST LOOP 323 SUITE 560
Medicare 1: 743197 HHA-18 TYLER, TX 757019667
Medicare 2:
Phone (903) 534-6267 Fax (903) 534-6296
Type: Parent Agency Administrator TRISHA WOOLARD

Owner Information

LHCG CXII, LLC
PO BOX 51266
LAFAYETTE, LA
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/21/2023 3320 TROUP HIGHWAY, SUITE 240
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 509-0959 Fax (903) 509-1068
Type: Branch Agency Administrator MELLISA DUNAVANT

Owner Information

JHS OPERATIONS, LLC
2039 CROCKETT RD.
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 01/01/2003
License # 008273 ELARA CARING
Lic Expire 12/21/2023 3320 TROUP HIGHWAY, SUITE 240
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 509-0959 Fax (903) 509-1068
Type: Branch Agency Administrator MELLISA DUNAVANT

Owner Information

JHS OPERATIONS, LLC
2039 CROCKETT RD.
PALESTINE, TX 75801
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **SMITH** Region 04 Date Licensed 03/04/2005
License # 009754 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 3/31/2024 724 WSW 323 LOOP, SUITE D
Medicare 1: 459457 HHA-18 TYLER, TEXAS 75701
Medicare 2:
Phone 903 5264663 Fax 903 5256877
Type: Parent Agency Administrator STEPHANIE REED

Owner Information

AHM ACTION HOME HEALTH, LP
6688 N CENTRAL EXPRESSWAY STE 1300
DALLAS, TX
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	SMITH	Region	04	Date Licensed	07/03/2020	Owner Information	
License #	020035	ENCOMPASS HEALTH HOSPICE				EH HOME HEALTH OF EAST TEXAS, LLC	
Lic Expire	7/3/2022	724 WSW 323 LOOP, SUITE C				6688 N CENTRAL EXPRESSWAY, SUITE 1300	
Medicare 1:	971668	TYLER, TEXAS 75701				DALLAS, TEXAS	
Medicare 2:						PHONE:	FAX:
Phone	(903) 405-3853	Fax	(903) 705-0743			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MARSHA JONES				
County	SMITH	Region	04	Date Licensed	10/25/2021	Owner Information	
License #	021149	EPIC HOMECARE LLC				EPIC HOMECARE LLC	
Lic Expire	10/25/2024	12738 MILPOND LN					
Medicare 1:		TYLER, TX 75706					
Medicare 2:						PHONE:	FAX:
Phone	(903) 206-4400	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMES BISHOP				
County	SMITH	Region	04	Date Licensed	11/30/2007	Owner Information	
License #	011762	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE				GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	100 E FERGUSON STREET SUITE 600				12900 FOSTER	
Medicare 1:		TYLER, TX 75702				OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(903) 526-2914	Fax	(903) 526-1461			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERRY GOOLSBY				
County	SMITH	Region	04	Date Licensed	12/13/2012	Owner Information	
License #	015265	HARBOR HOSPICE 27 LP				HARBOR HOSPICE 27 LP	
Lic Expire	12/31/2022	1540 RICE ROAD, SUITE 200				3406 COLLEGE STREET	
Medicare 1:	741565 HOSPICE	TYLER, TEXAS 75703				BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(903) 534-3701	Fax	(903) 704-4770			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MARQUETTE LONG				
County	SMITH	Region	04	Date Licensed	04/03/2014	Owner Information	
License #	016127	HARBOR HOSPICE OF TEXARKANA LP				HARBOR HOSPICE OF TEXARKANA LP	
Lic Expire	4/30/2022	1540 RICE ROAD, SUITE 200B				3406 COLLEGE STREET	
Medicare 1:	741659 HOSPICE	TYLER, TEXAS 75703				BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(903) 525-9390	Fax	(903) 525-9285			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	MARQUETTE LONG				
County	SMITH	Region	04	Date Licensed	10/25/2013	Owner Information	
License #	015986	HEART TO HEART HOSPICE OF TYLER LTD				HEART TO HEART HOSPICE OF TYLER LTD	
Lic Expire	10/31/2024	7925 S BROADWAY AVENUE SUITE 1140				7240 CHASE OAKS BLVD.	
Medicare 1:	451756 HOSPICE	TYLER, TX 75703				PLANO, TX 75025	
Medicare 2:						PHONE:	FAX:
Phone	(903) 593-6619	Fax	903593 6695			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GINA DAUGHTRY				
County	SMITH	Region	04	Date Licensed	07/14/2017	Owner Information	
License #	018169	HEATON HEALTH SERVICES AGENCY LLC				HEATON HEALTH SERVICES AGENCY LLC	
Lic Expire	7/31/2021	1820 SHILOH ROAD, SUITE 1503				11807 VERMILLION ST	
Medicare 1:		TYLER, TEXAS 75703				TYLER, TX 75703-7758	
Medicare 2:						PHONE:	FAX:
Phone	(903) 630-5493	Fax	(903) 965-6384			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAYTON HEATON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County SMITH	Region 04	Date Licensed	Owner Information
License # 011470	HERITAGE HOME HEALTH		FAMILY CARE HOME HEALTH INC
Lic Expire 6/30/2023	5070 KINSEY DR		4605 TEXAS BOULEVARD
Medicare 1:	TYLER, TEXAS 75703		TEXARKANA, TX 75503
Medicare 2:			PHONE:
Phone 903 7934900	Fax		FAX:
Type: Branch Agency	Administrator JOHN COFFEE		Services: Licensed Home Health Services
County SMITH	Region 04	Date Licensed	Owner Information
License # 011470	HERITAGE HOME HEALTH		FAMILY CARE HOME HEALTH INC
Lic Expire 6/30/2023	5070 KINSEY DR		4605 TEXAS BOULEVARD
Medicare 1:	TYLER, TEXAS 75703		TEXARKANA, TX 75503
Medicare 2:			PHONE:
Phone 903 7934900	Fax		FAX:
Type: Branch Agency	Administrator JOHN COFFEE		Services: Licensed Home Health Services
County SMITH	Region 04	Date Licensed 03/14/2018	Owner Information
License # 018670	HERITAGE HOSPICE OF EAST TEXAS		KELTON HOSPICE INC
Lic Expire 3/31/2022	5070 KINSEY DRIVE		4605 TEXAS BLVD
Medicare 1: 671761	TYLER, TX 75703		TEXARKANA, TX 75503
Medicare 2:			PHONE:
Phone (903) 218-6870	Fax		FAX:
Type: Parent Agency	Administrator CRYSTA COLLOM		Services: Hospice In-Patient Hospice: NO
County SMITH	Region 04	Date Licensed 03/14/2018	Owner Information
License # 018670	HERITAGE HOSPICE OF EAST TEXAS		KELTON HOSPICE INC
Lic Expire 3/31/2022	5070 KINSEY DRIVE		4605 TEXAS BLVD
Medicare 1: 671761	TYLER, TX 75703		TEXARKANA, TX 75503
Medicare 2:			PHONE:
Phone (903) 218-6870	Fax		FAX:
Type: Parent Agency	Administrator CRYSTA COLLOM		Services: Hospice In-Patient Hospice: NO
County SMITH	Region 04	Date Licensed 09/03/2002	Owner Information
License # 008095	HOME AID CAREGIVERS LTD		HOME AID CAREGIVERS LTD
Lic Expire 9/30/2024	1530 SSW LOOP 323 SUITE 113		1530 SSW LOOP 323 SUITE 127
Medicare 1:	TYLER, TX 75701		TYLER, TX 75701
Medicare 2:			PHONE:
Phone (903) 533-1300	Fax (903) 533-9515		FAX:
Type: Parent Agency	Administrator JOSEPH COKER		Services: Personal Assistance Services
County SMITH	Region 04	Date Licensed 08/10/2017	Owner Information
License # 018433	HOME INSTEAD SENIOR CARE		BUCKSKIN 903 VENTURES, LLC
Lic Expire 8/31/2023	620 SHELLEY DRIVE		5380 OLD BULLARD RD, STE 600-264
Medicare 1:	TYLER, TEXAS 75701		TYLER, TX 75703
Medicare 2:			PHONE:
Phone (903) 258-9061	Fax (903) 705-0090		FAX:
Type: Parent Agency	Administrator ELLEN TRANT		Services: Personal Assistance Services
County SMITH	Region 04	Date Licensed 07/07/1989	Owner Information
License # 002043	HOSPICE OF EAST TEXAS		HOSPICE OF EAST TEXAS
Lic Expire 7/31/2022	4111 UNIVERSITY BLVD		4111 UNIVERSITY BLVD
Medicare 1: 451534 HOSPICE	TYLER, TX 75701		TYLER, TX 75701
Medicare 2:			PHONE:
Phone (903) 266-3400	Fax (903) 566-0291		FAX:
Type: Parent Agency	Administrator MARJORIE REAM		Services: Hospice In-Patient Hospice: YES

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	SMITH	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022		112 E LINE ST SUITE 202			
Medicare 1:			TYLER, TX 757025760			
Medicare 2:					PHONE:	FAX:
Phone	(903) 787-7502	Fax	(903) 787-7506		Services: Hospice	
					In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	SMITH	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		112 E LINE ST SUITE 202			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			TYLER, TX 757025760			MOORESVILLE, NC 28117
Medicare 2:					PHONE:	FAX:
Phone	(903) 787-7502	Fax	(903) 787-7506		Services: Hospice	
					In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	SMITH	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		112 E LINE ST SUITE 202			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			TYLER, TX 757025760			MOORESVILLE, NC 28117
Medicare 2:					PHONE:	FAX:
Phone	(903) 787-7502	Fax	(903) 787-7506		Services: Hospice	
					In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	SMITH	Region	04	Date Licensed	03/18/2009	Owner Information
License #	012516		HUMILITY HOME HEALTH SERVICES INC			HUMILITY HOME HEALTH SERVICES INC
Lic Expire	3/31/2024		4546 SOUTH BROADWAY AVE SUITE A			612 PRESTONWOOD CIRCLE
Medicare 1:	747329 HHA-18		TYLER, TX 75703			TYLER, TX 75703
Medicare 2:					PHONE:	FAX:
Phone	(903) 939-0290	Fax	(903) 504-5145		Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	OKWUCHI NNASURUBA			
County	SMITH	Region	04	Date Licensed	10/22/2018	Owner Information
License #	019032		INTERIM HEALTHCARE			GL HEALTHCARE OF EAST TEXAS, LLC
Lic Expire	1/3/2021		1731 S. BECKHAM AVE.			1731 S BECKHAM AVE
Medicare 1:			TYLER, TX 75701			TYLER, TX 75701
Medicare 2:					PHONE:	FAX:
Phone	(904) 412-1585	Fax	(254) 946-0178		Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GERALD LANGSTON			
County	SMITH	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075		KINDRED AT HOME			GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022		1700 S SE 323 LOOP SUITE 110			12900 FOSTER
Medicare 1:			TYLER, TX 75701			OVERLAND PARK, NC 28117
Medicare 2:					PHONE:	FAX:
Phone	(903) 595-5266	Fax	(903) 595-5289		Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	MARCIA LOWE			
County	SMITH	Region	05	Date Licensed	06/26/2008	Owner Information
License #	012075		KINDRED AT HOME			GIRLING HEALTH CARE, INC
Lic Expire	6/30/2022		1700 S SE 323 LOOP SUITE 110			12900 FOSTER
Medicare 1:			TYLER, TX 75701			OVERLAND PARK, NC 28117
Medicare 2:					PHONE:	FAX:
Phone	(903) 595-5266	Fax	(903) 595-5289		Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	MARCIA LOWE			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County SMITH	Region 05	Date Licensed 06/26/2008	Owner Information
License # 012075	KINDRED AT HOME		GIRLING HEALTH CARE, INC
Lic Expire 6/30/2022	1700 S SE 323 LOOP SUITE 110		12900 FOSTER
Medicare 1:	TYLER, TX 75701		OVERLAND PARK, NC 28117
Medicare 2:			PHONE:
Phone (903) 595-5266	Fax (903) 595-5289		FAX:
Type: Branch Agency	Administrator MARCIA LOWE		Services: Licensed and Certified Home Health Services
County SMITH	Region 05	Date Licensed 06/26/2008	Owner Information
License # 012075	KINDRED AT HOME		GIRLING HEALTH CARE, INC
Lic Expire 6/30/2022	1700 S SE 323 LOOP SUITE 110		12900 FOSTER
Medicare 1:	TYLER, TX 75701		OVERLAND PARK, NC 28117
Medicare 2:			PHONE:
Phone (903) 595-5266	Fax (903) 595-5289		FAX:
Type: Branch Agency	Administrator MARCIA LOWE		Services: Licensed and Certified Home Health Services
County SMITH	Region 03	Date Licensed	Owner Information
License # 019243	KLARUS HOME CARE		KLARUS HOME CARE LLC
Lic Expire 11/30/2022	1540 RICE RD STE 300		6421 CAMP BOWIE BLVD, SUITE #100
Medicare 1: 74Q7397001	TYLER, TEXAS 75703		FORT WORTH, TX 76116
Medicare 2:			PHONE:
Phone (214) 440-1004	Fax		FAX:
Type: Branch Agency	Administrator MARIA CRISTINA BACUD		Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SMITH	Region 04	Date Licensed 01/21/2009	Owner Information
License # 012918	MAXIM HEALTHCARE SERVICES INC		MAXIM HEALTHCARE SERVICES INC
Lic Expire 1/31/2023	1828 ESE LOOP 323 SUITE 101		7227 LEE DEFOREST DRIVE
Medicare 1:	TYLER, TX 75701		COLUMBIA, MD 21046
Medicare 2:			PHONE:
Phone (903) 581-8881	Fax (877) 799-3230		FAX:
Type: Parent Agency	Administrator EMILY SMITH		Services: Licensed Home Health Services; Personal Assistance Services
County SMITH	Region 04	Date Licensed 12/12/2018	Owner Information
License # 019147	MVP PEDIATRIC HOME HEALTH CORP		MVP PEDIATRIC HOME HEALTH CORP
Lic Expire 12/12/2023	9952 FM 346 E		1650 HOLCOMB CIRCLE
Medicare 1:	WHITEHOUSE, TEXAS 75791		TYLER, TEXAS 75703
Medicare 2:			PHONE:
Phone (903) 508-4848	Fax (903) 508-4849		FAX:
Type: Parent Agency	Administrator MELANIE LEACH		Services: Licensed Home Health Services
County SMITH	Region 04	Date Licensed 02/02/2001	Owner Information
License # 007537	NEW CONCEPT HEALTH SERVICES INC		NEW CONCEPT HEALTH SERVICES INC
Lic Expire 2/28/2022	3800 PALUXY DR., SUITE 582		3800 PALUXY DR., SUITE 582
Medicare 1: 679039 HHA-18	TYLER, TEXAS 75703		TYLER, TEXAS
Medicare 2:			PHONE:
Phone (903) 561-1662	Fax (903) 561-1543		FAX:
Type: Parent Agency	Administrator JOSEPH DAVID		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County SMITH	Region 04	Date Licensed 01/07/2008	Owner Information
License # 011800	NIGHTINGALE HOME HEALTH AGENCY		NIGHTINGALE PROVIDER SERVICES INC
Lic Expire 1/31/2023	1405 SOUTH FLEISHER AVENUE SUITE 315		5823 PERSIMMON DRIVE
Medicare 1: 747287 HHA-18	TYLER, TX 75701		TYLER, TX 75707-2016
Medicare 2:			PHONE:
Phone (903) 509-4440	Fax (903) 534-8999		FAX:
Type: Parent Agency	Administrator JULIUA WILLIAMS		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	SMITH	Region	03	Date Licensed		Owner Information
License #	014790		ONE POINT HOSPICE			BEST CARE HOSPICE LLC
Lic Expire	5/31/2022		700 N MAIN ST, SUITE B			17826 DAVENPORT ROAD SUITE D
Medicare 1:	741558		LINDALE, TX 75771			DALLAS, TX 75252
Medicare 2:						PHONE:
Phone	(903) 730-6181	Fax	(972) 777-9895			FAX:
Type:	Alternate Delivery Site	Administrator	JAMES HOLLOWAN			Services: Hospice In-Patient Hospice: NO
County	SMITH	Region	03	Date Licensed	07/12/2017	Owner Information
License #	007339		OUTREACH HOME CARE			OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2022		3110 GOLDEN ROAD			1919 S SHILOH RDSTE 102 LB 28
Medicare 1:			TYLER, TX 75701			GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(866) 270-9747	Fax	(972) 840-7201			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	COLBY BRYANT			Services: Licensed Home Health Services; Personal Assistance Services
County	SMITH	Region	04	Date Licensed		Owner Information
License #	009541		PARADIGM HOME CARE			PARADIGM REHAB & NURSING LP
Lic Expire	1/31/2022		7632 TIMBER TRAIL			PO BOX 130010
Medicare 1:			TYLER, TEXAS 75703			TYLER, TX 75713
Medicare 2:						PHONE: (903) 581-1223
Phone	(903) 581-1123	Fax				FAX:
Type:	Branch Agency	Administrator	CHRISTI NEELY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	SMITH	Region	04	Date Licensed	01/24/2005	Owner Information
License #	009541		PARADIGM REHAB & NURSING LP			PARADIGM REHAB & NURSING LP
Lic Expire	1/31/2022		777 S BROADWAY AVENUE SUITE 200			PO BOX 130010
Medicare 1:	457833 HHA-18		TYLER, TX 75701			TYLER, TX 75713
Medicare 2:						PHONE: (903) 581-1223
Phone	(903) 581-1223	Fax	(903) 581-1253			FAX:
Type:	Parent Agency	Administrator	CHRISTI NEELY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	SMITH	Region	04	Date Licensed	02/28/2013	Owner Information
License #	015400		PEDIATRIC HOME HEALTHCARE LLC			PEDIATRIC HOME HEALTHCARE LLC
Lic Expire	2/28/2023		3200 TROUP HIGHWAY SUITE 135			1341 W MOCKINGBIRD LN STE#900
Medicare 1:			TYLER, TX 75701			DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(903) 592-7442	Fax	(903) 593-9917			FAX:
Type:	Parent Agency	Administrator	PAMELA HANSON-LONG			Services: Licensed Home Health Services
County	SMITH	Region	04	Date Licensed	09/17/2007	Owner Information
License #	011585		PREMIER HEALTH CARE SERVICES I			PHCS I INC
Lic Expire	9/30/2024		1021 E SOUTHEAST LOOP 323 SUITE 110			1666 N. HAMPTON RD. SUITE 202
Medicare 1:	747071		TYLER, TX 75701			DESOTO, TEXAS 75115
Medicare 2:						PHONE:
Phone	(903) 526-3477	Fax	(469) 374-5426			FAX:
Type:	Parent Agency	Administrator	FRANKLIN HUNTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	SMITH	Region	04	Date Licensed	08/22/2008	Owner Information
License #	012274		PREMIER HEALTHCARE SERVICES LAKESIDE			PHCS IV INC
Lic Expire	3/31/2024		1021 E. SOUTHEAST LOOP 323 SUITE 110B			1324 S BECKHAM AVENUE SUITE 231B
Medicare 1:	673137		TYLER, TX 75701			TYLER, TX 75701
Medicare 2:						PHONE:
Phone	(903) 526-0443	Fax	(903) 526-3482			FAX:
Type:	Parent Agency	Administrator	FRANKLIN HUNTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County SMITH	Region 03	Date Licensed		Owner Information
License # 018474	RELIANT AT HOME HOSPICE			BLUE HAVEN HOSPICE LLC
Lic Expire 8/31/2024	116 E. HERITAGE DR			1101 RAINTREE CIRCLE, SUITE #130
Medicare 1:	TYLER, TEXAS 75703			ALLEN, TX 75013
Medicare 2:				PHONE:
Phone (214) 667-8040	Fax (214) 667-8045			FAX:
Type: Alternate Delivery Site	Administrator ANGELA HAMMONS			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County SMITH	Region 04	Date Licensed	12/15/2021	Owner Information
License # 021276	RESTORATIVE HEALTHCARE			GOD'S HANDIWORK LLC
Lic Expire 12/15/2024	3651 N. BROADWAY AVE			3651 N. BROADWAY AVE
Medicare 1:	TYLER, TX 75702			TYLER, TX 75702
Medicare 2:				PHONE:
Phone (903) 355-9991	Fax			FAX:
Type: Parent Agency	Administrator SEQUOIA HOLMES			Services: Personal Assistance Services
County SMITH	Region 04	Date Licensed	05/21/2009	Owner Information
License # 012611	RIGHT AT HOME OF NORTHEAST TEXAS			NETHC LLC
Lic Expire 5/31/2023	420 E 5TH STREET			420 E 5TH STREET
Medicare 1:	TYLER, TX 75701			TYLER, TX 75701
Medicare 2:				PHONE:
Phone (903) 253-0778	Fax (903) 705-7199			FAX:
Type: Parent Agency	Administrator SELENA CABRERA			Services: Licensed Home Health Services; Personal Assistance Services
County SMITH	Region 04	Date Licensed	03/01/2017	Owner Information
License # 018063	SELECT HOME HEALTH			FELLOWSHIP HEALTH TEAM LLC
Lic Expire 2/28/2021	1124 S FLEISHEL AVENUE			PO BOX 4608
Medicare 1: 743119 HHA-18	TYLER, TX 75701			TYLER, TX
Medicare 2:				PHONE:
Phone (903) 617-6872	Fax (903) 617-6873			FAX:
Type: Parent Agency	Administrator ALESA STERRETT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County SMITH	Region 04	Date Licensed	02/20/2019	Owner Information
License # 019348	THE COMMUNITY INTEGRATION PROJECT			THE COMMUNITY INTEGRATION PROJECT
Lic Expire 4/25/2023	19462 KING RANCH DR.			
Medicare 1:	FLINT, TX 75762			PHONE:
Medicare 2:				FAX:
Phone (903) 452-3363	Fax (903) 220-0651			Services: Licensed Home Health Services; Personal Assistance Services
Type: Parent Agency	Administrator LISA CHAPMAN			
County SMITH	Region 03	Date Licensed	05/05/2010	Owner Information
License # 007367	THERAPY 2000 INC			THERAPY 2000
Lic Expire 7/31/2022	100 E FERGUSON SUITE 1204			1431 GREENWAY DRIVE, SUITE 500
Medicare 1:	TYLER, TX 75702			IRVING, TX 75038
Medicare 2:				PHONE:
Phone (214) 467-9787	Fax (214) 741-3655			FAX:
Type: Branch Agency	Administrator DARLA GRANT			Services: Licensed Home Health Services
County SMITH	Region 04	Date Licensed	04/23/2019	Owner Information
License # 019342	THRIVE SKILLED PEDIATRIC CARE			FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire 4/23/2023	100 E. FERGUSON STREET, SUITE 608			701 EDGEWATER DRIVE, SUITE 300
Medicare 1:	TYLER, TEXAS 757025756			WAKEFIELD, MA 1880
Medicare 2:				PHONE:
Phone (903) 705-0070	Fax (903) 405-3932			FAX:
Type: Parent Agency	Administrator ALLISON BELGARD			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SMITH** Region 04 Date Licensed 01/31/2019
License # 019280 TRADITIONS HEALTH
Lic Expire 1/31/2023 1820 SHILOH ROAD, SUITE 1105
Medicare 1: 67-1592 TYLER, TEXAS 75703
Medicare 2:
Phone (903) 787-5897 Fax (866) 908-8704

Type: Parent Agency Administrator PATTI DISOTELL

Owner Information
TRADITIONS HOSPICE OF TYLER, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **SMITH** Region 04 Date Licensed 10/01/2014
License # 016542 TRADITIONS HEALTH
Lic Expire 9/30/2022 1820 SHILOH RD #1101
Medicare 1: 457951 HHA-18 TYLER, TX 75703
Medicare 2:
Phone (903) 509-4555 Fax (866) 908-8704

Type: Parent Agency Administrator ANGELA COLLINS

Owner Information
TRADITIONS HEALTH CARE OF TYLER, LLC
P.O. BOX 9980
COLLEGE STATION, TX 77842
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 09/25/1998
License # 006918 UNICARE HOME HEALTH SERVICES
Lic Expire 9/30/2022 3300 S BROADWAY AVE STE 208
Medicare 1: 459429 HHA-18 TYLER, TX 75701
Medicare 2:
Phone (903) 531-9949 Fax (903) 531-9959

Type: Parent Agency Administrator PRINCE SAMUEL

Owner Information
UNICARE HOME HEALTH SERVICES OF TYLER, INC
3300 S BROADWAY AVE STE 208
TYLER, TX 75701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 05/02/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 2/28/2022 1409 S BECKHAM SUITE 100
Medicare 1: 67Q7037006 TYLER, TX 75701
Medicare 2:
Phone (903) 535-6051 Fax (903) 535-6058

Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information
EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **SMITH** Region 04 Date Licensed 05/01/2019
License # 019357 VIRTUOUS HOMECARE LLC
Lic Expire 9/30/2023 832 LOFTIN STREET
Medicare 1: TYLER, TX 75701
Medicare 2:
Phone (903) 593-7770 Fax (903) 593-7723

Type: Parent Agency Administrator KRISTIE KNOWLTON

Owner Information
VIRTUOUS HOMECARE LLC
832 LOFTIN STREET
TYLER, TX 75701
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **SMITH** Region 04 Date Licensed 02/21/2012
License # 014739 VISITING ANGELS
Lic Expire 2/28/2025 419 W HOUSTON ST
Medicare 1: TYLER, TX 75702
Medicare 2:
Phone (903) 581-5122 Fax (903) 561-6376

Type: Parent Agency Administrator JACQUELYN BRISSET

Owner Information
SJ HOMECARE INC
419 W HOUSTON ST
TYLER, TX 75702
PHONE: FAX:
Services: Personal Assistance Services

County **SOMERVELL** Region 05 Date Licensed 04/30/1995
License # 002197 LEE HEALTHCARE INC
Lic Expire 4/30/2022 907 NE BIG BEND TRAIL SUITE B
Medicare 1: 67Q7412001 GLEN ROSE, TX 76043
Medicare 2:
Phone (254) 897-7087 Fax (254) 898-8261

Type: Branch Agency Administrator PAMELA PARSONS

Owner Information
LEE HEALTHCARE INC
PO BOX 766
HAMILTON, TX 76531
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County	STARR	Region	07	Date Licensed	05/01/2018	Owner Information
License #	019579	A RAY OF LIGHT HOSPICE, LLC			A RAY OF LIGHT HOSPICE, LLC	
Lic Expire	9/5/2023	5991 E. HWY 83			2411 PALMHURST DR.	
Medicare 1:	971595 Hospice	RIO GRANDE CITY, TEXAS 78582			PALMHURST, TX 78573	
Medicare 2:					PHONE:	FAX:
Phone	(956) 317-1860	Fax	(956) 352-1110		Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ERNESTO GARCIA			
County	STARR	Region	07	Date Licensed	08/01/2013	Owner Information
License #	015683	A SPECIAL HOME HEALTH LLC			A SPECIAL HOME HEALTH LLC	
Lic Expire	12/30/2023	602 N FLORES STREET			P O BOX 1150	
Medicare 1:	747969 HHA-18	RIO GRANDE CITY, TX 78582			RIO GRANDE CITY, TEXAS 78582	
Medicare 2:					PHONE:	FAX:
Phone	(956) 488-6828	Fax	(956) 488-6829		Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	MARTHA PEREZ			
County	STARR	Region	07	Date Licensed		Owner Information
License #	010852	ALL SEASONS HOME CARE			LEGACY HOME CARE SERVICES INC	
Lic Expire	10/31/2022	227 N FM 3167, SPACE A			PO BOX 61180	
Medicare 1:		RIO GRANDE CITY, TEXAS 78582			CORPUS CHRISTI, TX 78466	
Medicare 2:					PHONE:	FAX:
Phone	(956) 487-2700	Fax	(956) 487-3718		Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	AMBROSE HERNANDEZ			
County	STARR	Region	07	Date Licensed	02/16/2010	Owner Information
License #	013108	ALYDA HOME HEALTH			ALYDA HOME HEALTH INC	
Lic Expire	2/28/2022	605 W MAIN STREET SUITE #1			13731 TAJAMAR STREET	
Medicare 1:		RIO GRANDE CITY, TEXAS 78582			CORPUS CHRISTI, TX 78418	
Medicare 2:					PHONE:	FAX:
Phone	(361) 723-0390	Fax	(361) 271-1322		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WESLEY STRAWN			
County	STARR	Region	07	Date Licensed	02/10/2009	Owner Information
License #	012537	ANGELITOS PREVENTIVE HEALTH CARE			ANGELITOS HEALTH CARE INC	
Lic Expire	2/28/2023	2544 CENTRAL PALM DRIVE SUITE 107			2544 CENTRAL PALM DRIVE SUITE 107	
Medicare 1:	678290	RIO GRANDE CITY, TX 78582			RIO GRANDE CITY, TX 78582	
Medicare 2:					PHONE:	FAX:
Phone	(956) 488-8434	Fax	(956) 488-8823		Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA PENA			
County	STARR	Region	07	Date Licensed	09/20/2017	Owner Information
License #	014187	ANGELS OF COMFORT			ANGELS OF COMFORT INC	
Lic Expire	6/30/2023	605 W. MAIN STREET SUITE #2			SAME AS PHYSICAL ADDRESS	
Medicare 1:		RIO GRANDE CITY, TX 78582			RIO GRANDE CITY, TX 78582	
Medicare 2:					PHONE:	FAX:
Phone	(956) 256-3777	Fax	(956) 391-2117		Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	PEDRO ANDRES TREVINO			
County	STARR	Region	07	Date Licensed	09/14/2018	Owner Information
License #	019605	BORDER CARE			LAURO E GARZA	
Lic Expire	9/19/2021	116 N. LOPEZ ST.			705 WEST BLUEBONNET	
Medicare 1:		RIO GRANDE CITY, TEXAS 78582			RIO GRANDE, TEXAS 78582	
Medicare 2:					PHONE:	FAX:
Phone	(956) 345-1308	Fax	(956) 352-1202		Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAURO GARZA			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **STARR** Region 07 Date Licensed 01/21/2009
License # 012407 CARIDAD HEALTHCARE INC
Lic Expire 1/31/2023 4902 WEST US HIGHWAY 83 STE 2
Medicare 1: 747774 HHA 97161 ROMA, TX 78584
Medicare 2:
Phone (956) 519-3227 Fax (866) 802-0209

Owner Information

CARIDAD HEALTHCARE INC
4902 WEST US HIGHWAY 83 STE 2
ROMA, TX 78584

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator ALFREDO VILLARREAL

County **STARR** Region 07 Date Licensed 05/01/2017
License # 018029 DNA HEALTH PROVIDER LLC
Lic Expire 4/30/2023 5491 EAST HWY 83 SUITE A
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 844-3129 Fax (956) 352-1058

Owner Information

DNA HEALTH PROVIDER LLC
52 OLD MILITARY RD. P.O. BOX 2
GARCIAVILLE, TX 78547

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator DIANA LOPEZ

County **STARR** Region 07 Date Licensed 12/03/2008
License # 008442 LEGACY HOME HEALTH AGENCY INC
Lic Expire 2/28/2023 227 N FM 3167
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 487-2700 Fax (956) 487-3718

Owner Information

LEGACY HOME HEALTH AGENCY INC
6655 FIRST PARK TEN BLVD, SUITE 200
SAN ANTONIO, TEXAS 78213

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator AMBROSE HERNANDEZ

County **STARR** Region 07 Date Licensed 08/20/2015
License # 017227 LVN HEALTH CARE
Lic Expire 8/31/2023 2544 CENTRAL PALM DR STE 102
Medicare 1: 747045 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 716-1500 Fax (956) 716-1554

Owner Information

FALCONCITOS HEALTH CARE INC
304 NORTH FLORES STREET
RIO GRANDE CITY, TX 78582

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator ALVARO PENA

County **STARR** Region 07 Date Licensed 01/08/2020
License # 019767 MERAKI HOME CARE, INC
Lic Expire 1/8/2022 3462 W. US HWY 83, STE. 2
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 317-1679 Fax (956) 317-1430

Owner Information

MERAKI HOME CARE, INC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator LEO D. GARZA

County **STARR** Region 07 Date Licensed 01/21/2016
License # 010559 NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
Lic Expire 6/30/2022 3446 W HWY 83 STE E
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 317-1294 Fax (956) 317-1279

Owner Information

NUESTRO SAGRADO CORAZON PRIMARY HOME CARE INC
1005 E 10TH STREET STE A
WESLACO, TX 78596

PHONE: FAX:

Services: Personal Assistance Services

Type: Branch Agency Administrator ANA MARIA HERNANDEZ HERNANDEZ

County **STARR** Region 07 Date Licensed 07/01/2001
License # 007972 PRESTIGE HOME CARE SERVICES LLC
Lic Expire 6/30/2023 5107 S. EMBASSY ST., SUITE A
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 487-7551 Fax (956) 488-1479

Owner Information

PRESTIGE HOME CARE SERVICES LLC
P.O. BOX 60
RIO GRANDE CITY, TEXAS 78582

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SERGIO TREVINO

County	STARR	Region	07	Date Licensed	05/13/2011	Owner Information
License #	014098					PRESTIGE HOME HEALTH SERVICES LLC
Lic Expire	5/31/2023					400 E 2ND ST SUITE A
Medicare 1:	747837 HHA-18					RIO GRANDE CITY, TX 78582
Medicare 2:						PHONE:
Phone	(956) 716-8505	Fax	(956) 716-8915			FAX:
Type:	Parent Agency	Administrator	SERGIO TREVINO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	STARR	Region	07	Date Licensed	07/22/2015	Owner Information
License #	017093					SALUD HEALTH CARE SERVICES INC
Lic Expire	7/31/2023					2544 CENTRAL PALM DRIVE STE 106
Medicare 1:	747643 HHA-18					RIO GRANDE CITY, TX 78582
Medicare 2:						PHONE:
Phone	(956) 487-5025	Fax	(956) 487-5024			FAX:
Type:	Parent Agency	Administrator	ALVARO PENA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	STARR	Region	07	Date Licensed	02/14/2018	Owner Information
License #	018616					SIEMPRE AQUI HOME HEALTH CARE LLC
Lic Expire	2/28/2022					5033 E SAN DIEGO RD
Medicare 1:						RIO GRANDE CITY, TEXAS 78582
Medicare 2:						PHONE:
Phone	(956) 353-3634	Fax	(956) 353-3963			FAX:
Type:	Parent Agency	Administrator	YOLANDA SANCHEZ			Services: Personal Assistance Services
County	STARR	Region	07	Date Licensed	07/01/1995	Owner Information
License #	004024					MRM ENTERPRISES LLC
Lic Expire	6/30/2024					5344 E HWY 83 BLDG B STE 2
Medicare 1:						RIO GRANDE CITY, TX 78582
Medicare 2:						PHONE:
Phone	(956) 487-0597	Fax	(956) 487-7680			FAX:
Type:	Parent Agency	Administrator	MARIO LUIS GUERRA JR			Services: Licensed Home Health Services; Personal Assistance Services
County	STARR	Region	07	Date Licensed	10/05/1993	Owner Information
License #	002643					SUNGLO HOME HEALTH SERVICES INC
Lic Expire	10/31/2021					3201 S EXPRESSWAY 83
Medicare 1:	677734 HHA-18					HARLINGEN, TEXAS 78550
Medicare 2:						PHONE:
Phone	(956) 488-0999	Fax	(956) 487-4687			FAX: (956) 365-3387
Type:	Parent Agency	Administrator	MARY YVETTE NIETO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	STARR	Region	07	Date Licensed	04/12/2002	Owner Information
License #	007356					TAYLOR HOME HEALTH INC
Lic Expire	6/30/2024					1609 NORTH 6TH
Medicare 1:						MCALLEN, TX 78501
Medicare 2:						PHONE:
Phone	(956) 488-1436	Fax	(956) 488-2316			FAX:
Type:	Branch Agency	Administrator	MARIA MOYA			Services: Licensed and Certified Home Health Services
County	STARR	Region	07	Date Licensed	06/30/1999	Owner Information
License #	007243					TEXAS VISITING NURSE SERVICE LTD
Lic Expire	6/30/2022					814 E TYLER AVE
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(956) 487-4896	Fax	(956) 487-7175			FAX:
Type:	Branch Agency	Administrator	VANESSA SANDOVAL			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **STARR** Region 07 Date Licensed 01/08/2021
License # 020441 THERABEE HOME HEALTH THERAPY SERVICES, LLC
Lic Expire 1/8/2023 5419 JM MARTINEZ ST
Medicare 1: RIO GRANDE CITY, TEXAS 78582
Medicare 2:
Phone (956) 566-0344 Fax (956) 420-0111
Type: Parent Agency Administrator MARIA D. PENA

Owner Information

THERABEE HOME HEALTH THERAPY SERVICES, LLC
196 LAS LOMAS
RIO GRANDE CITY, TEXAS 78582
PHONE:
FAX:
Services: Licensed Home Health Services

County **STARR** Region 07 Date Licensed 12/04/2014
License # 016548 THERAPY ACADEMY AT HOME PLLC
Lic Expire 12/31/2022 756 N FM 2360
Medicare 1: RIO GRANDE CITY, TX 785829726
Medicare 2:
Phone (956) 263-1371 Fax (956) 263-1270
Type: Parent Agency Administrator MELISSA ZARATE

Owner Information

THERAPY ACADEMY AT HOME, PLLC
756 N FM 2360
RIO GRANDE CITY, TX 78582
PHONE:
FAX:
Services: Licensed Home Health Services

County **STARR** Region 07 Date Licensed 07/11/2013
License # 015637 UNA BENDICION HOME HEALTH LLC
Lic Expire 7/31/2023 1736 RIVERSIDE STREET
Medicare 1: 747942 HHA-18 RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 263-1924 Fax (956) 317-1361
Type: Parent Agency Administrator MAYRA REYES

Owner Information

UNA BENDICION HOME HEALTH LLC
1736 RIVERSIDE STREET
RIO GRANDE CITY, TEXAS 78582
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **STARR** Region 07 Date Licensed 11/05/2007
License # 011884 UNIDOS HOME CARE SERVICE
Lic Expire 11/30/2022 49 S LOS BARRERAS RD
Medicare 1: RIO GRANDE CITY, TX 78582
Medicare 2:
Phone (956) 352-6687 Fax (956) 352-6678
Type: Parent Agency Administrator SYLVIA MUNIZ

Owner Information

REM MANAGEMENT LLC
49 S LOS BARRERAS RD
RIO GRANDE CITY, TX 78582
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **STEPHENS** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 3/31/2024 514 W WALKER
Medicare 1: BRECKENRIDGE, TX 76424
Medicare 2:
Phone (254) 559-9582 Fax (254) 559-9427
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information

MAXUS HEALTHCARE PARTNERS LLC
1050 FOREST PARK BLVD
FORT WORTH, TX 76110
PHONE:
FAX:
Services: Licensed Home Health Services

County **STEPHENS** Region 01 Date Licensed
License # 018251 RENEW HOME HEALTH
Lic Expire 5/31/2023 514 W WALKER
Medicare 1: BRECKENRIDGE, TEXAS 76424
Medicare 2:
Phone (254) 559-9582 Fax (254) 559-9427
Type: Branch Agency Administrator PHILIP CRISWELL

Owner Information

MAXUS HEALTHCARE PARTNERS LLC
1050 FOREST PARK BLVD
FORT WORTH, TX 76110
PHONE:
FAX:
Services: Licensed Home Health Services

County **STEPHENS** Region 03 Date Licensed 01/02/2008
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 1110 E WALKER SUITE 300
Medicare 1: BRECKENRIDGE, TX 76424
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **SUTTON** Region 01 Date Licensed 05/02/2016
License # 017378 ALVIS F JOHNSON HOME HEALTH AND HOSPICE
Lic Expire 5/31/2022 308 HUDSPETH STREET
Medicare 1: 741700 HOSPICE SONORA, TX 76950
Medicare 2:
Phone (325) 387-1144 Fax (325) 387-2396
Type: Parent Agency Administrator JAYTON HOHENSEE

Owner Information

SUTTON COUNTY HOSPITAL DISTRICT
P.O. BOX 455
SONORA, TX 76950
PHONE: (915) 387-2521 FAX: (915) 387-2396
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 03/01/2015
License # 016794 1ST CHOICE HOME HEALTH AGENCY
Lic Expire 2/28/2021 8000 JACKSBORO HWY
Medicare 1: FORT WORTH, TEXAS 76135
Medicare 2:
Phone (817) 731-4444 Fax (817) 763-0771
Type: Parent Agency Administrator NORLIE FLORES

Owner Information

MIRA VISTA ENTERPRISE INC
12500 BELLA VINO DR
FORT WORTH, TX 76126
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/23/2007
License # 011502 1ST PRUDENTIAL HEALTH CARE SERVICES INC
Lic Expire 2/28/2023 2900 ST. MARIA DRIVE
Medicare 1: 679358 HHA-18 MANSFIELD, TX 760632870
Medicare 2:
Phone (817) 225-6822 Fax (817) 225-2348
Type: Parent Agency Administrator NNE ELANGWE FORMUSOH

Owner Information

1ST PRUDENTIAL HEALTH CARE SERVICES INC
700 HIGHLANDER BLVD., #150
ARLINGTON, TX 76015-4330
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/23/2015
License # 017049 24HR HOMECARE LLC
Lic Expire 12/30/2021 613 WILLOW RIDGE ROAD
Medicare 1: FORT WORTH, TEXAS 76103
Medicare 2:
Phone (310) 905-3760 Fax (214) 594-7678
Type: Parent Agency Administrator JAMES COLBATH

Owner Information

24HR HOMECARE LLC
300 NORTH SEPULVEDA BLVD SUITE 1065
EL SEGUNDO, CA 90245
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/03/2021
License # 020952 3RD GEAR PEDIATRIC THERAPY
Lic Expire 8/3/2024 10408 BRADSHAW DR.
Medicare 1: FORT WORTH, TEXAS 76108
Medicare 2:
Phone (210) 216-6367 Fax (469) 532-0204
Type: Parent Agency Administrator CHRISTOPHER KOTTWITZ

Owner Information

CK PHYSICAL THERAPY LLC
10408 BRADSHAW DR
FORT WORTH, TX 76108
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 01/14/2020
License # 019780 A BRIGHTSTART SERVICES, INC
Lic Expire 1/14/2022 2903 ALYSON WAY
Medicare 1: GRAND PRAIRIE, TEXAS 75052
Medicare 2:
Phone (817) 933-9185 Fax (817) 417-0503
Type: Parent Agency Administrator LOLIN STEVENSON

Owner Information

A BRIGHTSTART SERVICES, INC
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/13/2021
License # 021202 A CAREFREE HOSPICE LLC
Lic Expire 11/13/2024 4703 OSAGE CT.
Medicare 1: ARLINGTON, TEXAS 76018
Medicare 2:
Phone (817) 681-7253 Fax (817) 549-1907
Type: Parent Agency Administrator MATHPHYSMED YOUNG

Owner Information

A CAREFREE HOSPICE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	TARRANT	Region	03	Date Licensed	05/01/2013	Owner Information	
License #	015515	A NURSE ANGELS HOME HEALTH, INC			A NURSE ANGELS HOME HEALTH, INC		
Lic Expire	4/30/2021	6719 FAIRGLEN DRIVE			PO BOX 183491		
Medicare 1:		ARLINGTON, TX 76002			ARLINGTON, TX 76096		
Medicare 2:					PHONE:		
Phone	(817) 522-1066	Fax	(817) 628-1677	Services: Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	CATHERINE LENOIR				
County	TARRANT	Region	03	Date Licensed	11/06/2017	Owner Information	
License #	018425	A PEACEFUL HEART HOME CARE LLC			A PEACEFUL HEART HOME CARE LLC		
Lic Expire	2/28/2020	5750 RUFÉ SNOW DRIVE SUITE 135			5750 RUFÉ SNOW DRIVE SUITE 135		
Medicare 1:		NORTH RICHLAND HILLS, TX 76180			NORTH RICHLAND HILLS, TX 76180		
Medicare 2:					PHONE:		
Phone	(888) 482-6116	Fax	(877) 211-9810	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	RACHEL CHOMBA				
County	TARRANT	Region	03	Date Licensed	08/20/2020	Owner Information	
License #	020114	A REACHING HAND HEALTHCARE LLC			A REACHING HAND HEALTHCARE LLC		
Lic Expire	8/20/2022	3121 EVANGELINE RD			3121 EVANGELINE RD		
Medicare 1:		FORT WORTH, TX 76140			FORT WORTH, TX 76140		
Medicare 2:					PHONE:		
Phone	(817) 818-8900	Fax		Services: Licensed Home Health Services			
Type:	Parent Agency	Administrator	ALEXANDRIA LEWIS				
County	TARRANT	Region	03	Date Licensed	03/25/2008	Owner Information	
License #	011939	A TO Z PEDIATRIC THERAPY			A TO Z THERAPY MANAGEMENT LLC		
Lic Expire	3/31/2022	5604 DAVIS BLVD			PO BOX 1972		
Medicare 1:		NORTH RICHLAND HILLS, TX 76180			KELLER, TX 76244		
Medicare 2:					PHONE:		
Phone	(817) 581-0111	Fax	(866) 497-2746	Services: Licensed Home Health Services			
Type:	Parent Agency	Administrator	PHILLIP MARSH				
County	TARRANT	Region	03	Date Licensed	07/14/1998	Owner Information	
License #	006576	A&T MOORE HEALTH CARE CORPORATION			A&T MOORE HEALTH CARE CORPORATION		
Lic Expire	7/31/2021	801 E. ABRAM STREET, STE. 206			PO BOX 121202		
Medicare 1:		ARLINGTON, TX 76010			ARLINGTON, TEXAS 76012		
Medicare 2:					PHONE:		
Phone	(817) 277-8606	Fax	(817) 277-8607	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	AUDRA MOORE				
County	TARRANT	Region	03	Date Licensed	11/30/2020	Owner Information	
License #	020354	AAMOPE CARE CORP			AAMOPE CARE CORP		
Lic Expire	11/30/2022	6934 SOUTH FWY,			3213 HERITAGE LN,		
Medicare 1:		FORT WORTH, TX 76134			FORT WORTH, TX 76140		
Medicare 2:					PHONE:		
Phone	817 5023522	Fax	817 6152126	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	OLUWASANJO OJO				
County	TARRANT	Region	03	Date Licensed	06/16/2021	Owner Information	
License #	020836	ABOVE ALL CARE LLC			ABOVE ALL CARE LLC		
Lic Expire	6/16/2024	8005 HAT CREEK COURT			8005 HAT CREEK COURT		
Medicare 1:		ARLINGTON, TEXAS 76002			ARLINGTON, TEXAS 76002		
Medicare 2:					PHONE:		
Phone	(817) 231-2519	Fax	(817) 719-9023	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	THERESA RUSSELL				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 09/30/2016
License # 017722 ABUNDANT HOME HEALTH LLC
Lic Expire 9/30/2022 2221 AVENUE J
Medicare 1: 457803 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone (817) 633-3152 Fax (817) 394-2587

Type: Parent Agency Administrator LAILANI MENDOZA

Owner Information

ABUNDANT HOME HEALTH LLC
2221 AVENUE J
ARLINGTON, TX 76006
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/01/2016
License # 017575 ABUNDANT HOSPICE SERVICES LLC
Lic Expire 6/30/2022 1201 N WATSON RD SUITE 226
Medicare 1: 671668 HOSPICE ARLINGTON, TX 76006
Medicare 2:
Phone (817) 633-8300 Fax (817) 633-8302

Type: Parent Agency Administrator MARI-TONI SANTIAGO

Owner Information

ABUNDANT HOSPICE SERVICES, LLC
224 REDWOOD CT
KELLER, TX 76248
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed
License # 019905 ACAPPELLA IN HOME CARE
Lic Expire 3/13/2022 300 E PENNSYLVANIA AVE.
Medicare 1: FORT WORTH, TX 76104
Medicare 2:
Phone 214 8660085 Fax
Type: Branch Agency Administrator THOMAS IVES

Owner Information

CARING PEOPLE TX OPERATING, LLC
4450 S TIFFANY DR S
WEST PALM, FL 33407
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/14/2017
License # 018324 ACCENTCARE HOME HEALTH OF FORT WORTH
Lic Expire 8/31/2024 3880 HULEN ST. STE. 200A
Medicare 1: 747526 HHA-18 FORT WORTH, TX 76107
Medicare 2:
Phone 817 7967160 Fax 817 5496537

Type: Parent Agency Administrator FRANKIE WASHBURN

Owner Information

TEXAS HOME HEALTH GROUP OF FORT WORTH, LLC
17855 N DALLAS PARKW SUITE 200
DALLAS, TEXAS 75287
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/06/2011
License # 014325 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 9/30/2024 3880 HULEN STREET, SUITE 200B
Medicare 1: FORT WORTH, TX 76107
Medicare 2:
Phone (817) 854-7767 Fax (817) 549-5942

Type: Parent Agency Administrator DANETTE CHASTAIN

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/05/2007
License # 011459 ACCESS HOME HEALTHCARE SERVICES
Lic Expire 7/31/2022 5700 LENORE STREET UNIT A
Medicare 1: 747094 FORT WORTH, TX 76134
Medicare 2:
Phone (817) 230-3847 Fax (817) 294-0338

Type: Parent Agency Administrator ABBEY SUNMONU

Owner Information

SUMMY HEALTHLINK CORPORATION
112 DIAMOND ROSE DRIVE
BURLESON, TX 76028
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/04/2012
License # 015250 ACCLAIM HOMECARE SVC LLC
Lic Expire 12/31/2022 2401 AVENUE J SUITE 221 A
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 608-0088 Fax (817) 608-0099

Type: Parent Agency Administrator FUNMILAYO AKINTADE

Owner Information

ACCLAIM HOMECARE SVC, LLC
2401 AVE J SUITE 221A
ARLINGTON, TX 76006
PHONE:
FAX:
Services: Personal Assistance Services

County	TARRANT	Region	03	Date Licensed	05/06/2019	Owner Information
License #	019363					ACCLAIMED HOME HEALTH CARE
Lic Expire	8/31/2021					3610 WEST PIONEER PARKWAY SUITE 124
Medicare 1:						PANTEGO, TX 76013
Medicare 2:						PHONE:
Phone	(817) 779-3026	Fax	(817) 270-9771			FAX:
Type:	Parent Agency	Administrator	IRENE SUMMERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	10/29/2013	Owner Information
License #	015839					ACCOMMODATING HEALTHCARE SERVICES, LLC
Lic Expire	10/31/2023					2706A SE LOOP 820
Medicare 1:						FORT WORTH, TX 76140
Medicare 2:						PHONE:
Phone	(817) 339-6733	Fax	(866) 277-7703			FAX:
Type:	Parent Agency	Administrator	CALANDRA ROLLINS			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/17/2019	Owner Information
License #	019210					ACCURATE CHOICE HEALTHCARE SERVICES INC
Lic Expire	1/17/2023					206 LEMON DRIVE
Medicare 1:	748027-HHA					ARLINGTON, TX 76018
Medicare 2:						PHONE:
Phone	(682) 333-8424	Fax	(682) 259-7202			FAX:
Type:	Parent Agency	Administrator	CORDELIA EZUGWU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/08/2017	Owner Information
License #	018497					ACCURATE HEALTHCARE INC
Lic Expire	12/31/2023					9012 FRIENDSWOOD DR
Medicare 1:						FORT WORTH, TX 76123
Medicare 2:						PHONE:
Phone	(972) 697-9800	Fax	(682) 316-3656			FAX:
Type:	Parent Agency	Administrator	JAMES GITAU			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	07/07/2015	Owner Information
License #	016895					ACREDABLE HEALTHCARE SERVICES LLC
Lic Expire	7/31/2024					6102 SKILLMAN STREET, SUITE 110
Medicare 1:						DALLAS, TEXAS 75231
Medicare 2:						PHONE:
Phone	(972) 534-3108	Fax	(972) 534-3108			FAX:
Type:	Parent Agency	Administrator	SAMUEL ASADU			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	05/21/2007	Owner Information
License #	011342					ALLSTAR SENIOR CARE INC
Lic Expire	5/31/2023					1032 PIONEER PKWY STE 400
Medicare 1:						ARLINGTON, TX 76031
Medicare 2:						PHONE:
Phone	(817) 877-6947	Fax	(817) 794-0103			FAX:
Type:	Parent Agency	Administrator	THEAN KOAY			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/10/2011	Owner Information
License #	014466					ADVANCED ACTION THERAPY SERVICES INC
Lic Expire	11/30/2024					7904 NE LOOP 820 STE C
Medicare 1:						NORTH RICHLAND HILLS, TX 76180
Medicare 2:						PHONE:
Phone	(817) 595-2955	Fax	(817) 595-5764			FAX:
Type:	Parent Agency	Administrator	MATTHEW HOLBROOK			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	10/21/2020	Owner Information
License #	020255	AEDEL GLOBAL HEALTH SERVICES LLC			AEDEL GLOBAL HEALTH SERVICES LLC	
Lic Expire	10/21/2022	2824 PINO			2824 PINO	
Medicare 1:		GRAND PRAIRIE, TX 75054			GRAND PRAIRIE, TEXAS 75054	
Medicare 2:		Fax			PHONE:	(401) 626-8800 FAX:
Phone	(401) 626-8800	Administrator			ADENIYI ADEOYE	
Type:	Parent Agency	Services: Licensed Home Health Services; Personal Assistance Services				
County	TARRANT	Region	03	Date Licensed	03/19/1996	Owner Information
License #	004346	AGAPE HOME CARE INC			AGAPE HOME CARE, INC	
Lic Expire	3/31/2024	8509 WESTERN HILLS BLVD SUITE 200			8509 WESTERN HILLS BLVD. SUITE 200	
Medicare 1:		FORT WORTH, TX 76108			FORT WORTH, TX 76108	
Medicare 2:		Fax (817) 336-5267			PHONE:	FAX:
Phone	(817) 336-4663	Administrator			MELISSA OVERCASH	
Type:	Parent Agency	Services: Personal Assistance Services				
County	TARRANT	Region	03	Date Licensed	12/15/2016	Owner Information
License #	018034	AGELESS LIVING HOME HEALTH LLC			AGELESS LIVING HOME HEALTH LLC	
Lic Expire	12/31/2022	1112 E COPELAND RD SUITE 300			431 WOLFE ROAD SUITE 102	
Medicare 1:		ARLINGTON, TX 76011			SAN ANTONIO, TX 78216	
Medicare 2:		Fax (833) 214-0911			PHONE:	FAX:
Phone	(817) 505-2575	Administrator			CHRISTINA BORREGO	
Type:	Parent Agency	Services: Licensed Home Health Services; Personal Assistance Services				
County	TARRANT	Region	03	Date Licensed	12/07/2020	Owner Information
License #	020383	ALABARE HOME HEALTH LLC			ALABARE HOME HEALTH LLC	
Lic Expire	12/7/2022	6709 CLASSEN TRAIL				
Medicare 1:		ARLINGTON, TX 76002				
Medicare 2:		Fax (682) 323-5080			PHONE:	FAX:
Phone	(956) 437-1355	Administrator			IFEANYI EZEH	
Type:	Parent Agency	Services: Personal Assistance Services				
County	TARRANT	Region	03	Date Licensed	10/26/2017	Owner Information
License #	018403	ALEVCARE HOSPICE			CPORT LLC	
Lic Expire	10/26/2023	315 S MAIN ST			3901 ARLINGTON HIGHLANDS BLVD SUITE 200	
Medicare 1:	74-1754	MANSFIELD, TX 76063			ARLINGTON, TX 76018-6050	
Medicare 2:		Fax (469) 533-3998			PHONE:	FAX:
Phone	(469) 630-2538	Administrator			CRAIG PORTER	
Type:	Parent Agency	Services: Hospice In-Patient Hospice: NO				
County	TARRANT	Region	03	Date Licensed	11/13/2021	Owner Information
License #	021206	ALICE PLACE HEALTH CARE SERVICES LLC			ALICE PLACE HEALTH CARE SERVICES LLC	
Lic Expire	11/13/2024	2719 LA JOLLA BLVD				
Medicare 1:		GRAND PRAIRIE, TEXAS 75054				
Medicare 2:		Fax			PHONE:	FAX:
Phone	(469) 756-7021	Administrator			MONNIE ADERETI	
Type:	Parent Agency	Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO				
County	TARRANT	Region	03	Date Licensed	03/15/2017	Owner Information
License #	018055	ALL CARE PROFESSIONAL HOME HEALTH INC			ALL CARE PROFESSIONAL HOME HEALTH INC	
Lic Expire	3/31/2024	4275 LITTLE ROAD SUITE 106			3909 GREEN OAKS BOULEVARD WEST SUITE C	
Medicare 1:	457994 HHA-18	ARLINGTON, TX 76016			ARLINGTON, TX 76016	
Medicare 2:		Fax (817) 457-2689			PHONE:	FAX:
Phone	(817) 457-2688	Administrator			CHRISTY SPERRY	
Type:	Parent Agency	Services: Licensed and Certified Home Health Services; Licensed Home Health Services				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	11/25/2019	Owner Information	
License #	019716					ALL HEART HOME CARE SERVICES, LLC	
Lic Expire	11/25/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 636-4576	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LATOYA BROWN				
County	TARRANT	Region	03	Date Licensed	12/30/2021	Owner Information	
License #	021299					AO PARTNERS LLC	
Lic Expire	12/30/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 726-7638	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	OUMER SALIM				
County	TARRANT	Region	03	Date Licensed	06/04/2010	Owner Information	
License #	013377					ALLIED TENDER CARE HEALTH SERVICES INC	
Lic Expire	6/30/2022					901 CLINIC DRIVE, SUITE A107	
Medicare 1:	747703 HHA-18					EULESS, TX 76039	
Medicare 2:						PHONE:	(817) 684-7778 FAX:
Phone	(817) 684-7778	Fax	(817) 684-1111			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUNNY MBAH				
County	TARRANT	Region	03	Date Licensed	06/14/2000	Owner Information	
License #	007345					ALLSTAR HEALTHCARE INC	
Lic Expire	6/30/2022					1030 W PIONEER PARKWAY	
Medicare 1:	679001 HHA-18					ARLINGTON, TX 76013	
Medicare 2:						PHONE:	FAX:
Phone	(817) 461-3341	Fax	(817) 795-7074			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	THEAN KOAY				
County	TARRANT	Region	03	Date Licensed	07/24/2020	Owner Information	
License #	020340					ALLSTAR HEALTHCARE SERVICES INC	
Lic Expire	7/24/2022					3600 WEST PIONEER PARKWAY STE 10	
Medicare 1:						PANTEGO, TEXAS 76013	
Medicare 2:						PHONE:	FAX:
Phone	(817) 458-4220	Fax	(817) 900-0552			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CALLISTUS OLISAEKE				
County	TARRANT	Region	03	Date Licensed	06/22/2005	Owner Information	
License #	009830					GOLDSTAR HOME HEALTH SYSTEM INC	
Lic Expire	6/30/2023					1032 WEST PIONEER PARKWAY #200	
Medicare 1:	671516 HOSPICE					ARLINGTON, TX 76013	
Medicare 2:						PHONE:	FAX:
Phone	(817) 794-0048	Fax	(817) 277-0232			Services: Hospice	
Type:	Parent Agency	Administrator	THEAN KOAY			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	07/10/2010	Owner Information	
License #	013632					ALMOND HEALTH CARE SERVICES LLC	
Lic Expire	7/31/2022					5840 WEST I 20 SUITE 130	
Medicare 1:	747105 HHA-18					ARLINGTON, TX 76017	
Medicare 2:						PHONE:	FAX:
Phone	(817) 476-6006	Fax	(817) 476-6020			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	RUTH ODAY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	04/29/2014	Owner Information	
License #	016174	ALON HEALTHCARE SERVICES INC			ALON HEALTHCARE SERVICES INC		
Lic Expire	4/30/2022	2921 BROWN TRAIL SUITE 261			2921 BROWN TRAIL SUITE 261		
Medicare 1:		BEDFORD, TX 76021			BEDFORD, TX 76012		
Medicare 2:					PHONE:	FAX:	
Phone	(817) 896-2372	Fax	(817) 770-4249		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	OGBONNA ANYAIKE				
County	TARRANT	Region	03	Date Licensed	07/06/2007	Owner Information	
License #	011684	ALPHA HEALTHCARE SERVICES			OUR ALPHA HEALTHCARE SERVICES INC		
Lic Expire	7/31/2024	1111 W ARKANSAS LN SUITE # B			SAME		
Medicare 1:		ARLINGTON, TX 76013			ARLINGTON, TX 76013		
Medicare 2:					PHONE:	FAX:	
Phone	(817) 467-7955	Fax	(817) 467-7055		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	BOLANLE MUSTAPHA				
County	TARRANT	Region	03	Date Licensed	01/30/2019	Owner Information	
License #	019235	ALPHA OMEGA GROUP HOME INC			ALPHA OMEGA HOMECARE INC		
Lic Expire	1/30/2021	2811 HARDY PLACE			2811 HARDY PLACE		
Medicare 1:		ARLINGTON, TX 76010			ARLINGTON, TX 76010		
Medicare 2:					PHONE:	FAX:	
Phone	(682) 554-7885	Fax	(682) 252-4705		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ELIZABETH UWAGBAI				
County	TARRANT	Region	03	Date Licensed	05/31/2017	Owner Information	
License #	018081	ALPHA TRINITY COMMUNITY CARE			ALPHA TRINITY COMMUNITY HEALTH SERVICES INC		
Lic Expire	5/31/2023	610 S INDUSTRIAL BLVD SUITE 130			610 S INDUSTRIAL BLVD SUITE 130		
Medicare 1:		EULESS, TX 76040			EULESS, TX 76040		
Medicare 2:					PHONE:	FAX:	
Phone	(817) 858-9889	Fax	(817) 358-9956		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	IVERT TAMBE				
County	TARRANT	Region	03	Date Licensed	08/06/2019	Owner Information	
License #	019511	ALWAYS LOVE AND CARE, LLC			ALWAYS LOVE AND CARE, LLC		
Lic Expire	8/6/2021	2813 MUSKRAT DR			P O BOX 1304		
Medicare 1:		KELLER, TX 76244			KELLER, TX 76244		
Medicare 2:					PHONE:	FAX:	
Phone	(817) 379-2920	Fax	(817) 379-2920		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	LATICIA LOVE				
County	TARRANT	Region	03	Date Licensed	04/16/2014	Owner Information	
License #	016153	AMADA SENIOR CARE INC			SOLA SENIOR CARE, INC		
Lic Expire	4/30/2022	405 AIRPORT FREEWAY, SUITE 3			405 AIRPORT FREEWAY SUITE 1		
Medicare 1:		BEDFORD, TX 76021			BEDFORD, TX 76021		
Medicare 2:					PHONE:	FAX:	
Phone	(817) 755-8787	Fax	(817) 756-1109		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ANGELLA FREDERICK				
County	TARRANT	Region	03	Date Licensed	08/04/2020	Owner Information	
License #	020089	AMAT HOME HEALTHCARE SERVICES			AMAT HOME HEALTHCARE SERVICES LLC		
Lic Expire	8/4/2022	7048 MIRAMAR.					
Medicare 1:		GRAND PRAIRIE, TEXAS 75054					
Medicare 2:					PHONE:	FAX:	
Phone	(214) 994-9356	Fax	(682) 518-3107		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	ANIAGU O NWAFOR				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 07/10/2018
License # 018825 AMAZING HEARTS HOMECARE AND STAFFING LLC
Lic Expire 7/31/2020 1201 N WATSON RD STE 265
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 385-7111 Fax (817) 385-1637
Type: Parent Agency Administrator TOSHA MOORE

Owner Information

AMAZING HEARTS HOMECARE AND STAFFING LLC
701 N CASS ST.
JEFFERSON, TX 75657
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/02/2015
License # 016699 AMEDISYS HOSPICE
Lic Expire 1/31/2023 6300 RIDGLEA PL STE 1107
Medicare 1: 451700 HOSPICE FORT WORTH, TX 76116
Medicare 2:
Phone (817) 570-7190 Fax (732) 384-2311
Type: Parent Agency Administrator JACQUELINE WILLIAMS

Owner Information

HOSPICE HOLDINGS DFW, LLC
SAME
WHITE PLAINS, NY 10601
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 11/03/2021
License # 021266 AMERICAN OUTCOMES MANAGEMENT, LP
Lic Expire 11/3/2024 6310 SOUTHWEST BLVD STE 204
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 263-4700 Fax (817) 263-1116
Type: Parent Agency Administrator ERIN DUVALL

Owner Information

AMERICAN OUTCOMES MANAGEMENT, LP
6310 SOUTHWEST BLVD, STE 204
FORT WORTH, TX 76109
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/06/2000
License # 004828 AMERICANSENIOR
Lic Expire 8/31/2021 8205 MIDCITIES BLVD SUITE 300
Medicare 1: NORTH RICHLAND HILLS, TX 76182
Medicare 2:
Phone (817) 595-9888 Fax (817) 589-8887
Type: Branch Agency Administrator WING CHUN

Owner Information

WINGHUNG CHUN INC
1177 ROCKINGHAM DRIVE SUITE 200
RICHARDSON, TX 75093
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 04/16/2020
License # 019879 AMERICARE FORT WORTH
Lic Expire 4/16/2022 2100 N. MAIN ST. SUITE 226
Medicare 1: FORT WORTH, TEXAS 76164
Medicare 2:
Phone 817 3499075 Fax
Type: Parent Agency Administrator MARTIN BAYLOR

Owner Information

HBCS ENTERPRISES LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/15/2017
License # 018099 ANGEL WINGS HOSPICE
Lic Expire 2/28/2023 1201 N WATSON ROAD STE 187
Medicare 1: 741641 HOSPICE ARLINGTON, TX 76006
Medicare 2:
Phone (817) 583-6636 Fax (817) 538-9508
Type: Parent Agency Administrator DOROTHEA LEE

Owner Information

ANGEL WINGS HEALTHCARE LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 06/13/2011
License # 014153 ANGELS AT HAND HEALTH CARE
Lic Expire 6/30/2023 1001 W. EULESS BLVD, SUITE 403
Medicare 1: 747819 HHA-18 EULESS, TX 76040
Medicare 2:
Phone (214) 462-7233 Fax (214) 300-9086
Type: Parent Agency Administrator ESTHER PAUL

Owner Information

VAGILANT HOME HEALTH SERVICES INC
805 CRISSY CREEK LANE
EULESS, TEXAS 76040
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/14/2014
License # 016376 ANGELS AT WORK TINA SAMPLE LLC
Lic Expire 8/31/2022 1428 PARK CREST DRIVE
Medicare 1: CROWLEY, TX 76036
Medicare 2:
Phone (214) 697-6063 Fax (817) 378-4963
Type: Parent Agency Administrator TINA SAMPLE

Owner Information
ANGELS AT WORK TINA SAMPLE LLC
1428 PARK CREST DRIVE
CROWLEY, TX 75052
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/03/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 1314 LAKE STREET STE. 101
Medicare 1: FORT WORTH, TX 76102
Medicare 2:
Phone (817) 810-0660 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information
AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County	TARRANT	Region	03	Date Licensed	09/04/2020	Owner Information	
License #	020148					ANGELS ON BOARD MEDICAL TRANSPORTATION, LLC	
Lic Expire	9/4/2022					P O BOX 782	
Medicare 1:						MANSFIELD, TX 76063	
Medicare 2:						PHONE:	FAX:
Phone	(817) 823-7888	Fax	18008873039			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANGELA HALL				
County	TARRANT	Region	03	Date Licensed	09/15/2020	Owner Information	
License #	020176					ANGELS OVER TEXAS, LLC	
Lic Expire	9/15/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 993-6333	Fax	(817) 993-6794			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WENDY TOOMBS				
County	TARRANT	Region	03	Date Licensed	08/12/2019	Owner Information	
License #	019521					ANGELZ OF CARE SERVICES	
Lic Expire	12/31/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 779-4039	Fax	(817) 779-4008			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	HARRIETTE JACKSON				
County	TARRANT	Region	03	Date Licensed	09/24/2021	Owner Information	
License #	021077					ANOINTED AFFORDABLE SENIOR HOME HEALTHCARE AGENCY	
Lic Expire	9/24/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(803) 439-3622	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LAWANDA TYLER				
County	TARRANT	Region	03	Date Licensed	08/25/2003	Owner Information	
License #	008612					APPLESOFT HOMECARE SVC LLC	
Lic Expire	8/31/2023					1201 N WATSON RD SUITE 200	
Medicare 1:	679444 HHA-18					ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 695-5893	Fax	(817) 652-8881			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KALVIN HINTON				
County	TARRANT	Region	03	Date Licensed	01/20/2021	Owner Information	
License #	020474					ARIEL HOME HEALTHCARE, INC	
Lic Expire	1/20/2023					P.O BOX 180695	
Medicare 1:						ARLINGTON, TX 76096	
Medicare 2:						PHONE:	FAX:
Phone	(469) 984-3897	Fax	(877) 504-7060			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	IVANA HORNER				
County	TARRANT	Region	03	Date Licensed	05/16/2011	Owner Information	
License #	014100					HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC	
Lic Expire	5/31/2023					1240 SOUTHRIDGE COURT	
Medicare 1:						HURST, TEXAS 76053	
Medicare 2:						PHONE:	FAX:
Phone	(817) 952-3093	Fax	(817) 952-3095			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CATHY WILLIAMSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	05/16/2011	Owner Information	
License #	014100					HEALING ARK HOME HEALTH PEDIATRIC SERVICES INC	
Lic Expire	5/31/2023					1240 SOUTHRIDGE COURT	
Medicare 1:						HURST, TEXAS 76053	
Medicare 2:						PHONE:	FAX:
Phone	(817) 952-3093	Fax	(817) 952-3095			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CATHY WILLIAMSON				
County	TARRANT	Region	03	Date Licensed	01/26/2021	Owner Information	
License #	020490					ARRYS HAVEN LLC	
Lic Expire	1/26/2024					1002 TABASCO TRAIL	
Medicare 1:						ARLINGTON, TX 76002	
Medicare 2:						PHONE:	FAX:
Phone	(682) 777-4324	Fax	(682) 226-6086			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	OLUWASEYI YOUNG-HARRY				
County	TARRANT	Region	03	Date Licensed	05/18/2009	Owner Information	
License #	012709					AMERICARE SPECIALTY HOMEHEALTH INCOPRORATED	
Lic Expire	5/31/2021					222 OVERLEAF DRIVE	
Medicare 1:	747285 HHA-18					KELLER, TX 76248	
Medicare 2:						PHONE:	FAX:
Phone	(469) 688-0414	Fax	(817) 840-6406			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	LAARNIE VINDUA				
County	TARRANT	Region	03	Date Licensed	07/10/2009	Owner Information	
License #	012700					ASPIRA HEALTHCARE INC	
Lic Expire	7/31/2023					1834 KELLER PARKWAY SUITE 200	
Medicare 1:	747473 HHA-18					KELLER, TX 76248	
Medicare 2:						PHONE:	FAX:
Phone	(817) 431-8528	Fax	(817) 431-2216			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	GRACE NJIE				
County	TARRANT	Region	03	Date Licensed	11/19/2013	Owner Information	
License #	015871					ALERT HOME CARE LLC	
Lic Expire	11/30/2021					8851 CAMP BOWIE WEST SUITE 110	
Medicare 1:						FORT WORTH, TX 76116	
Medicare 2:						PHONE:	FAX:
Phone	(817) 803-3777	Fax	(817) 803-3779			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	KIM BEVERIDGE				
County	TARRANT	Region	03	Date Licensed	10/19/2017	Owner Information	
License #	018390					ASSURED BEST CARE HOME HEALTH LLC	
Lic Expire	10/31/2023					2912 PITKIN DR	
Medicare 1:						ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(628) 238-5150	Fax	(682) 238-1449			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	KAREN TAYONG				
County	TARRANT	Region	03	Date Licensed	02/01/2012	Owner Information	
License #	012525					HELPING HANDS HOMECARE, LTD	
Lic Expire						9846 HIGHWAY 31 EAST	
Medicare 1:						TYLER, TX 75705	
Medicare 2:						PHONE:	FAX:
Phone	(817) 810-0411	Fax	(817) 810-0240			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	JENNIFER HUFFMAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	04	Date Licensed	06/14/2002	Owner Information
License #	007685					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD
Lic Expire	7/31/2022					506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E
Medicare 1:	67Q9076001					TYLER, TX 75705
Medicare 2:						PHONE:
Phone	(817) 864-1730	Fax	(817) 864-1707			FAX:
Type:	Branch Agency	Administrator	JENNIFER JACKSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed		Owner Information
License #	009758					AUNT MAE'S HOME CARE INC
Lic Expire	5/31/2023					2908 CHEVERNY
Medicare 1:						MCKINNEY, TX 75070
Medicare 2:						PHONE:
Phone	(469) 742-0700	Fax				FAX:
Type:	Branch Agency	Administrator	SOMNATH BANERJEE			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	07/15/2021	Owner Information
License #	020906					AUSTORIA HEALTH SERVICES, INC
Lic Expire	7/15/2024					2219 REEDWAY COURT
Medicare 1:						ARLINGTON, TEXAS 76018
Medicare 2:						PHONE:
Phone	(214) 881-8640	Fax	NA			FAX:
Type:	Parent Agency	Administrator	VICTORIA OFOHA			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	08/29/2007	Owner Information
License #	011849					AVAILABLE HOME CARE INC
Lic Expire	8/31/2022					3630 W PIONEER PKWY SUITE 115 ARLINGTON
Medicare 1:	679589 HHA-18					ARLINGTON, TX 76015
Medicare 2:						PHONE:
Phone	(817) 457-3200	Fax	(817) 423-7716			FAX:
Type:	Parent Agency	Administrator	RENEE MCGHEE			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	08/05/2014	Owner Information
License #	016362					PEDIATRIC SERVICES OF AMERICA LLC
Lic Expire	8/31/2022					SIX CONCOURSE PARKWAY, SUITE 1100
Medicare 1:						ATLANTA, GA 30328-6117
Medicare 2:						PHONE:
Phone	(817) 840-1344	Fax	(817) 840-9240			FAX:
Type:	Parent Agency	Administrator	MICHAEL RICH			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	03/17/2014	Owner Information
License #	015023					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(817) 921-5020	Fax	(817) 698-9506			FAX:
Type:	Branch Agency	Administrator	AUDREY MCMANEMIN			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	03/28/2012	Owner Information
License #	015023					EPIC HEALTH SERVICES INC
Lic Expire	3/31/2022					1341W MOCKINGBIRD SUITE 220E
Medicare 1:						DALLAS, TX 75247
Medicare 2:						PHONE:
Phone	(817) 698-9500	Fax	(817) 698-9506			FAX:
Type:	Parent Agency	Administrator	AUDREY MCMANEMIN			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 06/23/2014
License # 016426 AVIATOR HOME HEALTH
Lic Expire 6/30/2022 9500 RAY WHITE ROAD SUITE 200
Medicare 1: 747301 HHA-18 FORT WORTH, TX 762449105
Medicare 2:
Phone (972) 548-2163 Fax (972) 347-6306

Type: Parent Agency Administrator JOSHUA BATES

Owner Information

ROBNITA HEALTHCARE SERVICES INC
1836 WEST VIRGINIA STREET SUITE 207
MCKINNEY, TX 75069

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/11/2020
License # 019995 AZM HOME CARE LLC
Lic Expire 6/11/2022 408 N FIELDER ROAD APT 98
Medicare 1: ARLINGTON, TX 76012
Medicare 2:
Phone (512) 760-4547 Fax
Type: Parent Agency Administrator VIOLET LEWIS

Owner Information

AZM HOME CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/31/2006
License # 010848 AZZA HOME HEALTH CARE AGENCY
Lic Expire 10/31/2022 6501 NICOLE WAY
Medicare 1: 743126 HHA-18 ARLINGTON, TX 76002
Medicare 2:
Phone (817) 467-2910 Fax (866) 236-9040
Type: Parent Agency Administrator AGATHA OKOJIE

Owner Information

AZZA PROVIDER SERVICES INC
6501 NICOLE WAY
ARLINGTON, TX 76002

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/09/2021
License # 021196 B CARE
Lic Expire 11/9/2024 1109 PURDUE DR
Medicare 1: ARLINGTON, TX 76012
Medicare 2:
Phone (469) 418-1666 Fax (512) 400-7666
Type: Parent Agency Administrator AHMED ALMUTAIRY

Owner Information

UM44 LLC
3304 SMOKE TREE LN
MCKINNEY, TX 75070

PHONE: FAX:

Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/31/2011
License # 014062 BCP HEALTH CARE INCORPORATED
Lic Expire 1/31/2023 3008 NADAR
Medicare 1: 747648 HHA-18 GRAND PRAIRIE, TEXAS 75054
Medicare 2:
Phone (682) 222-7900 Fax (866) 526-1436
Type: Parent Agency Administrator DONATUS BENSON

Owner Information

BCP HEALTH CARE INCORPORATED
3008 NADAR
GRAND PRAIRIE, TX 75054

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 02/25/2011
License # 013919 BEAR CREEK HOSPICE
Lic Expire 4/1/2021 2529 E LANCASTER SUITE C
Medicare 1: 671718 HOSPICE FORT WORTH, TX 76013
Medicare 2:
Phone (817) 907-6714 Fax (817) 529-5031
Type: Parent Agency Administrator PATRICIA ROBERTS HARRIS

Owner Information

PALLIATIVE PERFORMANCE GROUP LLC
2529 E LANCASTER STE C
FORT WORTH, TX 76013

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 08/06/2021
License # 020967 BEBELYN TOUCH LLC
Lic Expire 8/6/2024 2610 ELLIOTT AVENUE
Medicare 1: MANSFIELD, TX 760633700
Medicare 2:
Phone 682 2489245 Fax
Type: Parent Agency Administrator BOLADALE IGBEKOYI

Owner Information

BEBELYN TOUCH LLC

PHONE: FAX:

Services: Personal Assistance Services

County	TARRANT	Region	03	Date Licensed	12/19/2012	Owner Information	
License #	015279	BENEVOLENT HEARTS HOME CARE			DAWN MECOM, INC		
Lic Expire	12/31/2022	4001 AIRPORT FREEWAY, SUITE 190			6604 BAKER CT.		
Medicare 1:		BEDFORD, TEXAS 76021			COLLEYVILLE, TX 76034		
Medicare 2:					PHONE:		
Phone	(817) 349-6558	Fax	(817) 380-5771	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	DAWN BRANSKY				
County	TARRANT	Region	03	Date Licensed	10/16/2015	Owner Information	
License #	017083	BEST SUNSHINE HOME CARE LLC			BEST SUNSHINE HOME CARE LLC		
Lic Expire	10/31/2023	2501 FOREST PARK BLVD SUITE 1F			740 WATSON WAY		
Medicare 1:		FORT WORTH, TEXAS 76110			CROWLEY, TX 76036		
Medicare 2:					PHONE:		
Phone	(682) 582-5969	Fax	(425) 606-5398	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	CELESTIN KAGORORA				
County	TARRANT	Region	03	Date Licensed	04/02/2001	Owner Information	
License #	007624	BESTCARE HOME HEALTH INC			BESTCARE HOME HEALTH INC		
Lic Expire	4/30/2024	7215A BAKER BLVD			7215 A BAKER BLVD		
Medicare 1:	459495 HHA-18	RICHLAND HILLS, TX 76118			RICHLAND HILLS, TX 76118		
Medicare 2:					PHONE:		
Phone	(817) 595-9566	Fax	(817) 595-9567	Services: Licensed and Certified Home Health Services; Licensed Home Health Services			
Type:	Parent Agency	Administrator	ROBERT RICHEY				
County	TARRANT	Region	03	Date Licensed	09/09/2021	Owner Information	
License #	021034	BLESSSED HANDS HOME SERVICES			BY GRACE ENTERPRISES		
Lic Expire	9/9/2024	5001 BRENTWOOD STAIR RD, SUITE 202			P O BOX 16741		
Medicare 1:		FORT WORTH, TEXAS 76112			FORT WORTH, TEXAS 76162		
Medicare 2:					PHONE:		
Phone	(682) 291-2494	Fax	(817) 582-9849	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	SU-SAN CANNON-SPAIN				
County	TARRANT	Region	03	Date Licensed	11/18/2019	Owner Information	
License #	019450	BLESSINGS HOSPICE, LLC			BLESSINGS HOSPICE, LLC		
Lic Expire	6/27/2023	2221 AVENUE J SUITE 109					
Medicare 1:	971557	ARLINGTON, TEXAS 76006					
Medicare 2:					PHONE:		
Phone	(817) 464-8555	Fax	(817) 394-7700	Services: Hospice			
Type:	Parent Agency	Administrator	JAMES SANTIAGO				
County	TARRANT	Region	03	Date Licensed	06/25/2009	Owner Information	
License #	012666	BLISS HOME HEALTH CARE INC			BLISS HOME HEALTH CARE INC		
Lic Expire	10/23/2024	2108 WEST PIONEER PARKWAY SUITE #113			2108 W PIONEER PARKWAY STE 113		
Medicare 1:	747632	PANTEGO, TX 76013			ARLINGTON, TX 76016		
Medicare 2:					PHONE:		
Phone	(817) 375-0333	Fax	(817) 375-0335	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	LILIAN SHEPARD				
County	TARRANT	Region	03	Date Licensed	10/28/2020	Owner Information	
License #	020272	BLOSSOM AGENCY, LLC			BLOSSOM AGENCY, LLC		
Lic Expire	10/28/2022	209 CHASEMORE LN.					
Medicare 1:		ARLINGTON, TEXAS 76018					
Medicare 2:					PHONE:		
Phone	(682) 367-9149	Fax		Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	DUY LE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	10/04/2017	Owner Information	
License #	018836					BLUEBIRD HOMECARE OF TEXAS, LLC	
Lic Expire	10/31/2021					40 BURTON HILLS BLVD	
Medicare 1:						NASHVILLE, TN 37215	
Medicare 2:						PHONE:	FAX:
Phone	(817) 717-7718	Fax	(817) 632-2371			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MONICA MCCOMMAS				
County	TARRANT	Region	03	Date Licensed	06/12/2015	Owner Information	
License #	017033					CHH HOME HEALTH LLC	
Lic Expire	6/30/2023					3880 HULEN STREET, SUITE 670	
Medicare 1:	677823 HHA-18					FORT WORTH, TX 76107	
Medicare 2:						PHONE:	FAX:
Phone	(817) 332-0400	Fax	(817) 332-0411			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEBORAH ELLIS				
County	TARRANT	Region	03	Date Licensed	01/27/2012	Owner Information	
License #	014989					BRIDGEWAY HEALTH SERVICES LLC	
Lic Expire	1/31/2025					3033 W. PRESIDENT GEORGE BUSH HWY, #150	
Medicare 1:	458178 HHA-18					PLANO, TX 75075	
Medicare 2:						PHONE:	FAX:
Phone	(214) 758-0900	Fax	(214) 758-0090			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEBORAH ELLIS				
County	TARRANT	Region	03	Date Licensed	11/01/2013	Owner Information	
License #	016019					DAVIS MANAGED SERVICES, INC	
Lic Expire	10/31/2023					1340 S MAIN ST #130	
Medicare 1:						GRAPEVINE, TX 76051	
Medicare 2:						PHONE:	FAX:
Phone	(817) 377-3420	Fax	(817) 377-3424			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MELISSA OSWALT				
County	TARRANT	Region	03	Date Licensed	02/11/2013	Owner Information	
License #	015360					ARC THERAPY SERVICES, LLC	
Lic Expire	2/28/2023					111 WESTWOOD PLACE SUITE 400	
Medicare 1:	671785 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(817) 633-9125	Fax	(817) 633-9130			Services: Hospice	
Type:	Parent Agency	Administrator	ANGELA KASICH			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	09/24/2021	Owner Information	
License #	021074					BRUCE HEALTH CARE SERVICES LLC	
Lic Expire	9/24/2024					6300 RIDGLEA PLACE STE 425-B	
Medicare 1:						FORT WORTH, TX 76116	
Medicare 2:						PHONE:	FAX:
Phone	(682) 224-7500	Fax	(682) 224-7501			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	TINA BRUCE				
County	TARRANT	Region	03	Date Licensed	01/23/2008	Owner Information	
License #	011835					CALVARY HILL HEALTH SERVICES LLC	
Lic Expire	1/31/2022					709 COLD CREEK DR	
Medicare 1:	747106 HHA-18					ARLINGTON, TX 76002	
Medicare 2:						PHONE:	FAX:
Phone	(214) 448-6567	Fax	(682) 518-8124			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OLUYEMISI BABAJIDE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/03/2021	Owner Information	
License #	020506					CARE CREW LLC	
Lic Expire	2/3/2024					1665 KELLER PARKWAY SUITE 100	
Medicare 1:						KELLER, TX 76248	
Medicare 2:							PHONE:
Phone	(817) 242-4717	Fax	(817) 785-9783				FAX:
Type:	Parent Agency	Administrator	ANN SOLIMAN			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	04/18/2018	Owner Information	
License #	018712					CARE FOCUS HOME HEALTH CARE INC	
Lic Expire	4/30/2022					410 ROCKY CREEK DRIVE	
Medicare 1:						MANSFIELD, TX 76063	
Medicare 2:							PHONE:
Phone	(469) 345-5163	Fax	(817) 449-2141				FAX:
Type:	Parent Agency	Administrator	VIVIAN NGANG			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	03/20/2016	Owner Information	
License #	017849					CARE OF EXCELLENCE HOME HEALTH, LLC	
Lic Expire	3/31/2022					751 US HIGHWAY 287 NORTH SUITE 104	
Medicare 1:	679654 HHA-18					MANSFIELD, TX 76063	
Medicare 2:							PHONE:
Phone	(817) 842-4263	Fax	(817) 842-8464				FAX:
Type:	Parent Agency	Administrator	MELINDA CONN			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	04/10/2019	Owner Information	
License #	019320					CARE SOLUTIONS HOME HEALTH SERVICES INC	
Lic Expire	4/10/2023					AS ABOVE.	
Medicare 1:						ARLINGTON, TX 76017	
Medicare 2:							PHONE:
Phone	(817) 419-6500	Fax	(817) 419-6501				FAX:
Type:	Parent Agency	Administrator	KEHINDE ADELANA			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	09/14/2021	Owner Information	
License #	021047					TNT HOME HEALTH INC	
Lic Expire	9/14/2024					5601 BRIDGE STREET, SUITE 300	
Medicare 1:						FORT WORTH, TX 76112	
Medicare 2:							PHONE:
Phone	(817) 928-3190	Fax	(817) 928-5344				FAX:
Type:	Parent Agency	Administrator	TODD BART			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	10/19/2020	Owner Information	
License #	020246					CAREMATE WELLNESS SOLUTIONS, LLC	
Lic Expire	10/19/2022					3901 ARLINGTON HIGHLANDS BLVD. SUITE 200	
Medicare 1:						ARLINGTON, TEXAS 76018	
Medicare 2:							PHONE:
Phone	(682) 305-0665	Fax					FAX:
Type:	Parent Agency	Administrator	CLINTON PINKNEY			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	12/23/2015	Owner Information	
License #	012995					CAREPARTH HEALTHCARE SYSTEM LLP	
Lic Expire	11/30/2021					720 WEST NATHAN LOWE RD SUITE 100	
Medicare 1:						ARLINGTON, TX 76017	
Medicare 2:							PHONE:
Phone	(972) 925-0618	Fax	(972) 925-0307				FAX:
Type:	Alternate Delivery Site	Administrator	DANIEL EZEUKWU			Services: Hospice In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 11/10/2009
License # 012995 CAREPATH HOME HEALTH NETWORK
Lic Expire 11/30/2021 720 WEST NATHAN LOWE ROAD SUITE 100
Medicare 1: 747441 HHA-18;74 ARLINGTON, TX 76017
Medicare 2:
Phone (817) 375-5790 Fax (817) 375-5066

Owner Information

CAREPARTH HEALTHCARE SYSTEM LLP
720 WEST NATHAN LOWE RD SUITE 100
ARLINGTON, TX 76017
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator DANIEL EZEUKWU

County **TARRANT** Region 03 Date Licensed 02/14/2020
License # 019834 CARETOWN
Lic Expire 2/14/2022 1508 MONTE CARLO DR
Medicare 1: MANSFIELD, TEXAS 76063
Medicare 2:
Phone (682) 706-5698 Fax

Owner Information

CARETOWN LLC
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator CHRISTIANA OMODUGBA-UDEH

County **TARRANT** Region 03 Date Licensed 09/27/2010
License # 013583 CARETRENDS HEALTH SERVICE
Lic Expire 9/30/2022 1611 POWDER HORN LN
Medicare 1: 747689 ARLINGTON, TX 76018
Medicare 2:
Phone (817) 466-6641 Fax (817) 472-4288

Owner Information

CARETRENDS INC
1611 POWDER HORN LANE
ARLINGTON, TX 76018
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LAJA AKINTAYO

County **TARRANT** Region 03 Date Licensed 10/08/2021
License # 021112 CARING SENIOR SERVICE OF DALLAS MIDCITIES
Lic Expire 10/8/2024 5601 COLLEYVILLE BLVD, SUITE 17
Medicare 1: COLLEYVILLE, TEXAS 76034
Medicare 2:
Phone 214 225 6628 Fax (214) 225-6654

Owner Information

DESERT SKY HOLDINGS, LLC
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator NICHOLAS PAZARENTZOS

County **TARRANT** Region 03 Date Licensed 03/16/2021
License # 020606 CARING SENIOR SERVICE OF FORT WORTH
Lic Expire 3/16/2024 4200 SOUTH FWY SUITE 265
Medicare 1: FORT WORTH, TEXAS 76115
Medicare 2:
Phone (817) 210-4778 Fax

Owner Information

JEWA ENTERPRISES LLC
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator SELENE CHAUDHRY

County **TARRANT** Region 03 Date Licensed 04/10/2020
License # 019823 CARTER PEDIATRIC HOME HEALTH
Lic Expire 2/11/2022 505 PARK MEADOWS DR.
Medicare 1: CROWLEY, TX 76036
Medicare 2:
Phone (408) 449-0492 Fax

Owner Information

CARTER HOME HEALTH LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator LOUIS MANGONG

County **TARRANT** Region 03 Date Licensed 01/03/2018
License # 018543 CHAMPION HEALTH CARE
Lic Expire 1/31/2025 4804 ALANDALE DRIVE
Medicare 1: FOREST HILL, TX 76119
Medicare 2:
Phone (682) 302-4267 Fax (682) 703-1080

Owner Information

GLORIA JEAN FLENNOY
4804 ALANDALE DRIVE
FOREST HILL, TX 76119
PHONE: FAX:
Services: Personal Assistance Services

Type: Parent Agency Administrator GLORIA FLENNOY

County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 9/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 876-6138 Fax (817) 704-4335
Type: Branch Agency Administrator NORA METLEN

Owner Information

THREE OF A KIND, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 9/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: 747181 HHA-18 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone 844 310 0056 Fax 817 704 4335
Type: Parent Agency Administrator NORA METTLEN

Owner Information

THREE OF A KIND, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 9/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: 747181 HHA-18 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone 844 310 0056 Fax 817 704 4335
Type: Parent Agency Administrator NORA METTLEN

Owner Information

THREE OF A KIND, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/26/2014
License # 016697 CHOICE HOMECARE
Lic Expire 9/30/2020 1452 HUGHES ROAD, SUITE 300
Medicare 1: GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 876-6138 Fax (817) 704-4335
Type: Branch Agency Administrator NORA METLEN

Owner Information

THREE OF A KIND, LLC
6760 OLD JACKSONVILLE HWY, SUITE 102
TYLER, TX 75703
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/27/1994
License # 001565 CHRISTIAN CARE HOME HEALTH
Lic Expire 12/31/2021 5100 RANDOL MILL ROAD
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 496-4730 Fax (972) 682-7947
Type: Branch Agency Administrator KRISTEN MAZZA

Owner Information

CHRISTIAN CARE CENTERS INC
900 WIGGINS PKWY
MESQUITE, TX 75150
PHONE: (972) 686-2460 FAX: (866) 216-7525
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/01/2021
License # 021099 CHRYSOLITE PRECIOUS HOMECARE LLC
Lic Expire 10/1/2024 3556 VELA LANE APT 5209
Medicare 1: FORT WORTH, TEXAS 76137
Medicare 2:
Phone (405) 543-9344 Fax
Type: Parent Agency Administrator CHRISTELLE KAMANDA

Owner Information

CHRYSOLITE PRECIOUS HOMECARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/08/2014
License # 016517 CKD HOMECARE SERVICES
Lic Expire 11/30/2022 1015 E DALLAS STREET STE 2
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (844) 767-3931 Fax (817) 704-3188
Type: Parent Agency Administrator CHIKETA KELLY

Owner Information

CKD HOSPICE & PALLIATIVE CARE INC
1015 E DALLAS STREET STE 2
MANSFIELD, TX 76063
PHONE: (844) 767-3931 FAX: (817) 704-3188
Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County	TARRANT	Region	03	Date Licensed	10/14/2009	Owner Information
License #	012896					SLH HEALTH CORP
Lic Expire	10/31/2024					4025 WOODLAND PARK BLVD SUITE 130
Medicare 1:	747434 HHA-18					ARLINGTON, TX 76013-4301
Medicare 2:						PHONE:
Phone	(817) 792-2030	Fax	(817) 792-2031			FAX:
Type:	Parent Agency	Administrator	ANGIE KING			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	11/16/2016	Owner Information
License #	017742					CLASSIC HOSPICE LLC
Lic Expire	11/30/2022					4025 WOODLAND PARK BLVD SUITE 130
Medicare 1:	74-1757					ARLINGTON, TX 76013-4301
Medicare 2:						PHONE:
Phone	(817) 792-2030	Fax	(817) 792-2031			FAX:
Type:	Parent Agency	Administrator	AMANDA WILLIAMS			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed		Owner Information
License #	021361					GLORIOUS HEARTS
Lic Expire	1/31/2025					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 922-2907	Fax	(972) 807-7117			FAX:
Type:	Parent Agency	Administrator	LATISA MAHOMES			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	08/02/2021	Owner Information
License #	020947					BLUEBONNET CARE SERVICE
Lic Expire	8/2/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 841-1150	Fax				FAX:
Type:	Parent Agency	Administrator	VERONICA LIZBETH ALVAREZ BECERRA			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	09/27/2005	Owner Information
License #	009989					CK TEXAS HOLDINGS INC
Lic Expire	9/30/2023					8205 CAMP BOWIE WEST SUITE 216
Medicare 1:						FT. WORTH, TX 76116
Medicare 2:						PHONE:
Phone	(817) 560-8085	Fax	(817) 560-7760			FAX:
Type:	Parent Agency	Administrator	SCOTT VAN DUINEN			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/20/2014	Owner Information
License #	016291					SHREENIDHI GROUP LLC
Lic Expire	1/31/2025					4525 RED BARN
Medicare 1:						RICHARDSON, TX 76040
Medicare 2:						PHONE:
Phone	(817) 282-0828	Fax	(817) 282-3060			FAX:
Type:	Parent Agency	Administrator	ASHVIN AMIN			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	10/18/2004	Owner Information
License #	009489					JEANUINE INC
Lic Expire	10/31/2023					P.O. BOX 2189
Medicare 1:						MANSFIELD, TX 76063
Medicare 2:						PHONE:
Phone	(817) 453-3727	Fax	(817) 453-1140			FAX:
Type:	Parent Agency	Administrator	ANDREA JEANS			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 03/18/2003
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022 1111 SUMMIT AVENUE
Medicare 1: 451501 FORT WORTH, TX 76102
Medicare 2:
Phone (817) 870-9995 Fax (817) 870-9996

Type: Alternate Delivery Site Administrator LAUREN PARRISH HORTON

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice Alternative Delivery Site (ADS)
In-Patient Hospice: YES

County **TARRANT** Region 03 Date Licensed 05/01/1996
License # 005213 COMMUNITY HEALTHCARE OF TEXAS
Lic Expire 4/30/2022 6100 WESTERN PLACE SUITE 105
Medicare 1: 451501 HOSPICE FORT WORTH, TX 76107
Medicare 2:
Phone (817) 870-2795 Fax 817 9893220

Type: Parent Agency Administrator LAUREN PARRISH HORTON

Owner Information

COMMUNITY HEALTHCARE OF TEXAS
6100 WESTERN PLACE SUITE 105
FORT WORTH, TX 76107
PHONE: FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 07/26/2005
License # 009882 COMPASSIONATE HEALTHCARE
Lic Expire 7/31/2023 3309 WINTHROP AVE #89
Medicare 1: FORT WORTH, TX 76116
Medicare 2:
Phone (817) 570-9901 Fax (817) 570-9801

Type: Parent Agency Administrator CYNTHIA HARRIS

Owner Information

FORT WORTH H & H ENTERPRISES INC
3309 WINTHROP AVE #89
FORT WORTH, TX 76616
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/09/2020
License # 020304 COMPASSIONATE HEARTS HOME HEALTH CARE LLC
Lic Expire 11/9/2022 6000 ALTERSGATE LN APT 2106
Medicare 1: ARLINGTON, TEXAS 76001
Medicare 2:
Phone (682) 272-8732 Fax (817) 549-9078

Type: Parent Agency Administrator JACKLINE NAMARA

Owner Information

COMPASSIONATE HEARTS HOME HEALTH CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/23/2014
License # 016710 COMPASSUS FORT WORTH
Lic Expire 10/31/2022 2630 WEST FREEWAY SUITE 130
Medicare 1: 451791 HOSPICE FORT WORTH, TX 76102
Medicare 2:
Phone (817) 735-8741 Fax (817) 735-8836

Type: Parent Agency Administrator MICHAEL HEREDIA

Owner Information

COVENANT HOSPICE AND PALLIATIVE CARE, LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 06/14/2013
License # 015605 CONNECT HOME HEALTH PEDIATRICS
Lic Expire 6/30/2024 7001 BOULEVARD 26 SUITE # 501
Medicare 1: NORTH RICHLAND HILLS, TX 76180
Medicare 2:
Phone (817) 247-8437 Fax (866) 702-7217

Type: Parent Agency Administrator EZRA KUENZI

Owner Information

CONNECT HOME HEALTH, LLC
7001 BOULEVARD 26 SUITE # 327
NORTH RICHLAND HILLS, TX 76180
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/01/2001
License # 007555 COOK CHILDRENS HOME HEALTH
Lic Expire 12/31/2024 1101 W VICKERY BLVD
Medicare 1: 677672 HHA-18 FORT WORTH, TX 76104
Medicare 2:
Phone (682) 885-6294 Fax (682) 885-2499

Type: Parent Agency Administrator MICHAEL "BRADY" GENDKE

Owner Information

COOK CHILDRENS HOME HEALTH
801 SEVENTH AVENUE
FORT WORTH, TX 76104
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 02/01/2003
License # 008457 CROWN HOME HEALTH SERVICES
Lic Expire 1/31/2022 6850 MANHATTAN BLVD STE #110
Medicare 1: 679099 FORT WORTH, TX 76120
Medicare 2:
Phone (817) 446-8100 Fax (817) 446-8102
Type: Parent Agency Administrator JACQUELYN WILLIAMS

Owner Information

NNENNA ACHO
8426 ODELL STREET
NORTH RICHLAND HILLS, TX 76180

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 03/07/2007
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2024 833 W. EULESS BLVD.
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Branch Agency Administrator KATHRYN BOLTON

Owner Information

C&L ESPERANZA HOME HEALTH INC
1110 N. CARROLL AVENUE
SOUTHLAKE, TX 76092

PHONE: () - 1 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/11/1995
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2024 833 W EULESS BLVD.
Medicare 1: 678229 HHA-18,45 EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Parent Agency Administrator KATHRYN BOLTON

Owner Information

C&L ESPERANZA HOME HEALTH INC
1110 N. CARROLL AVENUE
SOUTHLAKE, TX 76092

PHONE: () - 1 FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 09/11/2002
License # 004165 CUIDADO CASERO HOME HEALTH & HOSPICE
Lic Expire 12/31/2024 833 W. EULESS BLVD.
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 640-0646 Fax (817) 640-7174
Type: Branch Agency Administrator KATHRYN BOLTON

Owner Information

C&L ESPERANZA HOME HEALTH INC
1110 N. CARROLL AVENUE
SOUTHLAKE, TX 76092

PHONE: () - 1 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/15/2013
License # 015646 CUSTOM CARE HOME HEALTH
Lic Expire 2/28/2023 4811 MERLOT AVE, STE 110
Medicare 1: 679672 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone (972) 242-5959 Fax (972) 242-5954
Type: Parent Agency Administrator THOMAS GLEASON

Owner Information

CUSTOM CARE HEALTHCARE, INC
6006 LBJ FREEWAY, STE 110
DALLAS, TX 75240

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **TARRANT** Region 03 Date Licensed 05/01/2021
License # 021109 CUSTOM CARE HOME HEALTH FT WORTH
Lic Expire 5/1/2024 7261 HAWKINS VIEW DRIVE
Medicare 1: 458125 FORT WORTH, TEXAS 76132
Medicare 2:
Phone (817) 847-8888 Fax
Type: Parent Agency Administrator NELSON CLUFF

Owner Information

CUSTOM CARE HEALTHCARE, INC
6006 LBJ FREEWAY, STE 110
DALLAS, TX 75240

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 06/25/2009
License # 013152 CUSTOM CARE HOSPICE
Lic Expire 6/30/2023 4811 MERLOT AVENUE, SUITE 110
Medicare 1: 451635 HOSPICE GRAPEVINE, TX 76051
Medicare 2:
Phone (972) 242-5959 Fax (972) 242-5954
Type: Parent Agency Administrator THOMAS GLEASON

Owner Information

KEYSTONE HOSPICE CARE, INC
1445 MACARTHUR DRIVE SUITE 200
CARROLLTON, TX 75007

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County	TARRANT	Region	03	Date Licensed	10/16/2019	Owner Information	
License #	019648					DACY HEALTHCARE LLC	
Lic Expire	10/16/2021					3605 RIVERHEAD DRIVE	
Medicare 1:						ARLINGTON, TEXAS 76015	
Medicare 2:							PHONE:
Phone	(817) 899-0540	Fax					FAX:
Type:	Parent Agency	Administrator	COMFORT BLASSINGAME			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	10/01/2021	Owner Information	
License #	021095					DAISY SHAW COMPANION CARE LLC	
Lic Expire	10/1/2024					PO BOX 121775	
Medicare 1:						ARLINGTON, TEXAS 76012	
Medicare 2:							PHONE:
Phone	(817) 879-9283	Fax					FAX:
Type:	Parent Agency	Administrator	SHAMEEKA HENRY			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	05/12/2016	Owner Information	
License #	017399					DAYBREAK COMMUNITY SERVICES TEXAS LLC	
Lic Expire	5/31/2022					4100 INTERNATIONAL PLAZA SUITE 800	
Medicare 1:						FORT WORTH, TX 76109	
Medicare 2:							PHONE:
Phone	(800) 299-5161	Fax	(817) 447-3033				FAX:
Type:	Parent Agency	Administrator	AARON DENOVELLIS			Services: Licensed Home Health Services; Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	10/10/2020	Owner Information	
License #	020099					DELFIN CARE PROVIDER, LLC	
Lic Expire	8/11/2022						
Medicare 1:							
Medicare 2:							PHONE:
Phone	682 2664433	Fax					FAX:
Type:	Parent Agency	Administrator	ARWIN DELFIN			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	05/17/2021	Owner Information	
License #	020760					RESSIEN LLC	
Lic Expire	5/17/2024					2605 BERRY DOWN LN., #8202	
Medicare 1:						ARLINGTON, TX 76006	
Medicare 2:							PHONE:
Phone	972 8156581	Fax					FAX:
Type:	Parent Agency	Administrator	RONALD ESSIEN			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	10/16/2020	Owner Information	
License #	020243					DEVOTED HEARTS 4 U	
Lic Expire	10/16/2022					9500 RAY WHITE RD STE 200	
Medicare 1:						FORT WORTH, TEXAS 76244	
Medicare 2:							PHONE:
Phone	(817) 851-1039	Fax					FAX:
Type:	Parent Agency	Administrator	DEM KIA CHAPPELL			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	10/13/2021	Owner Information	
License #	021126					DFW CAREGIVERS LLC	
Lic Expire	10/13/2024					2012 E RANDOL MILL ROAD, SUITE 203A	
Medicare 1:						ARLINGTON, TEXAS 76011	
Medicare 2:							PHONE:
Phone	(254) 436-2198	Fax					FAX:
Type:	Parent Agency	Administrator	LANRE ADEDIRAN			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	06/01/2021	Owner Information
License #	020956					LHCG CXCIV, LLC
Lic Expire	6/1/2024					PO BOX 51266
Medicare 1:	747245					LAFAYETTE, LOUISIANA 70505
Medicare 2:						PHONE:
Phone	972 2668511	Fax	972 2668522			FAX:
Type:	Parent Agency	Administrator	MANJU DHANKHAR			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	07/01/2012	Owner Information
License #	015032					LHCG XXXIII, LLC
Lic Expire	6/30/2022					PO BOX 51266
Medicare 1:	457575 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	817 5297555	Fax	817 5297560			FAX:
Type:	Parent Agency	Administrator	BRANDON QUINTON			Services: Licensed and Certified Home Health Services
County	TARRANT	Region	03	Date Licensed	01/01/2020	Owner Information
License #	019849					LHCG CXXXVII, LLC
Lic Expire	1/1/2025					PO BOX 51266
Medicare 1:	457818					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	817 6332273	Fax	817 6332274			FAX:
Type:	Parent Agency	Administrator	KATHLEEN MCCLUSKEY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	06/01/2021	Owner Information
License #	021106					LHCG CXXXVII, LLC
Lic Expire	6/1/2024					PO BOX 51266
Medicare 1:	747290					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	817 4175344	Fax	817 4174745			FAX:
Type:	Parent Agency	Administrator	BRANDON QUINTON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	04/30/2015	Owner Information
License #	016784					DIAMOND HEART HEALTHCARE INC
Lic Expire	4/30/2021					7700 CRESSWELL DRIVE
Medicare 1:						ARLINGTON, TX 76001
Medicare 2:						PHONE:
Phone	(817) 881-3135	Fax	(682) 320-8798			FAX:
Type:	Parent Agency	Administrator	GEORGE EZIGBO			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/09/1995	Owner Information
License #	004154					DISABILITY SERVICES OF THE SOUTHWEST, INC
Lic Expire	11/30/2022					6243 IH 10 WEST, STE. 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(817) 838-4777	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	SEANNETTE ALEXANDER			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	06/14/2021	Owner Information
License #	020913					DISTINCT HOME HEALTH SERVICE LLC
Lic Expire	6/14/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(682) 554-2234	Fax	(214) 988-2021			FAX:
Type:	Parent Agency	Administrator	SHELLEY ALENI			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 03/13/2000
License # 007277 DIVINE CARE HEALTH SERVICES
Lic Expire 3/31/2022 6850 MANHATTAN BOULEVARD SUITE 104
Medicare 1: 679011 HHA-18 FORT WORTH, TX 76120
Medicare 2:
Phone (817) 930-0930 Fax (817) 446-0109

Owner Information

NDUBUISI DAVID ACHO
8426 ODELL STREET
NORTH RICHLAND, TX 76180

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator NDUBUISI DAVID ACHO

County **TARRANT** Region 03 Date Licensed 02/25/2021
License # 020547 DIVINE MIRACLE HOME CARE LLC
Lic Expire 2/25/2024 3201 E PIONEER PARKWAY SUITE 39
Medicare 1: ARLINGTON, TX 76010
Medicare 2:
Phone (682) 347-4044 Fax

Owner Information

DIVINE MIRACLE HOME CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator EBENEZER FOWOBAJE

County **TARRANT** Region 03 Date Licensed 02/28/2012
License # 014746 DIVINE TOUCH HEALTH SERVICES
Lic Expire 2/28/2022 4505 CATHERINE DR
Medicare 1: 747142 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 225-2160 Fax (817) 225-2161

Owner Information

DIVINE TORCH HEALTH SERVICES INC
410 ROCKY CREEK DRIVE
MANSFIELD, TX 76063

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator VIVIAN NGANG

County **TARRANT** Region 03 Date Licensed 01/08/2020
License # 019768 DIVINITY HOSPICE, LLC
Lic Expire 1/8/2025 5601 BRIDGE STREET, SUITE 300
Medicare 1: 971560 (HOSPICE) FORT WORTH, TEXAS 76112
Medicare 2:
Phone (817) 492-7020 Fax (817) 492-7019

Owner Information

DIVINITY HOSPICE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator BRENDA FISHER

County **TARRANT** Region 03 Date Licensed
License # 021338 DOUBLE HONOR HOME CARE LLC
Lic Expire 1/19/2025 329 BLAIRWOOD DR
Medicare 1: FORT WORTH, TEXAS 76134
Medicare 2:
Phone 682 4727432 Fax

Owner Information

DOUBLE HONOR HOME CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator APRYL WILLIAMS

County **TARRANT** Region 03 Date Licensed 04/05/2017
License # 017984 EAGLE HOME HEALTHCARE SERVICES
Lic Expire 4/30/2021 1015 E DALLAS STREET STE 2
Medicare 1: 747541 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 539-9092 Fax (866) 591-9619

Owner Information

NEW DIRECTION HOME HEALTHCARE OF DFW, INC
1015 E DALLAS STREET STE 2
MANSFIELD, TX 76063

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator CHIKETA KELLY

County **TARRANT** Region 03 Date Licensed 12/05/2006
License # 010923 EL PASSION HOME HEALTH AGENCY INC
Lic Expire 4/29/2022 7209 WIND ELM COURT
Medicare 1: 743128 HHA-18 ARLINGTON, TX 76002
Medicare 2:
Phone (817) 992-3348 Fax 18175827635

Owner Information

EL PASSION HOME HEALTH AGENCY INC
7209 WIND ELM CT
ARLINGTON, TX 76002

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

Type: Parent Agency Administrator ELIZABETH AJEIGBE

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 04/26/2017
License # 018139 ELARA CARING
Lic Expire 4/30/2023 2261 BROOKHOLLOW PLAZA DR. STE. 308 E
Medicare 1: 677492 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (469) 828-0019 Fax (469) 828-4532
Type: Parent Agency Administrator TINA ANDERSON

Owner Information

OMNICARE ASSOCIATES, INC
17480 DALLAS PKWY, STE 210
DALLAS, TX 75287
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 04/01/2007
License # 011270 ELARA CARING
Lic Expire 3/31/2023 2261 BROOKHOLLOW PLAZA DR SUITE 308A
Medicare 1: ARLINGTON, TX 76006
Medicare 2:
Phone (817) 469-7455 Fax (817) 469-7477
Type: Parent Agency Administrator CYNTHIA FINNEY

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 06/11/2020
License # 019994 ELITE CAREGIVERS OF TEXAS LLC
Lic Expire 6/11/2022 3933 ESKER DR
Medicare 1: FORT WORTH, TEXAS 76137
Medicare 2:
Phone (817) 929-8882 Fax
Type: Parent Agency Administrator DEBORAH JONES

Owner Information

ELITE CAREGIVERS OF TEXAS LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/14/2012
License # 015002 ELITE NURSING HOME HEALTHCARE LLC
Lic Expire 12/30/2022 315 E. WALL STREET
Medicare 1: GRAPEVINE, TX 76051
Medicare 2:
Phone (682) 323-7213 Fax (682) 323-5966
Type: Parent Agency Administrator MELODY WALLS

Owner Information

ELITE NURSING HOME HEALTH CARE, LLC
700 HIGHLANDER BLVD STE 170
ARLINGTON, TX 76015
PHONE: FAX:
Services: Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed
License # 012079 ELYSIAN HOSPICE LLC
Lic Expire 6/30/2022 524 E. LAMAR BLVD, SUITE 120A
Medicare 1: ARLINGTON, TX 76011
Medicare 2:
Phone (682) 610-7686 Fax (682) 610-7687
Type: Alternate Delivery Site Administrator LATOSHA HOLLIS

Owner Information

ELYSIAN HOSPICE LLC
2537 GOLDEN BEAR DRIVE
CARROLLTON, TX 75006
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 07/01/2015
License # 016949 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2023 6500 WEST FREEWAY, SUITE 452
Medicare 1: 457975 HHA-18 FORT WORTH, TEXAS 761162167
Medicare 2:
Phone 817 7374300 Fax 817 7374305
Type: Parent Agency Administrator ERIC DENGLER

Owner Information

EH OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 05/01/2017
License # 018428 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 4/30/2023 2000 E. LAMAR BLVD., SUITE 155
Medicare 1: 677830 HHA-18 ARLINGTON, TEXAS 76006
Medicare 2:
Phone 817 5420217 Fax 817 5420264
Type: Parent Agency Administrator JENNIFER STETTLER

Owner Information

EH HOME HEALTH OF DFW, LLC
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 06/03/2011
License # 014255 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 6/30/2024 1501 HUGHES RD., SUITE 100
Medicare 1: 679428 HHA-18 GRAPEVINE, TEXAS 76051
Medicare 2:
Phone 817 3295449 Fax 817 3292145
Type: Parent Agency Administrator LINDA FARRIS

Owner Information

EH HOME HEALTH OF DFW, LLC
6688 N. CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 11/01/2006
License # 011086 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 10/31/2022 6500 WEST FREEWAY, SUITE 450
Medicare 1: 679167 HHA-18 FORT WORTH, TEXAS 761162167
Medicare 2:
Phone 817 7374300 Fax 817 7374305
Type: Parent Agency Administrator ERIC DENGLER

Owner Information

EH OF FORT WORTH, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 09/06/2013
License # 015841 ENCOMPASS HEALTH HOSPICE
Lic Expire 9/30/2023 6500 WEST FREEWAY, SUITE 451
Medicare 1: 671733 HOSPICE FORT WORTH, TEXAS 761162167
Medicare 2:
Phone 817 2638808 Fax 817 7374305
Type: Parent Agency Administrator RANDY PICKERING

Owner Information

APEX HOSPICE, LLC
6688 N. CENTRAL EXPRESSWAY, STE 1300
DALLAS, TEXAS 75206
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 07/20/2011
License # 014228 ENVOY HOSPICE
Lic Expire 7/31/2023 1412 W MAGNOLIA AVENUE SUITE 100
Medicare 1: 671712 HOSPICE FORT WORTH, TX 76104
Medicare 2:
Phone (817) 289-3990 Fax (817) 289-3995
Type: Parent Agency Administrator DONNA FRANCO

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 06 Date Licensed 08/24/2012
License # 013330 EVEROSE HEALTHCARE INC
Lic Expire 5/31/2022 3020 MATLOCK RD. STE. 210
Medicare 1: ARLINGTON, TX 76015
Medicare 2:
Phone (817) 557-8252 Fax (817) 557-8255
Type: Branch Agency Administrator TED DIEP NGUYEN

Owner Information

EVEROSE HEALTHCARE INC
11200 WESTHEIMER RD SUITE 100
HOUSTON, TX 77042
PHONE: FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/10/2009
License # 012699 EXCELLENT HOME HEALTH SERVICES
Lic Expire 7/31/2023 1144 W PIONEER PKWY STE H PIONEER PLAZA
Medicare 1: 747494 HHA-18 ARLINGTON, TX 76013
Medicare 2:
Phone (817) 962-0290 Fax (817) 962-0292
Type: Parent Agency Administrator BEATRICE JOHNSON

Owner Information

EXCELLENT HEALTHCARE SERVICES INC
1122 PO BOX 1122
ARLINGTON, TX 76004
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/05/2000
License # 007358 EXCEPTIONAL HOME CARE INC
Lic Expire 7/31/2023 2817 STARK SUITE A
Medicare 1: FORT WORTH, TX 76112
Medicare 2:
Phone (817) 457-8324 Fax (817) 457-9617
Type: Parent Agency Administrator SHELLEY REED-POUNCY

Owner Information

EXCEPTIONAL HOME CARE INC
2817 STARK SUITE A
FORT WORTH, TX 76112
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	03/02/2020	Owner Information	
License #	019474	EXTENDED FAMILY HOME CARE				INTERTWINED SENIOR CARE, LLC	
Lic Expire	7/9/2021	4303 S BOWEN RD STE 137				5512 LAVACA RD	
Medicare 1:		ARLINGTON, TEXAS 76016				GRAND PRAIRIE, TEXAS 75052	
Medicare 2:						PHONE:	FAX:
Phone	(817) 928-5600	Fax	(817) 928-5660	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	KELLEY MONROE				
County	TARRANT	Region	03	Date Licensed	10/27/2020	Owner Information	
License #	020271	FACO HEALTHCARE SERVICES				BIZ N MARKETING INC	
Lic Expire	10/27/2022	3600 W PIONEER PKWY STE 16				2412 HENDERSON DRIVE UNIT 1135	
Medicare 1:		PANTEGO, TEXAS 76013				ARLINGTON, TEXAS 76013	
Medicare 2:						PHONE:	FAX:
Phone	(682) 408-5010	Fax	(682) 318-1792	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	NZEPAH NGASSA				
County	TARRANT	Region	03	Date Licensed	12/17/2014	Owner Information	
License #	016570	FAMILIAS PRIMARY CARE SERVICES				DIAZZZLY ADULT CARE LLC	
Lic Expire	12/31/2022	1201 N. WATSON ROAD SUITE 294				1201 N. WATSON ROAD SUITE 294	
Medicare 1:		ARLINGTON, TX 76006				ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(682) 706-3963	Fax	(682) 706-3955	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	MERCY NKERBU				
County	TARRANT	Region	03	Date Licensed	04/15/2021	Owner Information	
License #	020705	FIDELITY ENTRUST HEALTHCARE SERVICES LLC				FIDELITY ENTRUST HEALTHCARE SERVICES LLC	
Lic Expire	4/15/2024	325 WEDGEWOOD LANE					
Medicare 1:		CEDAR HILL, TX 75104					
Medicare 2:						PHONE:	FAX:
Phone	(817) 487-7378	Fax	(817) 977-8889	Services: Hospice; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	SHAVONDA FICKLIN				
County	TARRANT	Region	03	Date Licensed	01/08/2008	Owner Information	
License #	011801	FIRST RESPONSE HOME HEALTH SERVICES LLC				FIRST RESPONSE HOME HEALTH SERVICES LLC	
Lic Expire	1/31/2022	4444 MALLOW OAK DRIVE				4444 MALLOW DRIVE	
Medicare 1:	747160 HHA-18	FORT WORTH, TX 76123				FORT WORTH, TX 76123-1820	
Medicare 2:						PHONE:	FAX:
Phone	(817) 361-7040	Fax	(817) 361-9244	Services: Licensed and Certified Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	JUDITH TAN-PASCUAL				
County	TARRANT	Region	03	Date Licensed	11/19/2018	Owner Information	
License #	019109	FIRST WATCH HOME CARE				LEXISCOM GROUP,LLC	
Lic Expire	11/19/2022	1601 EAST LAMAR BLVD STE 107					
Medicare 1:		ARLINGTON, TEXAS 76011					
Medicare 2:						PHONE:	FAX:
Phone	(817) 617-2335	Fax	(817) 549-6578	Services: Personal Assistance Services			
Type:	Parent Agency	Administrator	OLUTOPE OKE				
County	TARRANT	Region	03	Date Licensed	12/16/2004	Owner Information	
License #	009467	FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC				FLORENCE HEALTH CARE SERVICES & TRAINING CENTER INC	
Lic Expire	12/31/2023	2308 CREST PARK DRIVE				2308 CREST PARK DR	
Medicare 1:	677863 HHA-18	ARLINGTON, TEXAS 76006				ARLINGTON, TEXAS 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 652-4409	Fax	(817) 652-4431	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services			
Type:	Parent Agency	Administrator	FLORENCE OKOLIE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	12/30/2019	Owner Information	
License #	019755					FMA HOME HEALTH SERVICES INC	
Lic Expire	4/29/2022						
Medicare 1:							
Medicare 2:							
Phone	(817) 899-4955	Fax	(817) 522-4481			PHONE:	FAX:
Type:	Parent Agency	Administrator	OLUFEMI FAGBOHUN			Services:	Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/22/2021	Owner Information	
License #	021224					FOUR PINES HEALTH CARE SERVICES INC	
Lic Expire	11/22/2024					6715 BARRED OWL RD	
Medicare 1:						ARLINGTON, TX 76002	
Medicare 2:						PHONE:	FAX:
Phone	682 2279722	Fax	817 5836661			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	FRED OKWENA				
County	TARRANT	Region	03	Date Licensed	11/20/2012	Owner Information	
License #	015423					FREEDOM HOSPICE LLC	
Lic Expire	11/30/2022					9001 AIRPORT FREEWAY, SUITE 570	
Medicare 1:	671527 HOSPICE					NORTH RICHLAND HILLS, TX 76180	
Medicare 2:						PHONE:	FAX:
Phone	(817) 265-0151	Fax	(817) 265-0145			Services:	Hospice
Type:	Parent Agency	Administrator	KELLIE GIBSON			In-Patient Hospice:	NO
County	TARRANT	Region	03	Date Licensed	11/20/2012	Owner Information	
License #	015423					FREEDOM HOSPICE LLC	
Lic Expire	11/30/2022					9001 AIRPORT FREEWAY, SUITE 570	
Medicare 1:	671527 HOSPICE					NORTH RICHLAND HILLS, TX 76180	
Medicare 2:						PHONE:	FAX:
Phone	(817) 265-0151	Fax	(817) 265-0145			Services:	Hospice
Type:	Parent Agency	Administrator	KELLIE GIBSON			In-Patient Hospice:	NO
County	TARRANT	Region	03	Date Licensed	01/10/2012	Owner Information	
License #	015073					FULFORD HOME HEALTH LLC	
Lic Expire	1/31/2022					4221 HIGHWAY 377 SOUTH	
Medicare 1:	679701 HHA-18					FORT WORTH, TX 76116-8606	
Medicare 2:						PHONE:	FAX:
Phone	(817) 542-0077	Fax	(817) 542-0099			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SYLVIA MUSASIA				
County	TARRANT	Region	03	Date Licensed	06/22/2018	Owner Information	
License #	019414					GENESIS REHABILITATION SERVICES	
Lic Expire	6/7/2021					1101 E ARBROOK BLVD	
Medicare 1:						ARLINGTON, TEXAS 76014	
Medicare 2:						PHONE:	FAX:
Phone	(469) 984-0297	Fax	(817) 617-4423			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator	KURT DINKLE				
County	TARRANT	Region	03	Date Licensed	10/20/2006	Owner Information	
License #	010817					GILEAD COMMUNITY HOME HEALTH INC	
Lic Expire	10/31/2023					17826 DAVENPORT ROAD	
Medicare 1:	679722 HHA-18; 97					DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(817) 801-7100	Fax	(817) 801-7101			Services:	Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ROBERT BARKER			In-Patient Hospice:	NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	11/23/2010	Owner Information	
License #	011756					GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022					12900 FOSTER	
Medicare 1:						OVERLAND PARK, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(817) 451-4690	Fax	(817) 451-4689			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	KATRINA JOHNSON				
County	TARRANT	Region	03	Date Licensed	02/13/2020	Owner Information	
License #	019829					GLORIOUS HOME CARE SERVICE LLC	
Lic Expire	2/13/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 320-8394	Fax	NA			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	AFISHETU USMAN				
County	TARRANT	Region	03	Date Licensed	02/13/2019	Owner Information	
License #	019255					A SHARP & CLEAN SPECIALTY SERVICES LLC	
Lic Expire	7/31/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 320-4007	Fax				Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	SHAWNTAE SHARPE				
County	TARRANT	Region	03	Date Licensed	12/01/2017	Owner Information	
License #	018578					GOOD SAMARITAN SOCIETY HCBSTX, LLC	
Lic Expire	11/30/2021					700 NORTH TOWN EAST BLVD., SUITE 159	
Medicare 1:	679113 HHA-18					MESQUITE, TX 75150	
Medicare 2:						PHONE:	FAX:
Phone	817 510 3601	Fax	817 510 3602			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	TRACI WOOLFOLK				
County	TARRANT	Region	03	Date Licensed	10/01/2017	Owner Information	
License #	018525					GOOD SAMARITAN SOCIETY HCBSTX, LLC	
Lic Expire	9/30/2024					700 NORTH TOWN EAST BLVD., SUITE 159	
Medicare 1:	671584 HOSPICE					MESQUITE, TX 75150	
Medicare 2:						PHONE:	FAX:
Phone	(817) 268-2643	Fax	(817) 282-1062			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	STEPHANIE VILLA				
County	TARRANT	Region	03	Date Licensed		Owner Information	
License #	009630					GOOD SHEPHERD HOSPICE OF DALLAS LLC	
Lic Expire	3/31/2023					4350 WILL ROGERS PKWY, STE 400	
Medicare 1:						OKLAHOMA CITY, OK	
Medicare 2:						PHONE:	FAX:
Phone	(682) 300-1272	Fax	(888) 732-7208			Services:	Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	KIMBERLY CODR				
County	TARRANT	Region	03	Date Licensed	05/14/2020	Owner Information	
License #	019940					GRACE HOMESTEAD LLC	
Lic Expire	5/14/2022					700 LAVACA STSTE 1401	
Medicare 1:						AUSTIN, TX 78701	
Medicare 2:						PHONE:	(469) 247-1129 FAX:
Phone	(469) 235-7900	Fax	(855) 444-7164			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	GAIL GUDZA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	01/13/2015	Owner Information	
License #	016601					GREAT PROVIDER CAREGIVERS LLC	
Lic Expire	1/31/2023					2223 AVENUE J SUITE 106	
Medicare 1:						ARLINGTON, TEXAS 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 635-6088	Fax	(817) 633-3976			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JAMES L SANTIAGO				
County	TARRANT	Region	03	Date Licensed	02/25/2016	Owner Information	
License #	017536					GREENLEAF HOSPICE LLC	
Lic Expire	2/28/2022					1290 HWY 157 N	
Medicare 1:	741547 HOSPICE					MANSFIELD, TX 76063	
Medicare 2:						PHONE:	FAX:
Phone	(682) 518-3877	Fax	(682) 518-3879			Services: Hospice	
Type:	Parent Agency	Administrator	JAMIE PRUITT			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	12/14/2012	Owner Information	
License #	015268					J & F HEALTHY LIFESTYLE LLC	
Lic Expire	12/31/2022					3412 BALBOA CT	
Medicare 1:						GRAPEVINE, TX 76092	
Medicare 2:						PHONE:	FAX:
Phone	(817) 428-2888	Fax	(817) 288-0588			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YU DING				
County	TARRANT	Region	03	Date Licensed	09/21/2006	Owner Information	
License #	011216					GUARDIAN HEALTHCARE	
Lic Expire	9/30/2022					1320 S UNIVERSITY DR, SUITE 220	
Medicare 1:	677125 HHA-18					FORT WORTH, TX 76107	
Medicare 2:						PHONE:	FAX:
Phone	(817) 882-8200	Fax	(817) 882-8789			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	MELISSA DUTTON				
County	TARRANT	Region	03	Date Licensed	06/03/2009	Owner Information	
License #	012642					GUIDANCE HEALTHCARE SERVICES INC	
Lic Expire	6/30/2023					5005 SUMMER CREEK DR	
Medicare 1:	747292 HHA-18					ARLINGTON, TX 76018	
Medicare 2:						PHONE:	FAX:
Phone	(817) 468-3697	Fax	(817) 466-4161			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MAUREEN CHIDUME				
County	TARRANT	Region	03	Date Licensed	08/20/2008	Owner Information	
License #	012189					HALLMARK HEALTHCARE LLC	
Lic Expire	8/31/2022					2307 CENTRAL DRIVE SUITE B2	
Medicare 1:	747211					BEDFORD, TX 76021	
Medicare 2:						PHONE:	FAX:
Phone	(817) 553-1900	Fax	(817) 553-1902			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OSAGIE IYAMU				
County	TARRANT	Region	03	Date Licensed	06/20/2017	Owner Information	
License #	018113					HAMRO HOMEHEALTHCARE LLC	
Lic Expire	6/30/2019					1119 E SEMINARY DR	
Medicare 1:						FORT WORTH, TX 76115	
Medicare 2:						PHONE:	FAX:
Phone	(817) 420-2146	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	UMESH GHALLEY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	01/16/2020	Owner Information	
License #	019787					NATIONAL HAND IN HAND IN HOME SERVICES, L L C	
Lic Expire	1/16/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 406-8520	Fax	(817) 406-8520			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHERRY BURROWS				
County	TARRANT	Region	03	Date Licensed	01/12/2022	Owner Information	
License #	021327					HAND TO HAND LLC	
Lic Expire	1/12/2025						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 884-4554	Fax	(972) 884-4553			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHARNETTE NOLA JOYNER				
County	TARRANT	Region	03	Date Licensed	03/24/2005	Owner Information	
License #	009654					HAPPY DAYS HOME HEALTH CARE LLC	
Lic Expire	3/31/2024					AS ABOVE	
Medicare 1:	677828 HHA-18					ARLINGTON, TX 76017	
Medicare 2:						PHONE:	FAX:
Phone	(817) 419-6500	Fax	(817) 419-6501			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KEHINDE ADELANA				
County	TARRANT	Region	03	Date Licensed	03/14/2014	Owner Information	
License #	016082					HARBOR HOSPICE OF ARLINGTON LP	
Lic Expire	3/31/2022					3406 COLLEGE STREET	
Medicare 1:	971675					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(817) 237-2256	Fax	(817) 237-2355			Services: Hospice	
Type:	Parent Agency	Administrator	GARY GONZALES			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	10/03/2012	Owner Information	
License #	015108					HARBOR HOSPICE OF FORT WORTH LP	
Lic Expire	10/31/2022					3406 COLLEGE STREET	
Medicare 1:	741516 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(817) 237-2255	Fax	(817) 237-2355			Services: Hospice	
Type:	Parent Agency	Administrator	GARY GONZALES			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	11/16/2012	Owner Information	
License #	015209					HARBOR HOSPICE OF WEST DALLASFORT WORTH, LP	
Lic Expire	11/30/2022					3406 COLLEGE STREET	
Medicare 1:	741574 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(817) 237-2255	Fax	(817) 237-2355			Services: Hospice	
Type:	Parent Agency	Administrator	GARY GONZALES			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	09/18/2009	Owner Information	
License #	012897					RW BOSS HEALTH MASTERS HOMECARE INC	
Lic Expire	9/30/2023					978 VILLAGE PARKWAY	
Medicare 1:	679041 HHA-18					COPPELL, TX 75019	
Medicare 2:						PHONE:	FAX:
Phone	(817) 927-9550	Fax	(817) 927-9558			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KIMBERLY GRIMMETT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	01/22/2019	Owner Information
License #	019214					DAISHA JACKSONFRANCIS
Lic Expire	1/22/2021					P.O. BOX 1021
Medicare 1:						CROWLEY, TX 76036
Medicare 2:						PHONE:
Phone	(682) 250-8990	Fax	(817) 717-2117			FAX:
Type:	Parent Agency	Administrator	DAISHA JACKSON-FRANCIS			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	04/17/2018	Owner Information
License #	018710					CARE PLUS PALLIATIVE AND HOSPICE CARE, LLC
Lic Expire	7/2/2023					7240 CHASE OAKS BLVD.
Medicare 1:	74-1794 (HOSPICE)					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(817) 524-8471	Fax	(817) 751-0770			FAX:
Type:	Parent Agency	Administrator	DANIELLE HARP			Services: Hospice In-Patient Hospice: YES
County	TARRANT	Region	03	Date Licensed	10/28/2013	Owner Information
License #	016183					HEART TO HEART HOSPICE OF FORT WORTH LLC
Lic Expire	10/31/2023					7240 CHASE OAKS BLVD.
Medicare 1:	671505 HOSPICE					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(817) 731-9700	Fax	(817) 731-9708			FAX:
Type:	Parent Agency	Administrator	DANIELLE HARP			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	12/01/2016	Owner Information
License #	017940					LMS HOSPICE LLC
Lic Expire	12/9/2022					7240 CHASE OAKS BLVD.
Medicare 1:	741507 HOSPICE					PLANO, TX 75025
Medicare 2:						PHONE:
Phone	(817) 676-1903	Fax	(817) 731-9700			FAX:
Type:	Parent Agency	Administrator	BRENT COLVIN			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	10/27/2020	Owner Information
License #	020268					HEARTBEAT HEALTHCARE SERVICES, INC
Lic Expire	10/27/2022					1815 LONDON LANE APT 504
Medicare 1:						ARLINGTON, TEXAS 76017
Medicare 2:						PHONE:
Phone	(469) 490-7682	Fax				FAX:
Type:	Parent Agency	Administrator	AUGUSTINE NWANGUMA			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/28/2018	Owner Information
License #	018673					C&M MITCHELL HEALTHCARE GROUP LLC
Lic Expire	6/30/2020					6333 DAVIS ROAD
Medicare 1:						FORT WORTH, TX 76140
Medicare 2:						PHONE:
Phone	(817) 235-0358	Fax	(817) 887-0960			FAX:
Type:	Parent Agency	Administrator	MICHAEL CRAIG DAVIS			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	06/24/2003	Owner Information
License #	008525					HELPING RESTORE ABILITY
Lic Expire	6/30/2022					4300 BELTWAY PLACE SUITE 130
Medicare 1:						ARLINGTON, TX 76018
Medicare 2:						PHONE:
Phone	817 4691977	Fax	817 4612334			FAX:
Type:	Parent Agency	Administrator	VICKI NIEDERMAYER			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/28/1994	Owner Information	
License #	002847					HELPING RESTORE ABILITY	
Lic Expire	2/28/2022					4300 BELTWAY PLACE SUITE 130	
Medicare 1:						ARLINGTON, TX 76018	
Medicare 2:						PHONE:	FAX:
Phone	(817) 469-1977	Fax	(817) 461-2334			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	VICKI NIEDERMAYER				
County	TARRANT	Region	03	Date Licensed	11/10/2011	Owner Information	
License #	014470					HIS GRACE HOME HEALTH CARE LLC	
Lic Expire	11/30/2021					9013 FRIENDSWOOD DR	
Medicare 1:	747850 HHA-18					FORT WORTH, TX 76123	
Medicare 2:						PHONE:	FAX:
Phone	(817) 443-7023	Fax	(817) 423-2061			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ROGELIO GALINSUGA				
County	TARRANT	Region	03	Date Licensed	04/15/2021	Owner Information	
License #	020707					HOLISTAT LLC	
Lic Expire	4/15/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 288-8336	Fax				Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	GINA CALEAP				
County	TARRANT	Region	03	Date Licensed	06/27/2014	Owner Information	
License #	016498					ROLLINGS MEADOWS HOSPICE LLC	
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200	
Medicare 1:	671780 HOSPICE					DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(972) 402-9300	Fax	(972) 402-9303			Services: Hospice	
Type:	Parent Agency	Administrator	LAURA CANTU			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	06/27/2014	Owner Information	
License #	016498					ROLLINGS MEADOWS HOSPICE LLC	
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200	
Medicare 1:	671780 HOSPICE					DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(972) 402-9300	Fax	(972) 402-9303			Services: Hospice	
Type:	Parent Agency	Administrator	LAURA CANTU			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	09/20/2021	Owner Information	
License #	021063					HOLY SAVIOR PERSONAL CARE SERVICES, LLC	
Lic Expire	9/20/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(972) 402-9300	Fax	(972) 402-9303			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSICA TAYLOR				
County	TARRANT	Region	03	Date Licensed	04/29/2019	Owner Information	
License #	019352					HIGHTOWERPOWER INC	
Lic Expire	4/29/2021					5760 LEGACY DRIVE, B3-508	
Medicare 1:						PLANO, TEXAS 75024	
Medicare 2:						PHONE:	FAX:
Phone	(972) 768-0367	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GARY HIGHTOWER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/15/2021	Owner Information	
License #	020864					HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC	
Lic Expire	2/15/2024					1255 OAKMEAD PARKWAY	
Medicare 1:						SUNNYVALE, CALIFORNIA 94085	
Medicare 2:						PHONE:	FAX:
Phone	(817) 349-7599	Fax	(817) 428-6000			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	WILL FREDERICK				
County	TARRANT	Region	03	Date Licensed	05/04/2020	Owner Information	
License #	019911					CROSS GENERATIONAL HOME HEALTH CARE LLC	
Lic Expire	5/4/2022					15807 TAMPKE PL	
Medicare 1:						SAN ANTONIO, TEXAS 78247	
Medicare 2:						PHONE:	FAX:
Phone	210 3138567	Fax	(817) 778-9162			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KIMBERLY BYRD				
County	TARRANT	Region	03	Date Licensed	12/19/2014	Owner Information	
License #	016572					DIVINE OPPORTUNITIES LLC	
Lic Expire	12/31/2022					424 KELLER PARKWAY	
Medicare 1:						KELLER, TX 76248-2301	
Medicare 2:						PHONE:	FAX:
Phone	(817) 427-5555	Fax	(817) 562-8051			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TIFFANY PLOTT				
County	TARRANT	Region	03	Date Licensed	01/01/2015	Owner Information	
License #	016797					KANGAREW INC	
Lic Expire	12/31/2022					4833 BRYANT IRVIN COURT SUITE 100	
Medicare 1:						FORT WORTH, TX 76107-7681	
Medicare 2:						PHONE:	FAX:
Phone	(817) 377-0992	Fax	(817) 427-5580			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHELSEA MCCURRY				
County	TARRANT	Region	03	Date Licensed	12/05/2019	Owner Information	
License #	019840					PB&K, LLC	
Lic Expire	12/5/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 708-3455	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHELBI JONES				
County	TARRANT	Region	03	Date Licensed	12/15/2014	Owner Information	
License #	016559					DAC SENIOR CARE MANAGEMENT LLC	
Lic Expire	12/31/2022					SAME	
Medicare 1:						FORT WORTH, TX 76120-4434	
Medicare 2:						PHONE:	FAX:
Phone	(817) 427-3262	Fax	(888) 427-1418			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TONYA LANGE				
County	TARRANT	Region	07	Date Licensed	02/17/2017	Owner Information	
License #	017971					HOMECARE DIMENSIONS, INC	
Lic Expire	2/28/2023					12500 NETWORK BLVD SUITE 210	
Medicare 1:						SAN ANTONIO, TX 78249	
Medicare 2:						PHONE:	FAX:
Phone	(817) 849-2098	Fax	(682) 708-3807			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	ASHLEIGH STRICKLAND				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	10/01/2019	Owner Information	
License #	019437					RKS & ASSOCIATES LLC	
Lic Expire	6/24/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	817 6747000	Fax	817 6747000			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBERT SMITH				
County	TARRANT	Region	03	Date Licensed	03/17/2021	Owner Information	
License #	020613					CALISTA GROUP INC	
Lic Expire	3/17/2024					3913 BUCKNER CT.	
Medicare 1:						BEDFORD, TEXAS 76021	
Medicare 2:						PHONE:	FAX:
Phone	(214) 762-2902	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARK JORREY				
County	TARRANT	Region	03	Date Licensed	07/25/2016	Owner Information	
License #	017540					ARBEK INC	
Lic Expire	7/31/2022					5751 KROGER DR SUITE 293	
Medicare 1:						KELLER, TX 76244	
Medicare 2:						PHONE:	FAX:
Phone	(817) 382-0622	Fax	(817) 887-5383			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROOHA KURIKESU				
County	TARRANT	Region	03	Date Licensed	02/03/2021	Owner Information	
License #	020504					HONEY BEAR PERSONAL CARE INC	
Lic Expire	2/3/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 797-1000	Fax	(817) 538-9508			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LONNIE LEWIS				
County	TARRANT	Region	03	Date Licensed	05/01/2006	Owner Information	
License #	010413					HOPE HOME CARE, INC	
Lic Expire	4/30/2022					703 BRIAR MEADOW COURT	
Medicare 1:	679761 HHA-18					KELLER, TEXAS 76248	
Medicare 2:						PHONE:	FAX:
Phone	(817) 498-3403	Fax	(817) 498-3407			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SUSAN ONYEABOR				
County	TARRANT	Region	03	Date Licensed	05/08/2014	Owner Information	
License #	016194					HOSPICE CARE PARTNERS LLC	
Lic Expire	5/31/2022					2015 E LAMAR BLVD	
Medicare 1:	671504 HOSPICE					ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 203-2900	Fax	(817) 203-2902			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ROBERT WELEBA				
County	TARRANT	Region	03	Date Licensed	02/20/2002	Owner Information	
License #	007850					BJK ENTERPRISES INC	
Lic Expire	2/28/2023					306 E RANDOL MILL RD #700	
Medicare 1:	451720 HOSPICE					ARLINGTON, TX 76011	
Medicare 2:						PHONE:	FAX:
Phone	(817) 461-2614	Fax	(817) 860-1016			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	BALINDA ANTOINE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		524 E LAMAR BLVD. STE. 152			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			ARLINGTON, TX 760113929			MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(817) 557-2016	Fax	(817) 872-0615			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022		524 E LAMAR BLVD. STE. 152			PO BOX 4060 ATTN: REGULATORY
Medicare 1:			ARLINGTON, TX 760113929			MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(817) 557-2016	Fax	(817) 872-0615			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	08/04/2004	Owner Information
License #	009235		HOSPICE PLUS			INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022		524 E LAMAR BLVD. STE. 152			
Medicare 1:			ARLINGTON, TX 760113929			
Medicare 2:						PHONE:
Phone	(817) 557-2016	Fax	(817) 872-0615			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed		Owner Information
License #	014027		HOSPICE SELECT			KMS HEALTH INC
Lic Expire	1/31/2023		860 W. AIRPORT FREEWAY, SUITE 102			12068 FORESTGATE DRIVE., SUITE B
Medicare 1:			HURST, TX 76054			DALLAS, TX 75238-5411
Medicare 2:						PHONE:
Phone	214 2219216	Fax	214 2219262			FAX:
Type:	Alternate Delivery Site	Administrator	PATRICIA WESTFALL			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	02/20/2014	Owner Information
License #	016453		HYGIA HEALTHCARE LLC			HYGIA HEALTHCARE LLC
Lic Expire	2/28/2022		2020 EAST RANDOL MILL RD, STE 309			4200 SW GREEN OAKS BLVD STE 140
Medicare 1:	747232 HHA-18		ARLINGTON, TX 76011			ARLINGTON, TX 76017
Medicare 2:						PHONE:
Phone	(817) 478-7600	Fax	(888) 557-9438			FAX:
Type:	Parent Agency	Administrator	AARON STEWART			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/26/2021	Owner Information
License #	020653		I TO I QUALITY HOME CARE SERVICE LLC			I TO I QUALITY HOME CARE SERVICE LLC
Lic Expire	3/26/2023		331 KINGFISHER LN			
Medicare 1:			ARLINGTON, TEXAS 76002			
Medicare 2:						PHONE:
Phone	(817) 454-0807	Fax				FAX:
Type:	Parent Agency	Administrator	ITESHA HORTON			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	02/21/2020	Owner Information
License #	019839		IDEAL CARE HOME HEALTH			IDEAL CARE HOME HEALTH LLC
Lic Expire	2/21/2022		2883 COMAL DR.			
Medicare 1:			GRAND PRAIRIE, TX 75052			
Medicare 2:						PHONE:
Phone	(512) 949-7545	Fax	(512) 949-7545			FAX:
Type:	Parent Agency	Administrator	ELMINE BUJANG			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 06/26/2006
License # 010573 IMMACULATE HEALTHCARE SERVICES INC
Lic Expire 6/30/2022 4923 STEEPLE CHASE CT
Medicare 1: 679688 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (972) 602-2008 Fax (972) 602-3509

Owner Information

IMMACULATE HEALTHCARE SERVICES INC
4923 STEEPLE CHASE COURT
GRAND PRAIRIE, TEXAS 75052

PHONE: (972) 602-2008 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator OLARINRE AJAYI

County **TARRANT** Region 03 Date Licensed 12/09/2019
License # 019740 INDEPENDENCE AT HOME, HOME CARE LLC
Lic Expire 12/9/2021 609 OAKLAND HILLS DR.
Medicare 1: ARLINGTON, TX 76018
Medicare 2:
Phone (817) 919-8934 Fax

Owner Information

INDEPENDENCE AT HOME, HOME CARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator DENICE DAVIES

County **TARRANT** Region 03 Date Licensed 07/23/2021
License # 020927 INSPIRE HOMEHEALTH CARE INC
Lic Expire 7/23/2024 5912 VALLEY HAVEN WAY
Medicare 1: FORT WORTH, TEXAS 762445145
Medicare 2:
Phone (682) 279-0662 Fax (682) 279-0662

Owner Information

INSPIRE HOMEHEALTH CARE INC

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator AHMYL-MAI JABER

County **TARRANT** Region 03 Date Licensed 11/09/2016
License # 017730 INTEGRATED CARE GIVING
Lic Expire 11/30/2020 120 WANDA WAY STE 203
Medicare 1: HURST, TX 76053
Medicare 2:
Phone (817) 952-3355 Fax (817) 952-3368

Owner Information

SAMIRA YUSSIF
1508 SANIBEL LANE
ARLINGTON, TX 76018

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator SAMIRA YUSSIF

County **TARRANT** Region 03 Date Licensed
License # 010352 J & M COMMUNICATIONS LLC DBA ULTIMATE HOME HEALTH CARE
Lic Expire 3/31/2023 1701 RIVER RUN STE 1014
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (972) 240-4700 Fax

Owner Information

J & M COMMUNICATIONS, LLC
4402 BROADWAY BLVD STE 14

GARLAND, TX 75043

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Personal Assistance Services

Type: Branch Agency Administrator DELENE GEORGE

County **TARRANT** Region 03 Date Licensed 07/20/2018
License # 018840 JEANNETTE'S JOYFUL HANDS LLC
Lic Expire 7/31/2022 5309 ALMANOR RD.
Medicare 1: FORT WORTH, TEXAS 76179
Medicare 2:
Phone (414) 218-2283 Fax

Owner Information

JEANNETTE'S JOYFUL HANDS, LLC
416 RED RIVER TRAIL APT 2050
IRVING, TX 75063

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator BIANCA JACKSON

County **TARRANT** Region 03 Date Licensed 11/05/2019
License # 019678 JOJAMONI HOMEHEALTH CARE LLC
Lic Expire 11/5/2021 113 SILVERWOOD DRIVE
Medicare 1: MANSFIELD, TX 76063
Medicare 2:
Phone (469) 450-7802 Fax

Owner Information

JOJAMONI HOMEHEALTH CARE LLC
113 SILVERWOOD DR
MANSFIELD, TX 76063

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator GRACE MUTUTO

County **TARRANT** Region 03 Date Licensed 09/12/2017
License # 018315 JULIDAN HEALTHCARE SERVICES
Lic Expire 9/30/2021 301 MATLOCK MEADOW DRIVE
Medicare 1: ARLINGTON, TX 76002
Medicare 2:
Phone (682) 407-6668 Fax (817) 549-1161
Type: Parent Agency Administrator DANIEL ARHEWOH

Owner Information

JULIDAN ASSOCIATES LLC
301 MATLOCK MEADOW DR
ARLINGTON, TX 76002
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 10/26/2021
License # 021156 KEEPING YOU AT HOME LLC
Lic Expire 10/26/2024 2000 E. LAMAR STE. 600
Medicare 1: ARLINGTON, TEXAS 76006
Medicare 2:
Phone (800) 714-0435 Fax
Type: Parent Agency Administrator YOLANDA ROGERS-FELTS

Owner Information

KEEPING YOU AT HOME LLC
P.O.BOX 540031
GRAND PRAIRIE, TX 75054
PHONE:
FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 2560 SW GRAPEVINE PARKWAY
Medicare 1: 678210 HHA-18 GRAPEVINE, TX 76051
Medicare 2:
Phone (817) 514-8284 Fax (817) 514-8505
Type: Parent Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 04/12/2016
License # 017548 KLARUS HOME CARE
Lic Expire 4/30/2022 4100 INTERNATIONAL PLAZA SUITE 750
Medicare 1: 679784 HHA-18 FORT WORTH, TX 76109
Medicare 2:
Phone (817) 349-9050 Fax (817) 349-9055
Type: Parent Agency Administrator BEVERLY STUBBS

Owner Information

KLARUS HOME CARE LLC
6421 CAMP BOWIE BLVD, SUITE #100
FORT WORTH, TX 76116
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 04/12/2016
License # 018615 KLARUS HOME CARE
Lic Expire 8/1/2022 4100 INTERNATIONAL PLAZA SUITE 750
Medicare 1: FORT WORTH, TX 76109
Medicare 2:
Phone (817) 349-9050 Fax (817) 349-9055
Type: Parent Agency Administrator BEVERLY STUBBS

Owner Information

CLEBURNE KLARUS LLC
106 HYDE PARK STE 300
CLEBURNE, TX 76033-4586
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 08/03/2018
License # 018868 KLARUS HOSPICE CARE
Lic Expire 8/31/2022 4100 INTERNATIONAL PLAZA, SUITE 750
Medicare 1: 97-1506 (HOSPICE) FORT WORTH, TX 76109
Medicare 2:
Phone (817) 264-3341 Fax (817) 264-3341
Type: Parent Agency Administrator AMANDA MAKIN

Owner Information

CARRINGTON HOSPICE CARE INC
1506 W PIONEER PARKWAY SUITE 202A
ARLINGTON, TX 76013-6230
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 03/01/2007
License # 011105 KM HOME HEALTH SERVICES
Lic Expire 6/30/2022 2959 VOLTURNO DRIVE
Medicare 1: 743193 HHA-18 GRAND PRAIRIE, TX 75052
Medicare 2:
Phone (817) 419-6084 Fax (817) 652-3310
Type: Parent Agency Administrator KATHEREN NWAKANMA

Owner Information

KM PROVIDERS INC
2959 VOLTURNO DRIVE
GRAND PRAIRIE, TEXAS 75052
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TARRANT** Region 03 Date Licensed 12/17/2014
License # 016569 KMJ HOME HEALTH SERVICES INC
Lic Expire 12/31/2020 3008 ENGLAND PARKWAY
Medicare 1: GRAND PRAIRIE, 3008 ENGLAND PARKWAY 75054
Medicare 2:
Phone (903) 480-0082 Fax (866) 920-5070
Type: Parent Agency Administrator JEMIMA LAMPTEY

Owner Information

KMJ HOME HEALTH SERVICES INC
908 E PALESTINE AVENUE
PALESTINE, TX 75801
PHONE:
FAX:
Services: Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/10/2019
License # 019193 KNIGHTS OF COMFORT
Lic Expire 1/10/2023 10412 BEAR CREEK TRAIL
Medicare 1: 97-1530 (HOSPICE) FORT WORTH, TX 76244
Medicare 2:
Phone (817) 458-3245 Fax (817) 585-5843
Type: Parent Agency Administrator WALDFELD RIOS

Owner Information

KNIGHTS OF COMFORT HOSPICE LLC
10412 BEAR CREEK TRAIL
FORT WORTH, TX 76244
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **TARRANT** Region 03 Date Licensed 10/17/2021
License # 021136 KOMFOT PROVIDER SERVICES LLC
Lic Expire 10/17/2024 107 FOREST MILL TRAIL
Medicare 1: MANSFIELD, TX 760634812
Medicare 2:
Phone 817 7737572 Fax 000 0000000
Type: Parent Agency Administrator TITILOPE ADEYOSOYE

Owner Information

PHONE:
FAX:
Services: Personal Assistance Services

County	TARRANT	Region	03	Date Licensed	05/28/2013	Owner Information
License #	015565					LAKEVIEW PRIMARY HOMECARE LLC
Lic Expire	5/31/2024					SAME
Medicare 1:						DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(214) 900-5323	Fax	(972) 807-9186			FAX:
Type:	Parent Agency	Administrator	HAPPINESS ASADU			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/31/2018	Owner Information
License #	019307					CAREWELL HEALTH SERVICES INC
Lic Expire	12/31/2020					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(817) 633-0310	Fax	(817) 472-9134			FAX:
Type:	Parent Agency	Administrator	MITZI WRIGHT			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	11/02/2018	Owner Information
License #	019434					LEARNING SERVICES HOME AND COMMUNITY LLC
Lic Expire	6/21/2021					131 LANGLEY DRIVE
Medicare 1:						LAWRENCEVILLE, GA 30046
Medicare 2:						PHONE:
Phone	855 744 5377	Fax	888 863 6906			FAX:
Type:	Parent Agency	Administrator	ALISA VAKRINOS			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	09/16/2021	Owner Information
License #	021051					LEGACY SLEEP CARE LLC
Lic Expire	9/16/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(504) 419-0120	Fax				FAX:
Type:	Parent Agency	Administrator	TANZANIA BROYARD			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	04/11/2011	Owner Information
License #	014028					LEGEND HOSPICE INC
Lic Expire	4/30/2023					8344 E RL THORTON FWY SUITE 315
Medicare 1:	671731 HOSPICE					DALLAS, TX 75228-7134
Medicare 2:						PHONE:
Phone	214 3244565	Fax	214 9194510			FAX:
Type:	Parent Agency	Administrator	DAVID MCCLURE			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	05/31/2018	Owner Information
License #	019677					AMBER HOSPICE LLC
Lic Expire	11/4/2023					
Medicare 1:	971571 (HOSPICE)					
Medicare 2:						PHONE:
Phone	(817) 406-1500	Fax	(817) 928-5692			FAX:
Type:	Parent Agency	Administrator	MOHAMMED IQBAL			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	07/05/2016	Owner Information
License #	017646					LG CHARITY HOME HEALTH CARE SERVICES INC
Lic Expire	6/1/2023					9535 FOREST LANE STE #246
Medicare 1:	747063 HHA-18					DALLAS, TX 75243
Medicare 2:						PHONE:
Phone	(817) 617-2381	Fax	(817) 617-2379			FAX:
Type:	Parent Agency	Administrator	LOVELINE NCHE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	08/08/2000	Owner Information
License #	007387					LIBBY±S HEALTHCARE MANAGEMENT INC
Lic Expire	8/31/2022					6633 BLVD 26
Medicare 1:	679031					NORTH RICHLAND HILLS, TX 76180
Medicare 2:						PHONE:
Phone	(817) 498-7733	Fax	(817) 590-8586			FAX:
Type:	Parent Agency	Administrator	MARIAMMA ZACHARIA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	04/18/2013	Owner Information
License #	015489					ADVANCE HITECH NURSING INC
Lic Expire	4/30/2023					6243 IH 10 WEST, STE 375
Medicare 1:						SAN ANTONIO, TX 78201
Medicare 2:						PHONE:
Phone	(877) 434-3153	Fax	(877) 463-1310			FAX:
Type:	Parent Agency	Administrator	SEANNETTE ALEXANDER			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/07/2013	Owner Information
License #	015436					VAN DYCK HOME CARE ENTERPRISES, LLC
Lic Expire	1/31/2024					4647 YUCCA FLATS TRAIL
Medicare 1:	679009 HHA-18					FORT WORTH, TX 76108
Medicare 2:						PHONE:
Phone	(817) 249-6800	Fax	(817) 249-6802			FAX:
Type:	Parent Agency	Administrator	LIZ VAN DYCK			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/02/2006	Owner Information
License #	010363					LIPET HOME CARE INC
Lic Expire	1/31/2022					2008 E RANDOL MILL ROAD #115
Medicare 1:	679319 HHA-18					ARLINGTON, TX 76011
Medicare 2:						PHONE:
Phone	(817) 794-5959	Fax	(817) 794-0999			FAX:
Type:	Parent Agency	Administrator	PET ANAMEGE			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/03/2019	Owner Information
License #	019178					LONE STAR HOSPICE CARE LLC
Lic Expire	1/3/2023					
Medicare 1:	971565 (HOSPICE)					
Medicare 2:						PHONE:
Phone	(817) 323-6516	Fax	(817) 704-3269			FAX:
Type:	Parent Agency	Administrator	ANKUR CHAWLA			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	05/10/2017	Owner Information
License #	018049					LONE STAR VISITING CAREGIVERS LLC
Lic Expire	5/31/2023					802 GREENVIEW DR, SUITE 100
Medicare 1:						GRAND PRAIRIE, TEXAS 75050
Medicare 2:						PHONE:
Phone	(682) 203-4126	Fax				FAX:
Type:	Parent Agency	Administrator	ISATOU JAWARA			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	07/30/2021	Owner Information
License #	020945					LOVELACE PATIENT CARING, LLC
Lic Expire	7/30/2024					P O BOX 182911
Medicare 1:						ARLINGTON, TX 76096
Medicare 2:						PHONE:
Phone	(817) 658-7928	Fax	(817) 557-3706			FAX:
Type:	Parent Agency	Administrator	ADJOA BOATENG			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/24/2012	Owner Information
License #	014659					SUPREME HOSPICE INC
Lic Expire	2/28/2022					915 S MAIN STREET SUITE A
Medicare 1:	671787 HOSPICE					FORT WORTH, TX 76104-3408
Medicare 2:						PHONE:
Phone	(877) 832-1144	Fax	(469) 208-8494			FAX:
Type:	Parent Agency	Administrator	STAN THOMAS			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	06/13/2006	Owner Information
License #	010526					BRENTWOOD HOSPICE, LLC
Lic Expire	6/30/2021					1250 EAST COPELAND ROAD, SUITE #260
Medicare 1:	671563 HOSPICE					ARLINGTON, TX 76011
Medicare 2:						PHONE:
Phone	(214) 275-6200	Fax	(214) 624-6939			FAX:
Type:	Parent Agency	Administrator	SHANNON POUNCEY			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	07/01/2020	Owner Information
License #	020028					RHI MAGNOLIA OF NORTH TEXAS, LLC
Lic Expire	7/1/2022					101 W RENNER STE 420
Medicare 1:	971614					RICHARDSON, TX 75082
Medicare 2:						PHONE:
Phone	(214) 275-6200	Fax	(214) 624-6939			FAX:
Type:	Parent Agency	Administrator	SHANNON POUNCEY			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	12/02/2019	Owner Information
License #	019724					MARTEL HEALING COMMUNITY CARE LLC
Lic Expire	12/2/2021					1425 STEVE DRIVE
Medicare 1:						CROWLEY, TEXAS 760361396
Medicare 2:						PHONE:
Phone	(817) 887-9421	Fax	(817) 887-9431			FAX:
Type:	Parent Agency	Administrator	JUAN F MARTEL PEREZ			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	05/04/2021	Owner Information
License #	020730					MATELDA HEALTHCARE SERVICES LLC
Lic Expire	5/4/2023					11840 TOPPELL TRAIL
Medicare 1:						HASLET, TEXAS 76052
Medicare 2:						PHONE:
Phone	(214) 886-7170	Fax				FAX:
Type:	Parent Agency	Administrator	EVA DIAMA			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	01/22/2009	Owner Information
License #	012933					MAXIM HEALTHCARE SERVICES INC
Lic Expire	1/23/2023					7227 LEE DEFOREST DRIVE
Medicare 1:						COLUMBIA, MD 21046
Medicare 2:						PHONE:
Phone	(817) 877-0904	Fax	(877) 306-4576			FAX:
Type:	Parent Agency	Administrator	HOLLIN MACKLIN			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	09/21/2009	Owner Information
License #	012863					MEDICALL HOME HEALTH SERVICES LLC
Lic Expire	9/30/2023					5120 LEE RAY ROAD
Medicare 1:	747443 HHA-18					KELLER, TX 76248
Medicare 2:						PHONE:
Phone	(817) 380-1735	Fax	(817) 439-6794			FAX:
Type:	Parent Agency	Administrator	CHARLES MUGISHA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	08/18/2017	Owner Information
License #	018258					MERCY HOME CARE AGENCY LLC
Lic Expire	4/29/2022					4779 ASPEN DR
Medicare 1:						MESQUITE, TX 75150
Medicare 2:						PHONE:
Phone	(972) 948-3441	Fax				FAX:
Type:	Parent Agency	Administrator	KOPILA GOPALI			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/05/2020	Owner Information
License #	019527					MERITED HOME CARE LLC
Lic Expire	8/14/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(817) 508-8906	Fax				FAX:
Type:	Parent Agency	Administrator	FRANCINE FOSTER			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/15/2021	Owner Information
License #	021275					MERRIGOOD HOME CARE LLC
Lic Expire	12/15/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(682) 597-1362	Fax				FAX:
Type:	Parent Agency	Administrator	FOLAKE JOHNSON			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	06/08/2006	Owner Information
License #	010518					METRO TEX HEALTHCARE INC
Lic Expire	6/30/2023					604 WEST RANDOL MILL ROAD SUITE A
Medicare 1:	743145 HHA-18					ARLINGTON, TX 76011
Medicare 2:						PHONE:
Phone	(817) 299-9490	Fax	(817) 277-8044			FAX:
Type:	Parent Agency	Administrator	SAADATU IYAMAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/07/2013	Owner Information
License #	015128					MGA HEALTHCARE TEXAS, LLC
Lic Expire	7/31/2022					7025 N SCOTTSDALE ROAD, SUITE 200
Medicare 1:						SCOTTSDALE, AZ 85253
Medicare 2:						PHONE:
Phone	(817) 345-7690	Fax	(817) 582-9592			FAX:
Type:	Branch Agency	Administrator	OZIEL CUEVAS			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	12/22/2014	Owner Information
License #	016957					MIDAS HEALTHCARE SERVICES INC
Lic Expire	12/31/2020					4121 MARVIN D LOVE FRWY BLD 200 STE 2010
Medicare 1:	743160 HHA-18					DALLAS, TX 75224
Medicare 2:						PHONE:
Phone	(817) 784-9454	Fax	(817) 467-7055			FAX:
Type:	Parent Agency	Administrator	KAZEEM OYEWALE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	10/22/2010	Owner Information
License #	013670					MOTHER IS GOLD HOME HEALTH CARE INC
Lic Expire	10/31/2022					3610 W PIONEER PKWY SUITE 206/208
Medicare 1:	747845 HHA-18					PANTEGO, TX 76013
Medicare 2:						PHONE:
Phone	(469) 337-2693	Fax	(682) 518-6355			FAX:
Type:	Parent Agency	Administrator	JOSEPHINE NZEPAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	06/10/2021	Owner Information	
License #	020825					MILESTONES HOME HEALTH LLC	
Lic Expire	6/10/2024						
Medicare 1:							
Medicare 2:							PHONE:
Phone	972 7487528	Fax					FAX:
Type:	Parent Agency	Administrator	BEATRICE NDEGWA			Services:	Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	02/24/2015	Owner Information	
License #	016786					ALL AGES HOME HEALTH CARE LLC	
Lic Expire	2/28/2024					1201 N WATSON RD., STE 154	
Medicare 1:	747578 HHA-18					ARLINGTON, TX 76006	
Medicare 2:							PHONE:
Phone	(214) 785-2491	Fax	(214) 785-2492				FAX:
Type:	Parent Agency	Administrator	MAJUVI FRANCIA			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed		Owner Information	
License #	012847					MORA'S HOME CARE, INC	
Lic Expire	9/30/2023					PO BOX 450878	
Medicare 1:						GARLAND, TX 75045	
Medicare 2:							PHONE:
Phone	(972) 658-6756	Fax	(972) 530-0503				FAX:
Type:	Branch Agency	Administrator	HALIMA MORA			Services:	Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/11/2008	Owner Information	
License #	011813					MORNINGSTAR DFW HOME HEALTH INC	
Lic Expire	1/31/2025					7203 PORT PHILLIP DRIVE	
Medicare 1:	747270					ARLINGTON, TX 76002	
Medicare 2:							PHONE:
Phone	(817) 419-9484	Fax	(817) 419-9802				FAX:
Type:	Parent Agency	Administrator	CAROL OWEH			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	02/12/2019	Owner Information	
License #	019250					TEXAS BOY LLC	
Lic Expire	2/12/2023						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(817) 500-5914	Fax	(817) 382-8656				FAX:
Type:	Parent Agency	Administrator	BRITTANY THOMAS			Services:	Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	06/10/2019	Owner Information	
License #	019415					MYCHOICE HOME CARE LLC	
Lic Expire	6/10/2021						
Medicare 1:							
Medicare 2:							PHONE:
Phone	(817) 547-0635	Fax	(817) 549-5371				FAX:
Type:	Parent Agency	Administrator	ANNA MUGISHA			Services:	Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/08/2017	Owner Information	
License #	017435					NEW CENTURY HOSPICE, INC	
Lic Expire	1/31/2022					P.O. BOX 4060, ATTN: REGULATORY	
Medicare 1:						MOORESVILLE, NC 28117	
Medicare 2:							PHONE:
Phone	(817) 246-9100	Fax	(817) 246-9109				FAX:
Type:	Alternate Delivery Site	Administrator	NARISSA ATTEBERRY			Services:	Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TARRANT** Region 03 Date Licensed 08/29/2011
License # 014312 NEXSTEP HOME HEALTHCARE
Lic Expire 8/31/2023 1021 PEBBLE BEACH DR
Medicare 1: 747798 HHA-18 MANSFIELD, TX 76063
Medicare 2:
Phone (817) 225-6555 Fax (888) 247-9848

Type: Parent Agency Administrator CRAIG TIPPING

Owner Information

NEXSTEP HOME HEALTHCARE LLC
990 HIGHWAY 287 N STE 106
MANSFIELD, TX 76063

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/15/2015
License # 017104 NOAH'S ARK HOME HEALTHCARE INC
Lic Expire 2/1/2022 1201 N WATSON ROAD SUITE 297A
Medicare 1: 747620 HHA-18 ARLINGTON, TX 76006
Medicare 2:
Phone (817) 809-4880 Fax (817) 393-4910

Type: Parent Agency Administrator MERCY NKERBU

Owner Information

NOAH'S ARK HOME HEALTHCARE INC
1201 N WATSON ROAD SUITE #297A
ARLINGTON, TX 76006

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 11/13/2003
License # 006875 NOVEL HOME HEALTHCARE AGENCY
Lic Expire 2/28/2024 610 S INDUSTRIAL BLVD SUITE 130
Medicare 1: EULESS, TX 76040
Medicare 2:
Phone (817) 858-9889 Fax (817) 358-9956

Type: Branch Agency Administrator IVERT TAMBE

Owner Information

NOVEL HEALTHCARE SERVICES INC
7920 BELTLINE RD SUITE 255
DALLAS, TX 75254

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 02/06/2017
License # 017900 NURSE NEXT DOOR FORT WORTH
Lic Expire 2/28/2021 4420 WEST VICKERY BOULEVARD SUITE 102
Medicare 1: FORT WORTH, TEXAS 76107
Medicare 2:
Phone (817) 900-3810 Fax (866) 692-0752

Type: Parent Agency Administrator LEE HECKER

Owner Information

CARING TALENT FORT WORTH, LLC
5049 EDWARDS RANCH ROAD 4TH FLOOR
FORT WORTH, TX 76109

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 12/03/2015
License # 017301 NURSECORE OF ARLINGTON
Lic Expire 12/31/2023 2517 8TH AVE STE 101
Medicare 1: FORT WORTH, TX 76110
Medicare 2:
Phone 817 9262355 Fax 817 9261160

Type: Parent Agency Administrator DANA EDWARDS

Owner Information

NURSECORE MANAGEMENT SERVICES LLC
PO BOX 201925
ARLINGTON, TX 76006

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 01/17/1997
License # 005223 NURSECORE OF FORT WORTH
Lic Expire 1/31/2022 2517 8TH AVENUE SUITE 101
Medicare 1: FORT WORTH, TX 76110
Medicare 2:
Phone (817) 926-2355 Fax (817) 926-1160

Type: Parent Agency Administrator KATHRYN KELLY

Owner Information

NURSECORE MANAGEMENT SERVICES LLC
PO BOX 201925
ARLINGTON, TX 76006

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TARRANT** Region 03 Date Licensed 09/21/2020
License # 019952 OMEGA HOSPICE CARE, LLC
Lic Expire 5/19/2022 8330 LYNDON.B. JOHNSON FREEWAY, SUITE 634
Medicare 1: DALLAS, TEXAS 75243
Medicare 2:
Phone (817) 928-5180 Fax (817) 928-5190

Type: Parent Agency Administrator OLUKEMI OLUGBODE

Owner Information

OMEGA HOSPICE CARE, LLC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	04/10/2018	Owner Information	
License #	018694					ONE ACCORD HOME HEALTH INC	
Lic Expire	4/30/2022					315 S MAIN STREET	
Medicare 1:						MANSFIELD, TX 76063	
Medicare 2:						PHONE:	FAX:
Phone	(682) 292-8663	Fax	(682) 334-7663			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CRAIG PORTER				
County	TARRANT	Region	03	Date Licensed	03/22/2021	Owner Information	
License #	020625					ONE ON ONE PRIVATE CARE LLC	
Lic Expire	3/22/2023					4731 CAMP BOWIE BLVD	
Medicare 1:						FORT WORTH, TEXAS 76107	
Medicare 2:						PHONE:	FAX:
Phone	(682) 206-0539	Fax	(682) 334-7888			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CASSAUNDRASIMS				
County	TARRANT	Region	03	Date Licensed		Owner Information	
License #	014790					BEST CARE HOSPICE LLC	
Lic Expire	5/31/2022					17826 DAVENPORT ROAD SUITE D	
Medicare 1:	741558					DALLAS, TX 75252	
Medicare 2:						PHONE:	FAX:
Phone	(972) 784-4066	Fax	(972) 777-9893			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	JAMES HOLLOWAN			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	01/31/2020	Owner Information	
License #	019799					OPTIMAL HEALTH HOME CARE LLC	
Lic Expire	1/31/2022					7301 MATLOCK ROAD, SUITE 111	
Medicare 1:						ARLINGTON, TX 76002	
Medicare 2:						PHONE:	FAX:
Phone	(817) 779-4805	Fax	(817) 438-8006			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LISELOTTE ADDEA-AMOAKO				
County	TARRANT	Region	03	Date Licensed	04/14/2006	Owner Information	
License #	007339					OUTREACH HOME CARE	
Lic Expire	5/31/2022					2601 SCOTT AVE STE 604	
Medicare 1:						FT WORTH, TX 761032301	
Medicare 2:						PHONE:	FAX: (972) 792-6739
Phone	817 7325078	Fax	817 7639569			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	COLBY BRYANT				
County	TARRANT	Region	03	Date Licensed	08/14/2015	Owner Information	
License #	016968					OVERTURE HOME CARE LLC	
Lic Expire	8/31/2023					4225 BENBROOK HWY	
Medicare 1:						FORT WORTH, TX 76116	
Medicare 2:						PHONE:	FAX:
Phone	(817) 887-9401	Fax	(888) 509-1810			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ZACH TARRANT				
County	TARRANT	Region	03	Date Licensed		Owner Information	
License #	016968					OVERTURE HOME CARE LLC	
Lic Expire	8/31/2023					4225 BENBROOK HWY	
Medicare 1:						FORT WORTH, TX 76116	
Medicare 2:						PHONE:	FAX:
Phone	(817) 887-9401	Fax				Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	DENISE HELMS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	07/15/2019	Owner Information	
License #	019481					PEACE AND JOY HOSPICE LLC	PEACE AND JOY HOSPICE LLC
Lic Expire	7/15/2021					1201 N WATSON RD SUITE 261	
Medicare 1:						ARLINGTON, TX 76006	
Medicare 2:							PHONE:
Phone	(682) 554-6695	Fax	(817) 422-9442				FAX:
						Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	SHIRLEEN GALINSUGA				
County	TARRANT	Region	03	Date Licensed	05/18/2020	Owner Information	
License #	019949					BOBBIE M FINCH	
Lic Expire	5/18/2022					P. O. BOX 201062	
Medicare 1:						4161 TOCCATA STREET UNIT 130	
Medicare 2:						ARLINGTON, TX 76006	
Phone	(817) 412-8881	Fax					PHONE:
							FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BOBBIE FINCH				
County	TARRANT	Region	03	Date Licensed	03/30/2012	Owner Information	
License #	014722					PEDIALIFE HOME HEALTH INC	
Lic Expire	3/31/2022					5500 EAST LOOP 820 SOUTH SUITE 207	
Medicare 1:						FORTH WORTH, TX 76119-6566	
Medicare 2:							PHONE:
Phone	(817) 563-5433	Fax	(817) 563-5435				FAX:
						Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	DEVELLE COLEMAN				
County	TARRANT	Region	03	Date Licensed	08/23/2011	Owner Information	
License #	014301					PEDIATRIC HOME HEALTHCARE LLC	
Lic Expire	8/31/2023					1341 W MOCKINGBIRD LN STE#900	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:							PHONE:
Phone	(817) 710-7442	Fax	(817) 710-7029				FAX:
						Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIE GOLIGHTLY				
County	TARRANT	Region	03	Date Licensed	08/30/2017	Owner Information	
License #	018287					PERFECTION HOSPICE CARE INCORPORATED	
Lic Expire	8/31/2023					2755 FURLONG DRIVE	
Medicare 1:	97-1513 (HOSPICE)					GRAND PRAIRIE, TEXAS 75051	
Medicare 2:							PHONE:
Phone	(817) 903-7723	Fax	(877) 509-6626				FAX:
						Services: Hospice; Personal Assistance Services	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GAUDENSIA AWUOR				
County	TARRANT	Region	03	Date Licensed	03/29/2011	Owner Information	
License #	013986					PHAMILY HOME HEALTH CARE	
Lic Expire	3/31/2024					624 MATLOCK CENTRE CIRCLE SUITE B	
Medicare 1:						ARLINGTON, TX 76015	
Medicare 2:							PHONE:
Phone	(817) 966-6570	Fax	(817) 277-1208				FAX:
						Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANDY PHAM				
County	TARRANT	Region	03	Date Licensed	09/21/2020	Owner Information	
License #	020071					PRECISE HOME CARE LLC	
Lic Expire	7/23/2022						
Medicare 1:						4500 MERCANTILE PLAZA SUITE 300	
Medicare 2:						FORTH WORTH, TX 76137	
Phone	(817) 966-6671	Fax	na				PHONE:
							FAX:
						Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	AKINTUNDE GEORGE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	05/11/2017	Owner Information
License #	018052					EJV HOME CARE SERVICES, LLC P.O. BOX 822541
Lic Expire	5/31/2021					NORTH RICHLAND HILLS, TX 76182
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(817) 918-3485	Fax	(817) 953-3078			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ELEASCIA VALDES			
County	TARRANT	Region	03	Date Licensed	08/15/2008	Owner Information
License #	012168					ERIC POWELL & ASSOCIATES PLLC 801 LITTLE CUB WAY EULESS, TX 76039
Lic Expire	8/31/2023					PHONE:
Medicare 1:						FAX:
Medicare 2:						Services: Licensed Home Health Services
Phone	(817) 508-0030	Fax	(877) 267-4771			
Type:	Parent Agency	Administrator	JASON POWELL			
County	TARRANT	Region	03	Date Licensed	11/06/2007	Owner Information
License #	011903					PHCS II INC 1666 NORTH HAMPTON ROAD SUITE 202 DESOTO, TX 75115
Lic Expire	11/30/2021					PHONE:
Medicare 1:	679151 HHA-18					FAX:
Medicare 2:						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone	(817) 285-8100	Fax	(469) 374-5426			
Type:	Parent Agency	Administrator	FRANKLIN HUNTER			
County	TARRANT	Region	03	Date Licensed	03/30/2002	Owner Information
License #	008343					PROFESSIONAL CARETAKERS, INC PO BOX 34659 FORT WORTH, TX 76162
Lic Expire	3/31/2022					PHONE:
Medicare 1:						FAX:
Medicare 2:						Services: Personal Assistance Services
Phone	(817) 921-9500	Fax	(817) 921-9576			
Type:	Parent Agency	Administrator	HOWARD PETERSEN			
County	TARRANT	Region	03	Date Licensed	01/01/2001	Owner Information
License #	007581					PROFESSIONAL HOME HEALTH CARE INC SAME EULESS, TX 76040
Lic Expire	12/31/2023					PHONE:
Medicare 1:	459470 HHA-18					FAX:
Medicare 2:						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone	(817) 268-0010	Fax	(817) 268-0722			
Type:	Parent Agency	Administrator	CONSOLATA BRYANT			
County	TARRANT	Region	03	Date Licensed	02/18/2004	Owner Information
License #	008914					DIVINE HOSPICE INC 345 WESTPARK WAY SUITE 101 EULESS, TX 76040
Lic Expire	2/28/2023					PHONE:
Medicare 1:	451764 HOSPICE					FAX:
Medicare 2:						Services: Hospice In-Patient Hospice: NO
Phone	(817) 268-1946	Fax	(817) 268-0209			
Type:	Parent Agency	Administrator	CONSOLATA BRYANT			
County	TARRANT	Region	03	Date Licensed	12/12/2008	Owner Information
License #	012351					PROMPTIME HOME HEALTHCARE SERVICES INC 2215 CROMWELL DRIVE ARLINGTON, TX 76108
Lic Expire	12/31/2022					PHONE:
Medicare 1:	747387 HHA-18					FAX:
Medicare 2:						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Phone	(817) 557-4111	Fax	(817) 466-2685			
Type:	Parent Agency	Administrator	SAMUEL ASADU			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	03/29/2010	Owner Information
License #	013198					CHINNAM GROUP INC
Lic Expire	3/31/2022					1010 W EULESS BLVD STE 250
Medicare 1:						EULESS, TX 76040
Medicare 2:						PHONE:
Phone	(817) 545-3538	Fax	(817) 358-3906			FAX:
Type:	Parent Agency	Administrator	JOSEPHINE IBEH			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/22/2004	Owner Information
License #	009477					PRUDENTIAL HEALTH CARE SERVICES INC
Lic Expire	12/31/2023					7011 LAKE ROBERTS WAY
Medicare 1:	457926					ARLINGTON, TX 76002
Medicare 2:						PHONE:
Phone	(817) 608-0455	Fax	(817) 608-0644			FAX:
Type:	Parent Agency	Administrator	THOMPSON OHONBA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	02/27/2014	Owner Information
License #	016053					JJ & B UNITED LLC
Lic Expire	6/30/2022					PO BOX 151345
Medicare 1:						ARLINGTON, TX 76015
Medicare 2:						PHONE:
Phone	(817) 472-1040	Fax	(817) 549-8539			FAX:
Type:	Parent Agency	Administrator	ANADELIA PEDRAZA			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/29/2011	Owner Information
License #	013987					RADIANT CARE HOSPICE LLC
Lic Expire	3/31/2023					7137 COLLEYVILLE BLVD STE 102
Medicare 1:	671727 HOSPICE					COLLEYVILLE, TX 76034
Medicare 2:						PHONE:
Phone	(817) 421-4400	Fax	(817) 865-6351			FAX:
Type:	Parent Agency	Administrator	VIVIAN POBLETE			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	12/13/2021	Owner Information
License #	021269					RCARE LLC
Lic Expire	12/13/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(469) 830-5751	Fax	(972) 606-8960			FAX:
Type:	Parent Agency	Administrator	KAREN RILEY			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	08/12/2008	Owner Information
License #	012154					REDICARE HOME HEALTH SERVICES INCORPORATED
Lic Expire	12/31/2021					5808 COLDSWORTH CT
Medicare 1:	747510					ARLINGTON, TX 76018
Medicare 2:						PHONE:
Phone	(817) 467-3500	Fax	(817) 467-6133			FAX:
Type:	Parent Agency	Administrator	PETER-CLAVER CLASSO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	01/29/2003	Owner Information
License #	008308					KINETICARE REHAB SERVICES PC
Lic Expire	1/31/2023					2301 W LAMAR BLVD
Medicare 1:	679281 HHA-18					ARLINGTON, TX 76012
Medicare 2:						PHONE:
Phone	(817) 469-9756	Fax	(817) 469-9758			FAX:
Type:	Parent Agency	Administrator	RENE CUEVAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	05/20/2020	Owner Information	
License #	019954					RELIABLE CAREGIVERS OF TEXAS LLC	
Lic Expire	5/20/2022						
Medicare 1:							
Medicare 2:							
Phone	(817) 918-2489	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	YOLANDA STEWART			Services: Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	01/30/2018	Owner Information	
License #	018752					RELIANT HOME HEALTH OF FORT WORTH, LLC	
Lic Expire	1/31/2022					1101 RAINTREE CIR	
Medicare 1:	673171 HHA-18					BENBROOK, TX 75013	
Medicare 2:							
Phone	(817) 377-0889	Fax	(817) 377-0890			PHONE:	FAX:
Type:	Parent Agency	Administrator	LANELL BOAZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed		Owner Information	
License #	018474					BLUE HAVEN HOSPICE LLC	
Lic Expire	8/31/2024					1101 RAINTREE CIRCLE, SUITE #130	
Medicare 1:	741594 Hospice					ALLEN, TX 75013	
Medicare 2:							
Phone	(817) 377-0889	Fax	(214) 667-8045			PHONE:	FAX:
Type:	Alternate Delivery Site	Administrator	ANGELA HAMMONS			Services: Hospice In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	03/13/2013	Owner Information	
License #	015695					MAXUS HEALTHCARE PARTNERS LLC	
Lic Expire	3/31/2024					1050 FOREST PARK BLVD	
Medicare 1:						FORT WORTH, TX 76110	
Medicare 2:							
Phone	(817) 291-6400	Fax	(817) 291-6407			PHONE:	FAX:
Type:	Branch Agency	Administrator	PHILIP CRISWELL			Services: Licensed Home Health Services	
County	TARRANT	Region	03	Date Licensed	01/22/2008	Owner Information	
License #	011831					RESTORATIVE CARE HOME HEALTH SERVICES INC	
Lic Expire	1/31/2025					221 BEDFORD ROAD SUITE 208	
Medicare 1:	747132 HHA-18					BEDFORD, TX 76022	
Medicare 2:							
Phone	(817) 285-8515	Fax	(817) 285-8869			PHONE:	FAX: (817) 285-8869
Type:	Parent Agency	Administrator	ALICE JOHNSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
County	TARRANT	Region	03	Date Licensed	06/17/2011	Owner Information	
License #	014176					RESTORING FUNCTION HHC LLC	
Lic Expire	6/30/2024					4955 S. HULEN ST.	
Medicare 1:	747775 HHA-18					FORT WORTH, TX 76132	
Medicare 2:							
Phone	(817) 500-4159	Fax	(866) 778-1508			PHONE:	FAX:
Type:	Parent Agency	Administrator	JESSICA BUSBY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
County	TARRANT	Region	03	Date Licensed	03/25/2014	Owner Information	
License #	016112					CAYDEE BLUE CORP	
Lic Expire	3/31/2022					1511 E PETERS COLONY ROAD	
Medicare 1:						CARROLLTON, TX 75007	
Medicare 2:							
Phone	(972) 790-2699	Fax	(972) 790-2695			PHONE:	FAX:
Type:	Parent Agency	Administrator	GREG CARSON			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	05/26/2009	Owner Information	
License #	012623		RIGHT AT HOME			LORLYN, INC	
Lic Expire	9/30/2021		4215 W PIPELINE RD			4215 W PIPELINE ROAD	
Medicare 1:			EULESS, TX 76040			EULESS, TX 76040	
Medicare 2:						PHONE:	FAX:
Phone	(817) 282-3295	Fax	(817) 282-3289			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LORRI PRATT				
County	TARRANT	Region	03	Date Licensed	10/16/2009	Owner Information	
License #	012903		RIGHT AT HOME			QF ENTERPRISES INC	
Lic Expire	10/31/2023		8851 CAMP BOWIE WEST SUITE 220			PO BOX 123213	
Medicare 1:			FORT WORTH, TEXAS 76116			FORT WORTH, TX 76121	
Medicare 2:						PHONE:	FAX:
Phone	(817) 560-2727	Fax	(817) 560-2606			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	QUENTAS JONES				
County	TARRANT	Region	03	Date Licensed	10/12/2020	Owner Information	
License #	020225		RIGHT AT HOME HEALTHCARE LLC			RIGHT AT HOME HEALTHCARE LLC	
Lic Expire	10/12/2022		2117 WASHINGTON CIR. APT. 106				
Medicare 1:			ARLINGTON, TEXAS 76011				
Medicare 2:						PHONE:	FAX:
Phone	(817) 224-2206	Fax	(817) 224-2206			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MICHELLE PERRY				
County	TARRANT	Region	03	Date Licensed	09/08/2006	Owner Information	
License #	010724		ROPHEKA HOMEHEALTH AGENCY			ROPHEKA HOMEHEALTH AGENCY INC	
Lic Expire	9/30/2022		360 PLACE 1201 N WATSON RD # 297			1507 LOVELAND DRIVE	
Medicare 1:	679783 HHA-18		ARLINGTON, TX 76006			ARLINGTON, TX 76018	
Medicare 2:						PHONE:	FAX:
Phone	(817) 466-9751	Fax	(817) 466-4525			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MERCY NKERBU				
County	TARRANT	Region	03	Date Licensed	09/30/1996	Owner Information	
License #	004927		ROSA'S FIRST QUALITY HOME HEALTHCARE LLC			ROSA'S FIRST QUALITY HOME HEALTHCARE LLC	
Lic Expire	9/30/2023		306 EAST RANDOL MILL ROAD SUITE 100			306 EAST RANDOL MILL ROAD SUITE 100	
Medicare 1:	459196 HHA-18		ARLINGTON, TX 76011			ARLINGTON, TX 76011	
Medicare 2:						PHONE:	FAX:
Phone	(817) 461-0154	Fax	(817) 275-9792			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	BALINDA ANTOINE				
County	TARRANT	Region	03	Date Licensed	09/24/2021	Owner Information	
License #	021070		ROYAL BLISS HOME HEALTHCARE, LLC			ROYAL BLISS HOME HEALTHCARE LLC	
Lic Expire	9/24/2024		8308 BIG STONE CT.				
Medicare 1:			FORT WORTH, TX 76123				
Medicare 2:						PHONE:	FAX:
Phone	(817) 918-6644	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANITA AZUBUIKE-JONES				
County	TARRANT	Region	03	Date Licensed	08/05/2021	Owner Information	
License #	020961		SAFE HANDS HOME CARE LLC			SAFE HANDS HOME CARE LLC	
Lic Expire	8/5/2024		400 KNIGHTSBRIDGE ROAD UNIT B201				
Medicare 1:			ARLINGTON, TX 76014				
Medicare 2:						PHONE:	FAX:
Phone	(972) 838-6907	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	HAPPINESS AMADI				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	10/28/2019	Owner Information	
License #	019668					JIMMY GRINAGE	
Lic Expire	10/28/2021						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(469) 327-5151	Fax	(469) 327-5843			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JONAH GRINAGE				
County	TARRANT	Region	03	Date Licensed	11/16/2021	Owner Information	
License #	021209					SALLY'S CARE INC	
Lic Expire	11/16/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	817 5594841	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARY LINZY				
County	TARRANT	Region	03	Date Licensed	03/01/2016	Owner Information	
License #	017296					SATORI IN HOME CARE INC	
Lic Expire	2/28/2022					2305 ST CLAIRE DR	
Medicare 1:						ARLINGTON, TX 76012	
Medicare 2:						PHONE:	FAX:
Phone	(817) 224-2281	Fax	(817) 583-6594			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JEREMY TOMSIC				
County	TARRANT	Region	03	Date Licensed	11/27/2006	Owner Information	
License #	010897					SCOF ENTERPRISE INC	
Lic Expire	11/30/2023					1201 N. WATSON ROAD, SUITE 268	
Medicare 1:	743100 HHA-18					ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 459-1220	Fax	(817) 459-1224			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OSABUOHIE EREGIE				
County	TARRANT	Region	03	Date Licensed	08/22/2013	Owner Information	
License #	015726					REDWING D SUPREME, LLC	
Lic Expire	8/31/2021					1307 8TH AVENUE SUITE 311	
Medicare 1:						FORT WORTH, TX 76104	
Medicare 2:						PHONE:	FAX:
Phone	(817) 344-7948	Fax	(866) 591-7596			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STEPHEN CONWAY				
County	TARRANT	Region	03	Date Licensed	04/26/2007	Owner Information	
License #	011293					TYNET HEALTHCARE INC	
Lic Expire	4/30/2022					P.O BOX 180695	
Medicare 1:	747210 HHA-18					ARLINGTON, TX 76096	
Medicare 2:						PHONE:	FAX:
Phone	(817) 385-8888	Fax	(877) 504-7060			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ESTHER HORNER				
County	TARRANT	Region	03	Date Licensed	04/20/2017	Owner Information	
License #	018149					SERENE MEADOWS HOSPICE, LLC	
Lic Expire	4/30/2021					1201 NORTH WATSON ROAD SUITE #278	
Medicare 1:	741593 HOSPICE					ARLINGTON, TX 76006	
Medicare 2:						PHONE:	FAX:
Phone	(817) 754-1911	Fax	(817) 754-1910			Services: Hospice; Personal Assistance Services In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DEZMOND JOHNSON				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	08/08/2006	Owner Information
License #	010668		SERENITY HOSPICE			CRISTELA FLORES SERENITY HOSPICE LLC
Lic Expire	8/31/2023		700 PENNSYLVANIA AVE			3108 MARYS LANE.
Medicare 1:	671651 HOSPICE		FORT WORTH, TX 76104			FORT WORTH, TEXAS 76116
Medicare 2:						PHONE:
Phone	(817) 348-9863	Fax	(817) 768-5087			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Parent Agency	Administrator	CRISTELA FLORES			
County	TARRANT	Region	03	Date Licensed	10/08/2021	Owner Information
License #	021113		SHIZA HEALTHCARE INC			SHIZA HEALTHCARE INC
Lic Expire	10/8/2024		120 WANDA WAY SUITE 103			
Medicare 1:			HURST, TEXAS 76053			
Medicare 2:						PHONE:
Phone	(817) 242-8390	Fax	(817) 523-8807			FAX:
						Services: Personal Assistance Services
Type:	Parent Agency	Administrator	RUBBY ADELE			
County	TARRANT	Region	03	Date Licensed		Owner Information
License #	013821		SILVERADO HOSPICE DALLAS FORT WORTH			SILVERADO HOSPICE OF HOUSTON, INC
Lic Expire	10/31/2022		6628 BRYANT IRVIN RD. SUITE 110			6400 OAK CANYON #200
Medicare 1:			FORT WORTH, TX 76132			IRVINE, CA 92618
Medicare 2:						PHONE:
Phone	(866) 461-7218	Fax	(972) 385-8839			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	JERIANNE RANIERI			
County	TARRANT	Region	03	Date Licensed	09/06/2011	Owner Information
License #	014323		SILVERLINE HOME HEALTH AGENCY INC			SILVERLINE HOME HEALTH AGENCY INC
Lic Expire	9/30/2023		1050 BONANZA DR			1020 BONANZA DR
Medicare 1:	747793 HHA-18		ARLINGTON, TX 76001			ARLINGTON, TX 76001
Medicare 2:						PHONE:
Phone	(682) 518-1050	Fax	(682) 518-7250			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	IHUOMA JINANWA			
County	TARRANT	Region	03	Date Licensed	01/13/2011	Owner Information
License #	013829		SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC			SMALL HANDS BIG HEARTS PEDIATRIC THERAPY MANAGEMENT LLC
Lic Expire	1/31/2023		4775 N FREEWAY			404 RACQUET CLUB
Medicare 1:			FORT WORTH, TX 76106			BEDFORD, TX 76022
Medicare 2:						PHONE:
Phone	(682) 738-3056	Fax	(682) 738-3272			FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	BETTS HOOVER			
County	TARRANT	Region	03	Date Licensed	12/29/2017	Owner Information
License #	018537		SOLEO HEALTH INC			SOLEO HEALTH INC
Lic Expire	12/31/2023		2912 W 6TH ST SUITE 150			2912 W. 6TH STREET SUITE #120
Medicare 1:			FORT WORTH, TX 76107			FORT WORTH, TX 76107
Medicare 2:						PHONE:
Phone	(817) 916-1206	Fax	(817) 381-4419			FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	MAUREEN OSANJO			
County	TARRANT	Region	03	Date Licensed	08/20/2010	Owner Information
License #	013536		SPLENDOR CARE HEALTH SERVICES INC			SPLENDOR CARE HEALTH SERVICES INC
Lic Expire	8/31/2022		1001 W EULESS BLVD SUITE #405			1001 W EULESS BLVD SUITE #405
Medicare 1:	747597 HHA-18		EULESS, TX 76040			EULESS, TX 76040
Medicare 2:						PHONE:
Phone	(817) 675-8088	Fax	(817) 479-9827			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	SYLVESTER IYAMAH			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/10/2015	Owner Information
License #	016641					ST AGATHA CARE GIVERS, INC
Lic Expire	2/28/2023					6729 SAPPHIRE CIRCLE N
Medicare 1:						COLLEYVILLE, TX 76034
Medicare 2:						PHONE:
Phone	(817) 424-2902	Fax	(817) 251-1963			FAX:
Type:	Parent Agency	Administrator	ANTHONIA AGBOJE			Services: Personal Assistance Services
County	TARRANT	Region	07	Date Licensed		Owner Information
License #	016375					SGHPCSA LLC
Lic Expire	8/31/2022					2501 PARKVIEW DRIVE SUITE 105
Medicare 1:						FORT WORTH, TX 76102
Medicare 2:						PHONE:
Phone	(817) 306-4545	Fax	(817) 887-2704			FAX:
Type:	Alternate Delivery Site	Administrator	CESILIA PUENTE			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	07	Date Licensed		Owner Information
License #	016375					SGHPCSA LLC
Lic Expire	8/31/2022					2501 PARKVIEW DRIVE SUITE 105
Medicare 1:						FORT WORTH, TX 76102
Medicare 2:						PHONE:
Phone	(817) 306-4545	Fax	(817) 887-2704			FAX:
Type:	Alternate Delivery Site	Administrator	CESILIA PUENTE			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	02/13/2012	Owner Information
License #	014639					ST GABRIELS HOSPICE AND PALLIATIVE CARE LLC
Lic Expire	2/28/2022					2501 PARKVIEW DRIVE SUITE 105
Medicare 1:	671742 HOSPICE					FORT WORTH, TX 76102-5815
Medicare 2:						PHONE:
Phone	(817) 306-4545	Fax	(817) 887-2704			FAX:
Type:	Parent Agency	Administrator	SHANNON MORA			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	04/16/2015	Owner Information
License #	016744					ST MARTINO HOME HEALTH INC
Lic Expire	10/29/2021					205 E ARKANSAS LN STE 119
Medicare 1:						ARLINGTON, TX 76010
Medicare 2:						PHONE:
Phone	(817) 501-7727	Fax	(817) 459-3314			FAX:
Type:	Parent Agency	Administrator	AGNES STURGEON			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/04/2016	Owner Information
License #	017873					STEWARD HOME HEALTHCARE INC
Lic Expire	11/30/2022					1220 BROWN TRAIL SUITE #B
Medicare 1:	747587 HHA-18					BEDFORD, TX 76022
Medicare 2:						PHONE:
Phone	(817) 545-7878	Fax	(469) 675-6507			FAX:
Type:	Parent Agency	Administrator	ROSAMMA GEORGE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	11/22/2021	Owner Information
License #	021226					STREAM OF JOY HOME HEALTH LLC
Lic Expire	11/22/2024					6418 WOLF CREEK CT
Medicare 1:						ARLINGTON, TEXAS 76018
Medicare 2:						PHONE:
Phone	(817) 437-5086	Fax	(682) 308-0767			FAX:
Type:	Parent Agency	Administrator	MARTIN LEWECHI			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	03/01/2014	Owner Information
License #	016245					SUNRISE HOME HEALTH SERVICES OF AMERICA INC
Lic Expire	2/28/2024					PO BOX 494728
Medicare 1:	459463 HHA-18					GARLAND, TX 75049
Medicare 2:						PHONE:
Phone	(817) 283-2100	Fax	(817) 283-2150			FAX:
Type:	Parent Agency	Administrator	LORI KARI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	12/07/2011	Owner Information
License #	014515					SWEET PEA SOLUTIONS LLC
Lic Expire	12/31/2021					3508 SUTTER COURT
Medicare 1:						FORT WORTH, TX 76137
Medicare 2:						PHONE:
Phone	(817) 773-7477	Fax	(866) 605-0549			FAX:
Type:	Parent Agency	Administrator	RODDY C GORDON II RODDY C GORDON II			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/08/2020	Owner Information
License #	020384					IMPULSE HOME CARE LLC
Lic Expire	12/8/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	817 6577796	Fax	817 4844222			FAX:
Type:	Parent Agency	Administrator	CAROLINE TABE			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/05/2009	Owner Information
License #	012487					VIVICARE HEALTH PARTNERS LLC
Lic Expire	3/31/2023					2999 N. 44TH STREET STE 100
Medicare 1:						PHOENIX, AZ 85018
Medicare 2:						PHONE:
Phone	(903) 306-1324	Fax	(903) 705-4343			FAX:
Type:	Parent Agency	Administrator	DANA TARRANT			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	11/05/1996	Owner Information
License #	005005					TENDER HEART HOME HEALTH LLC
Lic Expire	11/30/2024					3210 W PARK ROW DR
Medicare 1:	459213 HHA-18					ARLINGTON, TX 76013
Medicare 2:						PHONE:
Phone	(817) 265-0066	Fax	(817) 265-0089			FAX:
Type:	Parent Agency	Administrator	KOFO SERIKI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	12/06/2004	Owner Information
License #	009440					TENDER HEART HOSPICE CARE LLC
Lic Expire	12/31/2022					3210 W PARK ROW DR
Medicare 1:	451797 HOSPICE					ARLINGTON, TX 76013
Medicare 2:						PHONE:
Phone	(817) 265-0066	Fax	(817) 265-0089			FAX:
Type:	Parent Agency	Administrator	KOFO SERIKI			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	11/19/2012	Owner Information
License #	015211					TEXAS ANGELS HOME HEALTH CARE INCORPORATED
Lic Expire	2/26/2021					3509 HULEN STREET, SUITE 151
Medicare 1:						FORT WORTH, TEXAS 76107
Medicare 2:						PHONE:
Phone	(817) 727-4525	Fax	(817) 727-4576			FAX:
Type:	Parent Agency	Administrator	JULIE WOODSIDE			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	08/09/2013	Owner Information
License #	015948					CATERED LIVING LLC
Lic Expire	8/31/2021					P.O. BOX 100848
Medicare 1:						FORT WORTH, TEXAS 76185
Medicare 2:						PHONE:
Phone	(817) 528-9005	Fax	(817) 927-0055			FAX:
Type:	Parent Agency	Administrator	STEVE COOK			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	04/09/2021	Owner Information
License #	020687					TEXAS HOME HEALTH OF AMERICA, LP
Lic Expire	4/9/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(972) 201-3373	Fax	214 7261596			FAX:
Type:	Parent Agency	Administrator	LANI CAPESTANY			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	11/28/2018	Owner Information
License #	019079					CANTEX HOME HEALTH TARRANT COUNTY LLC
Lic Expire	9/28/2022					
Medicare 1:	67-9084					
Medicare 2:						PHONE:
Phone	(972) 434-9400	Fax	(972) 434-9450			FAX:
Type:	Parent Agency	Administrator	KIMBERLY MOORE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	12/29/2015	Owner Information
License #	017192					ABS PALLIATIVE AND HOSPICE CARE, LLC
Lic Expire	12/31/2023					717 N. HARWOOD STREET, SUITE 550
Medicare 1:	741669 HOSPICE					DALLAS, TX 75201
Medicare 2:						PHONE:
Phone	817 3281628	Fax	817 5202108			FAX:
Type:	Parent Agency	Administrator	MARGARET BALL			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	12/29/2015	Owner Information
License #	017192					ABS PALLIATIVE AND HOSPICE CARE, LLC
Lic Expire	12/31/2023					717 N. HARWOOD STREET, SUITE 550
Medicare 1:	741669 HOSPICE					DALLAS, TX 75201
Medicare 2:						PHONE:
Phone	817 3281628	Fax	817 5202108			FAX:
Type:	Parent Agency	Administrator	MARGARET BALL			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	05/11/2020	Owner Information
License #	019926					FIRST CHOICE CHILDREN'S HOMECARE, LP
Lic Expire	5/11/2022					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(817) 831-1105	Fax	(817) 840-9285			FAX:
Type:	Parent Agency	Administrator	MARCO HERNANDEZ			Services: Licensed Home Health Services
County	TARRANT	Region	03	Date Licensed	01/26/2021	Owner Information
License #	020489					TINY TOTS
Lic Expire	1/26/2023					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(214) 270-6861	Fax				FAX:
Type:	Parent Agency	Administrator	JOAN WILLIAM			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	06/09/2021	Owner Information	
License #	020822					TO LOVING CARE LLC	
Lic Expire	6/9/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(682) 521-2620	Fax	(682) 292-2232			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TAM VU				
County	TARRANT	Region	06	Date Licensed	12/18/2006	Owner Information	
License #	009281					TOUCH OF CLASS	
Lic Expire	8/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(817) 451-9435	Fax	(817) 451-9485			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JANET BOWLES				
County	TARRANT	Region	03	Date Licensed	11/30/2020	Owner Information	
License #	020714					TRADITIONS HOSPICE OF BEDFORD, LLC	
Lic Expire	11/30/2022					P.O. BOX 9980	
Medicare 1:	451796					COLLEGE STATION, TX 77842	
Medicare 2:						PHONE:	FAX:
Phone	(817) 358-4777	Fax	(866) 908-8704			Services: Hospice	
Type:	Parent Agency	Administrator	PATTI DISOTELL			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	06/12/2007	Owner Information	
License #	011615					TRANSITIONAL HOME HEALTH CARE, INC	
Lic Expire	6/30/2022					PO BOX 172992	
Medicare 1:	677810 HHA-18					ARLINGTON, TEXAS 76011	
Medicare 2:						PHONE:	FAX:
Phone	(817) 303-4441	Fax	(817) 303-4424			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	VERONICA ANENE				
County	TARRANT	Region	03	Date Licensed	08/20/2020	Owner Information	
License #	020115					TRINITY HOME AND HEALTH LLC	
Lic Expire	8/20/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(214) 709-1283	Fax	(817) 582-4121			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LIZET OLIVARES				
County	TARRANT	Region	03	Date Licensed	09/12/2017	Owner Information	
License #	018505					DSM HEALTHCARE VENTURES LLC	
Lic Expire	9/30/2024					1901 N HWY 360 SUITE 410	
Medicare 1:						GRAND PRAIRIE, TX 75050-1412	
Medicare 2:						PHONE:	FAX:
Phone	(817) 652-2924	Fax	(855) 239-3636			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LAUREN VIELMA				
County	TARRANT	Region	03	Date Licensed	11/05/2014	Owner Information	
License #	016513					TRUCARE PERSONAL CARE SERVICES LLC	
Lic Expire	11/30/2022					3917 PYRACANTHA DR	
Medicare 1:						ARLINGTON, TX 76017	
Medicare 2:						PHONE:	FAX:
Phone	(682) 276-1715	Fax	(844) 273-5390			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TANGULON GARDNER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	12/22/2010	Owner Information
License #	013788					TRUECARE DFW INC
Lic Expire	12/31/2022					1816 JOCYLE ST
Medicare 1:						ARLINGTON, TX 76010
Medicare 2:						PHONE:
Phone	(214) 621-0731	Fax	(817) 299-0630			FAX:
Type:	Parent Agency	Administrator	ELAINE NGUYEN			Services: Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	10/22/2020	Owner Information
License #	020259					TRUECARE HOME SERVICES, LLC
Lic Expire	10/22/2022					12720 RED CEDAR DRIVE
Medicare 1:						EULESS, TX 76040
Medicare 2:						PHONE:
Phone	(609) 510-7982	Fax				FAX:
Type:	Parent Agency	Administrator	FUNMILAYO ADEYINKA			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	03/10/2021	Owner Information
License #	020582					UNIQUE HOME CARE SERVICES, INC
Lic Expire	3/10/2024					8124 MODESTO DRIVE
Medicare 1:						ARLINGTON, TEXAS 76001
Medicare 2:						PHONE:
Phone	(281) 989-8293	Fax	(682) 222-7277			FAX:
Type:	Parent Agency	Administrator	DR. VICTOR AKHIDENOR			Services: Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	05/16/2016	Owner Information
License #	017574					UNITED HOME HEALTHCARE LLC
Lic Expire	5/31/2022					6401 SEAFORD RD
Medicare 1:	677842					ARLINGTON, TX 76001
Medicare 2:						PHONE:
Phone	(817) 659-2225	Fax	(817) 659-2223			FAX:
Type:	Parent Agency	Administrator	NICOLE TRINH			Services: Licensed and Certified Home Health Services
County	TARRANT	Region	03	Date Licensed	04/06/2006	Owner Information
License #	006647					WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
Lic Expire	8/31/2022					1208 COUNTRY CLUB LANE
Medicare 1:						FORT WORTH, TX 76112
Medicare 2:						PHONE:
Phone	(817) 451-1404	Fax	(817) 451-2204			FAX:
Type:	Alternate Delivery Site	Administrator	ANA ANA NACCARATO			Services: Hospice In-Patient Hospice: NO
County	TARRANT	Region	03	Date Licensed	01/01/1998	Owner Information
License #	006531					WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
Lic Expire	12/31/2021					1208 COUNTRY CLUB LANE
Medicare 1:	458238 HHA-18					FORT WORTH, TX 76112
Medicare 2:						PHONE:
Phone	(817) 451-1404	Fax	(817) 451-5029			FAX:
Type:	Parent Agency	Administrator	ANA NACCARATO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TARRANT	Region	03	Date Licensed	08/27/1998	Owner Information
License #	006647					WALLS UNIVERSAL HOME HEALTH & HOSPICE SERVICES INC
Lic Expire	8/31/2022					1208 COUNTRY CLUB LANE
Medicare 1:	451679 HOSPICE					FORT WORTH, TX 76112
Medicare 2:						PHONE:
Phone	(817) 451-1404	Fax	(817) 451-2204			FAX:
Type:	Parent Agency	Administrator	ANA NACCARATO			Services: Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	09/01/1998	Owner Information
License #	006848					UNIVERSAL STAFFING INC
Lic Expire	8/31/2021					1208 COUNTRY CLUB LANE SUITE 204
Medicare 1:						FORT WORTH, TX 76112
Medicare 2:						PHONE: FAX:
Phone	(817) 451-1404	Fax	(817) 451-2204			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ANA NACCARATO			
County	TARRANT	Region	03	Date Licensed	12/01/2004	Owner Information
License #	009618					US HOME HEALTH CARE INC
Lic Expire	11/30/2022					SAME AS ABOVE
Medicare 1:	679473 HHA-18					HURST, TX 76053
Medicare 2:						PHONE: FAX:
Phone	(817) 268-0041	Fax	(817) 285-8847			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ABIGAIL UDEME			
County	TARRANT	Region	03	Date Licensed	09/05/2019	Owner Information
License #	019580					UU HEALTHCARE INC
Lic Expire	9/5/2023					2835 MARIPOSA DRIVE
Medicare 1:						GRAND PRAIRIE, TX 75054
Medicare 2:						PHONE: FAX:
Phone	(469) 982-3072	Fax	(469) 999-0888			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MACIA MICHEAL			
County	TARRANT	Region	03	Date Licensed	05/04/2006	Owner Information
License #	010434					VANA HOME HEALTH INC
Lic Expire	5/31/2024					2638 AERO DRIVE
Medicare 1:	679699 HHA-18					GRAND PRAIRIE, TX 75052
Medicare 2:						PHONE: FAX:
Phone	(817) 557-1642	Fax	(817) 987-2724			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	VERONIQUE NJOTU			
County	TARRANT	Region	03	Date Licensed	10/30/2017	Owner Information
License #	018412					VIRTUOUS HEALTH SERVICES, LLC
Lic Expire	10/31/2023					3901 ARLINGTON HIGHLANDS BLVD., SUITE 247
Medicare 1:						ARLINGTON, TEXAS 76018
Medicare 2:						PHONE: FAX:
Phone	(817) 405-6274	Fax	(817) 779-7445			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ENGGA MICKENS			
County	TARRANT	Region	03	Date Licensed	07/24/2014	Owner Information
License #	016587					DWB PARTNERS LLC
Lic Expire	7/31/2022					PO BOX 672
Medicare 1:						FORT WORTH, TX 76101
Medicare 2:						PHONE: FAX:
Phone	(817) 877-1616	Fax	(817) 394-7994			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	DALE BROCK			
County	TARRANT	Region	03	Date Licensed	07/30/2014	Owner Information
License #	016670					DWB PARTNERS LLC
Lic Expire	7/31/2022					PO BOX 672
Medicare 1:						FORT WORTH, TX 76101
Medicare 2:						PHONE: FAX:
Phone	(817) 684-1996	Fax	(817) 310-0517			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	DALE BROCK			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	02/01/2016	Owner Information	
License #	017248		VISITING ANGELS HEB			M&E SENIOR SOLUTIONS, LLC	
Lic Expire	5/31/2022		1550 NORWOOD DRIVE SUITE #101			7001 TAMARACK ROAD	
Medicare 1:			HURST, TX 76054			FORT WORTH, TX 76116	
Medicare 2:						PHONE:	FAX:
Phone	(817) 952-3223	Fax	(817) 952-3225			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GREGORY MOON				
County	TARRANT	Region	03	Date Licensed	06/18/2007	Owner Information	
License #	011402		VISITING ANGELS OF ARLINGTON			SENIOR ADVANTAGE HOME CARE INC	
Lic Expire	3/31/2020		1601 E LAMAR BLVD SUITE 109			1601 E LAMAR BLVD STE 109	
Medicare 1:			ARLINGTON, TX 76011			ARLINGTON, TX 76011	
Medicare 2:						PHONE:	FAX:
Phone	(817) 795-6316	Fax	(817) 795-6318			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JULIE AMENDOLA				
County	TARRANT	Region	03	Date Licensed	06/24/2021	Owner Information	
License #	020853		VITALS HEALTHCARE SERVICES, INC			VITALS HEALTHCARE SERVICES, INC	
Lic Expire	6/24/2024		1920 ROSELLE COURT			1920 ROSELLE COURT	
Medicare 1:			ARLINGTON, TEXAS 76018			ARLINGTON, TEXAS 76018	
Medicare 2:						PHONE:	FAX:
Phone	(817) 375-2010	Fax	(817) 375-2011			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MUNIRAT BALOGUN				
County	TARRANT	Region	03	Date Licensed	12/01/1998	Owner Information	
License #	006982		VITAS HEALTHCARE OF TEXAS LP			VITAS HEALTHCARE OF TEXAS LP	
Lic Expire	11/30/2022		6100 WESTERN PLACE SUITE 800				
Medicare 1:	451553 HOSPICE		FORT WORTH, TX 76107				
Medicare 2:						PHONE:	FAX:
Phone	(817) 870-7070	Fax	(817) 870-7090			Services: Hospice	
Type:	Parent Agency	Administrator	STEVEN WELKER			In-Patient Hospice: NO	
County	TARRANT	Region	03	Date Licensed	11/08/2012	Owner Information	
License #	012429		VIVA PEDIATRICS			VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023		6100 WESTERN PLACE STE #320			3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:			FORT WORTH, TX 76107			RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(817) 564-0107	Fax	(817) 546-8097			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JOSH STRANGE				
County	TARRANT	Region	03	Date Licensed	11/08/2012	Owner Information	
License #	012429		VIVA PEDIATRICS			VIVA MEDICAL GROUP LLC	
Lic Expire	3/31/2023		6100 WESTERN PLACE STE #320			3400 WATERVIEW PARKWAY, SUITE 115	
Medicare 1:			FORT WORTH, TX 76107			RICHARDSON, TX 75080	
Medicare 2:						PHONE:	FAX:
Phone	(817) 564-0107	Fax	(817) 546-8097			Services: Licensed Home Health Services	
Type:	Branch Agency	Administrator	JOSH STRANGE				
County	TARRANT	Region	03	Date Licensed	10/04/2013	Owner Information	
License #	015797		VN HOME HEALTH CARE			VIETWELL CORPORATION	
Lic Expire	10/31/2023		124 W PIONEER PKWY SUITE #130			124 W PIONEER PKWY SUITE #130	
Medicare 1:			ARLINGTON, TX 76010			ARLINGTON, TX 76010	
Medicare 2:						PHONE:	FAX:
Phone	(817) 299-8888	Fax	(817) 288-0899			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	TOMMY KHONG				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TARRANT	Region	03	Date Licensed	11/30/1995	Owner Information
License #	004131	VOLUNTEERS OF AMERICA TEXAS INC			VOLUNTEERS OF AMERICA TEXAS INC	
Lic Expire	11/30/2021	300 E MIDWAY DR			300 E MIDWAY DRIVE	
Medicare 1:		EULESS, TX 76039			EULESS, TX 76039	
Medicare 2:					PHONE:	(817) 529-7300
Phone	(817) 529-7359	Fax	(817) 571-7527	FAX:		
Type:	Parent Agency	Administrator	ERICA SMITH			
Services: Licensed Home Health Services; Personal Assistance Services						
County	TARRANT	Region	03	Date Licensed	02/12/2021	Owner Information
License #	020540	WATERMARK AT HOME			WATERMARK BROADWAY CITYVIEW, LLC	
Lic Expire	2/12/2023	5301 BRYANT IRVIN RD			2020 W RUDASILL RD.	
Medicare 1:		FORT WORTH, TEXAS 76132			TUCSON, ARIZONA 85704	
Medicare 2:					PHONE:	FAX:
Phone	(817) 294-2280	Fax				
Type:	Parent Agency	Administrator	CRYSTAL TACHELL			
Services: Personal Assistance Services						
County	TARRANT	Region	03	Date Licensed	11/19/2020	Owner Information
License #	020330	WHHC			WHHC LLC	
Lic Expire	11/19/2022	602 LITTLE CREEK DRIVE				
Medicare 1:		DUNCANVILLE, TX 75116				
Medicare 2:					PHONE:	FAX:
Phone	(817) 312-4390	Fax				
Type:	Parent Agency	Administrator	LASHUN WILLIAMS			
Services: Personal Assistance Services						
County	TARRANT	Region	03	Date Licensed	07/01/2004	Owner Information
License #	009253	WILCARE DALLAS INC			WILCARE DALLAS INC	
Lic Expire	6/30/2022	624 MATLOCK CENTRE CIR #A			624 MATLOCK CENTRE CIR	
Medicare 1:		ARLINGTON, TX 76015			ARLINGTON, TX 76015	
Medicare 2:					PHONE:	FAX:
Phone	(817) 277-0210	Fax	(817) 277-1208	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	ANDY PHAM			
County	TARRANT	Region	03	Date Licensed	02/10/2020	Owner Information
License #	019816	WINGS OF FAITH LLC			WINGS OF FAITH LLC	
Lic Expire	2/10/2022	6100 PATHWAY COURT				
Medicare 1:		ARLINGTON, TEXAS 76016				
Medicare 2:					PHONE:	FAX:
Phone	(817) 455-6008	Fax				
Type:	Parent Agency	Administrator	BELINDA DIAZ			
Services: Personal Assistance Services						
County	TARRANT	Region	03	Date Licensed	07/07/2020	Owner Information
License #	020040	WITHGRACE CARE SERVICES LLC			WITHGRACE CARE SERVICES LLC	
Lic Expire	7/7/2022	120 WANDA WAY SUITE 205				
Medicare 1:		HURST, TEXAS 76053				
Medicare 2:					PHONE:	FAX:
Phone	(817) 349-2723	Fax	(817) 518-9463	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	NANCY TWESIGE			
County	TAYLOR	Region	01	Date Licensed	01/10/1997	Owner Information
License #	003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS			NURSES UNLIMITED INC	
Lic Expire	1/31/2025	3303 N 3RD STREET SUITE A			P. O BOX 4534	
Medicare 1:		ABILENE, TX 79603			ODESSA, TX 79760	
Medicare 2:					PHONE:	FAX:
Phone	(325) 673-3281	Fax	(325) 673-4059	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	TRACY FOLLER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TAYLOR	Region	01	Date Licensed	01/10/1997	Owner Information
License #	003467	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS			NURSES UNLIMITED INC P. O BOX 4534	
Lic Expire	1/31/2025	3303 N 3RD STREET SUITE A			ODESSA, TX 79760	
Medicare 1:		ABILENE, TX 79603			PHONE:	
Medicare 2:					FAX:	
Phone	(325) 673-3281	Fax	(325) 673-4059			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	TRACY FOLLER			

County	TAYLOR	Region	01	Date Licensed	11/30/2020	Owner Information
License #	020358	ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS			NURSES UNLIMITED INC P. O BOX 4534	
Lic Expire	11/30/2022	3303 N. 3RD ST., SUITE A			ODESSA, TX 79760	
Medicare 1:		ABILENE, TX 79603			PHONE:	
Medicare 2:					FAX:	
Phone	325 6733281	Fax	325 6734059			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	TRACY FOLLER			

County	TAYLOR	Region	01	Date Licensed		Owner Information
License #	009222	ALPHAOMEGA HOSPICE, LP			ALPHA OMEGA HOSPICE LP 500 FAULCONER DRIVE CHARLOTTESVILLE, VA 22903	
Lic Expire	10/31/2021	4644 S. TREADAWAY BLVD, FLOOR 1			PHONE:	
Medicare 1:		ABILENE, TX 79602			FAX:	
Medicare 2:					Services: Hospice In-Patient Hospice: NO	
Phone	(325) 283-2840	Fax	(325) 283-2841			
Type:	Alternate Delivery Site	Administrator	JACKIE HARTT			

County	TAYLOR	Region	01	Date Licensed	08/03/2005	Owner Information
License #	009732	ANGELS CARE HOME HEALTH OF SAN ANGELO			1ST TEXAS HOME HEALTH OF SAN ANGELO INC 1002 S ABE STREET SUITE B SAN ANGELO, TX 76903	
Lic Expire	1/31/2023	1961 INDUSTRIAL BLVD			PHONE:	
Medicare 1:		ABILENE, TX 79602			FAX:	
Medicare 2:					Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Phone	(325) 690-0063	Fax	(325) 690-0640			
Type:	Branch Agency	Administrator	SHANNON GEBAUER			

County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC P O BOX 338 HOWE, TX 75459	
Lic Expire	8/31/2022	2585 S DANVILLE			PHONE:	
Medicare 1:		ABILENE, TX 79605			FAX:	
Medicare 2:					Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(325) 690-0583	Fax	(903) 532-1401			
Type:	Branch Agency	Administrator	HEATHER RODGERS			

County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC P O BOX 338 HOWE, TX 75459	
Lic Expire	8/31/2022	2585 S DANVILLE			PHONE:	
Medicare 1:		ABILENE, TX 79605			FAX:	
Medicare 2:					Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(325) 690-0583	Fax	(903) 532-1401			
Type:	Branch Agency	Administrator	HEATHER RODGERS			

County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information
License #	010691	ANGELS OF CARE PEDIATRIC HOME HEALTH			AOC TX, LLC P O BOX 338 HOWE, TX 75459	
Lic Expire	8/31/2022	2585 S DANVILLE			PHONE:	
Medicare 1:		ABILENE, TX 79605			FAX:	
Medicare 2:					Services: Licensed Home Health Services; Personal Assistance Services	
Phone	(325) 690-0583	Fax	(903) 532-1401			
Type:	Branch Agency	Administrator	HEATHER RODGERS			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information			
License #	010691					AOC TX, LLC			
Lic Expire	8/31/2022					P O BOX 338			
Medicare 1:						HOWE, TX 75459			
Medicare 2:						PHONE:	FAX:		
Phone	(325) 690-0583	Fax	(903) 532-1401			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS						
County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information			
License #	010691					AOC TX, LLC			
Lic Expire	8/31/2022					P O BOX 338			
Medicare 1:						HOWE, TX 75459			
Medicare 2:						PHONE:	FAX:		
Phone	(325) 690-0583	Fax	(903) 532-1401			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS						
County	TAYLOR	Region	03	Date Licensed	10/18/2010	Owner Information			
License #	010691					AOC TX, LLC			
Lic Expire	8/31/2022					P O BOX 338			
Medicare 1:						HOWE, TX 75459			
Medicare 2:						PHONE:	FAX:		
Phone	(325) 690-0583	Fax	(903) 532-1401			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	HEATHER RODGERS						
County	TAYLOR	Region	01	Date Licensed	06/13/2006	Owner Information			
License #	010529					BIG COUNTRY HEALTHCARE SERVICES			
Lic Expire	6/30/2022					286 PACK SADDLE PASS			
Medicare 1:	679576 HHA-18					ABILENE, TX 79602			
Medicare 2:						PHONE:	FAX:		
Phone	(325) 675-0559	Fax	(325) 675-0591			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	SCOTT ROBINSON						
County	TAYLOR	Region	01	Date Licensed	09/13/1991	Owner Information			
License #	002242					CAPROCK HOME HEALTH SERVICES INC			
Lic Expire	9/30/2022					8806 UNIVERSITY AVENUE			
Medicare 1:	457383 HHA-18					LUBBOCK, TX 79423			
Medicare 2:						PHONE:	FAX:		
Phone	(325) 672-2264	Fax	(325) 672-5575			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	SHANNON STEIGLEDER						
County	TAYLOR	Region	01	Date Licensed	07/23/2021	Owner Information			
License #	020932					BB20 ENTERPRISES LLC			
Lic Expire	7/23/2024								
Medicare 1:						PHONE:	FAX:		
Medicare 2:						Services:	Personal Assistance Services		
Phone	(830) 377-7019	Fax							
Type:	Parent Agency	Administrator	RICHARD PERRY						
County	TAYLOR	Region	01	Date Licensed	08/01/2013	Owner Information			
License #	015680					EDUCARE COMMUNITY LIVING CORPORATION TEXAS			
Lic Expire	7/31/2023					9901 LINN STATION ROAD			
Medicare 1:						LOUISVILLE, KY 40223			
Medicare 2:						PHONE:	(502) 394-2100	FAX:	(502) 394-2369
Phone	(325) 676-1473	Fax	(325) 676-1473			Services:	Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	SUSAN HERNANDEZ						

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TAYLOR** Region 01 Date Licensed 04/01/2007
License # 011268 ELARA CARING
Lic Expire 3/31/2023 749 GATEWAY STREET SUITE 502 BUILDING E
Medicare 1: ABILENE, TX 79602
Medicare 2:
Phone (325) 692-4403 Fax (325) 695-5226
Type: Parent Agency Administrator TRICIA BALLARO

Owner Information

CHARTWELL COMMUNITY SERVICES, INC
14295 MIDWAY ROAD SUITE 400
ADDISON, TX 75001
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TAYLOR** Region 01 Date Licensed 06/01/2006
License # 010716 ENCOMPASS HEALTH HOME HEALTH
Lic Expire 5/31/2024 ONE VILLAGE DRIVE, SUITE 200
Medicare 1: 679184 HHA-18 ABILENE, TEXAS 79606
Medicare 2:
Phone 325 6953888 Fax 325 6955044
Type: Parent Agency Administrator DANA WHITE

Owner Information

EH OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TAYLOR** Region 01 Date Licensed 06/30/2020
License # 020023 ENCOMPASS HEALTH HOSPICE
Lic Expire 6/30/2022 ONE VILLAGE DRIVE, SUITE 200A
Medicare 1: 971636 ABILENE, TEXAS 79606
Medicare 2:
Phone 325 2660260 Fax 325 4803195
Type: Parent Agency Administrator SHERRY WEAVER

Owner Information

EH OF WEST TEXAS, LP
6688 N CENTRAL EXPRESSWAY, SUITE 1300
DALLAS, TEXAS
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 08/25/2005
License # 009922 GENERATIONS HOME HEALTH
Lic Expire 8/31/2023 1290 SOUTH WILLIS SUITE 209
Medicare 1: 457924 HHA-18 ABILENE, TX 79605
Medicare 2:
Phone (325) 690-5913 Fax (325) 690-1890
Type: Parent Agency Administrator SHIRLEY SPARKS

Owner Information

SPARKS & EDINGTON LLC
1290 SOUTH WILLIS SUITE 209
ABILENE, TX 79605
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TAYLOR** Region 01 Date Licensed 10/11/2001
License # 002613 HENDRICK HOSPICE CARE INC
Lic Expire 8/31/2022 1651 PINE STREET
Medicare 1: ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2273 Fax (325) 670-3233
Type: Alternate Delivery Site Administrator KAREN TUCEK

Owner Information

HENDRICK HOSPICE CARE, INC
PO BOX 1922
ABILENE, TX 79604
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 09/01/1993
License # 002613 HENDRICK HOSPICE CARE INC
Lic Expire 8/31/2022 1651 PINE STREET
Medicare 1: 451539 HOSPICE ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2273 Fax (325) 670-3233
Type: Parent Agency Administrator KAREN TUCEK

Owner Information

HENDRICK HOSPICE CARE, INC
PO BOX 1922
ABILENE, TX 79604
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TAYLOR** Region 01 Date Licensed 03/29/1985
License # 001638 HENDRICK HOUSECALLS
Lic Expire 7/31/2023 1393 AMBLER STREET
Medicare 1: 457761 HHA-18 ABILENE, TX 79601
Medicare 2:
Phone (325) 670-2490 Fax (325) 677-5643
Type: Parent Agency Administrator DONNA SPECKELS

Owner Information

HENDRICK MEDICAL CENTER
1242 N 19TH ST
ABILENE, TX 79601-2316
PHONE: (915) 670-2000 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TAYLOR	Region	01	Date Licensed	10/29/2015	Owner Information	
License #	017352					HI FORT WORTH, LLC	
Lic Expire	1/31/2025					13323 CALIFORNIA STREET	
Medicare 1:						OMAHA, NEBRASKA 68154	
Medicare 2:						PHONE:	FAX:
Phone	(325) 670-9610	Fax	(325) 670-9611			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CRYSTAL PARKER				
County	TAYLOR	Region	01	Date Licensed	07/01/2000	Owner Information	
License #	007488					THE WEST TEXAS REHABILITATION CENTER	
Lic Expire	6/30/2023					4601 HARTFORD	
Medicare 1:	451558 HOSPICE					ABILENE, TEXAS 79605	
Medicare 2:						PHONE:	FAX:
Phone	(325) 793-5450	Fax	(325) 793-5459			Services: Hospice	
Type:	Parent Agency	Administrator	ANGELA LANE			In-Patient Hospice: NO	
County	TAYLOR	Region	01	Date Licensed	03/11/2011	Owner Information	
License #	010522					FALCON SOUTH PLAINS HOSPICE LP	
Lic Expire	6/30/2023					3305 101ST ST STE 100	
Medicare 1:						LUBBOCK, TX 79423	
Medicare 2:						PHONE: () - 0	FAX:
Phone	(325) 677-2047	Fax	(325) 677-9150			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	BRANDI LARSON			In-Patient Hospice: NO	
County	TAYLOR	Region	01	Date Licensed	09/01/2016	Owner Information	
License #	017913					EUREKA HEALTHCARE, INC	
Lic Expire	8/31/2022					27101 PUERTA REAL SUITE 450	
Medicare 1:	679193 HHA-18					MISSION VIEJO, CA 92691	
Medicare 2:						PHONE:	FAX:
Phone	(325) 672-6135	Fax	(325) 437-0355			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JONATHAN JONES				
County	TAYLOR	Region	01	Date Licensed	09/01/2016	Owner Information	
License #	017766					EUREKA HEALTHCARE, INC	
Lic Expire	8/31/2022					27101 PUERTA REAL SUITE 450	
Medicare 1:	671790 HOSPICE					MISSION VIEJO, CA 92691	
Medicare 2:						PHONE:	FAX:
Phone	(325) 672-6135	Fax	(325) 437-0355			Services: Hospice	
Type:	Parent Agency	Administrator	JONATHAN TRAVIS JONES			In-Patient Hospice: NO	
County	TAYLOR	Region	01	Date Licensed	02/09/2018	Owner Information	
License #	018608					INTEGRACARE INTERMEDIATE HOLDINGS, INC	
Lic Expire	2/28/2022					12900 FOSTER SUITE 400	
Medicare 1:						OVERLAND PARK, KS 66213-2696	
Medicare 2:						PHONE:	FAX:
Phone	(325) 695-1962	Fax	(325) 695-0225			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JUSTIN GILBERT				
County	TAYLOR	Region	01	Date Licensed	07/16/2009	Owner Information	
License #	012710					INTEGRACARE INTERMEDIATE HOLDINGS, INC	
Lic Expire	7/31/2023					12900 FOSTER SUITE 400	
Medicare 1:	747379 HHA-18					OVERLAND PARK, KS 66213-2696	
Medicare 2:						PHONE:	FAX:
Phone	(325) 691-9947	Fax	(325) 698-6657			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	SHANDRA CHAPMAN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TAYLOR	Region	01	Date Licensed	03/01/2012	Owner Information
License #	014755		KINDRED HOSPICE			INTEGRACARE HOSPICE OF ABILENE LLC
Lic Expire	2/28/2024		4400 BUFFALO GAP RD, SUITE 1200			P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	451751 HOSPICE		ABILENE, TEXAS 796068717			MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(325) 691-9948	Fax	(325) 793-9203			FAX:
Type:	Parent Agency	Administrator	JAMYE HUFFMAN			Services: Hospice In-Patient Hospice: NO
County	TAYLOR	Region	01	Date Licensed	05/21/2018	Owner Information
License #	007334		OUTREACH HOME CARE			OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2024		102 S WASHINGTON STREET			1919 S SHILOH RDSTE 102 LB 28
Medicare 1:			SEYMOUR, TX 76380			GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	940 8885586	Fax	940 8885743			FAX: (972) 792-6739
Type:	Branch Agency	Administrator	BRANDI LOVE			Services: Licensed Home Health Services; Personal Assistance Services
County	TAYLOR	Region	01	Date Licensed	06/01/2000	Owner Information
License #	007334		OUTREACH HOME CARE			OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
Lic Expire	5/31/2024		409 NORTH WILLIS			1919 S SHILOH RDSTE 102 LB 28
Medicare 1:			ABILENE, TX 79603			GARLAND, TX 75042
Medicare 2:						PHONE:
Phone	(325) 676-2281	Fax	(325) 676-1469			FAX: (972) 792-6739
Type:	Parent Agency	Administrator	SUE BRUNSON			Services: Licensed Home Health Services; Personal Assistance Services
County	TAYLOR	Region	01	Date Licensed	05/25/2017	Owner Information
License #	018251		RENEW HOME HEALTH			MAXUS HEALTHCARE PARTNERS LLC
Lic Expire	5/31/2023		6382 BUFFALO GAP RD. STE C			1050 FOREST PARK BLVD
Medicare 1:	747859 HHA-18		ABILENE, TX 79606			FORT WORTH, TX 76110
Medicare 2:						PHONE:
Phone	(325) 692-9100	Fax	(325) 692-9102			FAX:
Type:	Parent Agency	Administrator	JAMES CURTIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TAYLOR	Region	01	Date Licensed	10/12/2021	Owner Information
License #	021121		TEXAS HOME HEALTH OF AMERICA			TEXAS HOME HEALTH OF AMERICA, LP
Lic Expire	10/12/2024		3303 N. 3RD STREET, SUITE A			17855 N. DALLAS PKWY, SUITE 200
Medicare 1:			ABILENE, TX 79603			DALLAS, TEXAS 75287
Medicare 2:						PHONE:
Phone	(325) 676-7208	Fax				FAX:
Type:	Parent Agency	Administrator	ELIZABETH LAWSON			Services: Licensed Home Health Services; Personal Assistance Services
County	TAYLOR	Region	01	Date Licensed	06/27/2019	Owner Information
License #	019451		THERACARE SERVICES, LLC			THERACARE SERVICES, LLC
Lic Expire	6/27/2023		209 S. DANVILLE DR., SUITE C100			
Medicare 1:	747992 HHA		ABILENE, TX 79605			PHONE:
Medicare 2:						FAX:
Phone	(325) 480-8020	Fax	(888) 958-2089			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	RAMIL PABLICO			
County	TAYLOR	Region	01	Date Licensed	10/27/2017	Owner Information
License #	018408		TOUCHING HEARTS AT HOME			SSKP, LLC
Lic Expire	10/31/2023		3926 S. TREADAWAY BLVD. STE. A-1			4601 BUFFALO GAPE RD, STE B-3
Medicare 1:			ABILENE, TEXAS 79602			ABILENE, TEXAS 79606
Medicare 2:						PHONE:
Phone	(325) 704-4474	Fax	(325) 704-4476			FAX:
Type:	Parent Agency	Administrator	STEVEN CUNNINGHAM			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TAYLOR	Region	01	Date Licensed	01/14/2008	Owner Information
License #	011817					CREIGHTOR INC
Lic Expire	1/31/2022					4090 S. DANVILLE DR. STE A
Medicare 1:						ABILENE, TX 79605
Medicare 2:						PHONE:
Phone	(325) 437-9500	Fax	(325) 437-9501			FAX:
Type:	Parent Agency	Administrator	BRITTNEY GILLIAM			Services: Personal Assistance Services
County	TERRELL	Region	01	Date Licensed	10/01/2021	Owner Information
License #	021094					MIRACLE WORKER HOME CARE LLC
Lic Expire	10/1/2024					128 JACKSON DRIVE
Medicare 1:						TERRELL, TEXAS 75160
Medicare 2:						PHONE:
Phone	(214) 714-8400	Fax				FAX:
Type:	Parent Agency	Administrator	BELINDA MARSH			Services: Personal Assistance Services
County	TERRY	Region	01	Date Licensed	04/12/1991	Owner Information
License #	002205					TERRY MEMORIAL HOSPITAL DISTRICT
Lic Expire	4/30/2022					705 EAST FELT
Medicare 1:	677415 HHA-18					BROWNFIELD, TX 79316
Medicare 2:						PHONE:
Phone	(806) 637-0063	Fax	(806) 637-1032			FAX:
Type:	Parent Agency	Administrator	JERRY JASPER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TERRY	Region	01	Date Licensed	06/07/2011	Owner Information
License #	007781					INTERIM HEALTHCARE OF WEST TEXAS, LLC
Lic Expire	10/31/2023					3305 101ST STREET, STE 100
Medicare 1:						LUBBOCK, TEXAS 79423
Medicare 2:						PHONE: () - 1
Phone	(806) 637-4448	Fax	(806) 637-4485			FAX:
Type:	Branch Agency	Administrator	ASHLEY MCPHAIL			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TERRY	Region	01	Date Licensed	05/31/2011	Owner Information
License #	010522					FALCON SOUTH PLAINS HOSPICE LP
Lic Expire	6/30/2023					3305 101ST ST STE 100
Medicare 1:						LUBBOCK, TX 79423
Medicare 2:						PHONE: () - 0
Phone	(806) 637-4448	Fax	(806) 637-4485			FAX:
Type:	Alternate Delivery Site	Administrator	BRANDI LARSON			Services: Hospice In-Patient Hospice: NO
County	TITUS	Region	04	Date Licensed	10/31/2016	Owner Information
License #	017835					AB INNOVATIONS HEALTH SERVICES
Lic Expire	10/31/2022					400 INTERSTATE NORTH PARKWAY SE, SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE: (430) 222-0079
Phone	(430) 222-0079	Fax	(903) 717-3102			FAX:
Type:	Parent Agency	Administrator	VICENTE VILLARREAL			Services: Licensed Home Health Services
County	TITUS	Region	04	Date Licensed		Owner Information
License #	007990					CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY
Lic Expire	6/30/2023					P O BOX 1820
Medicare 1:						MOUNT PLEASANT, TX 75456-1820
Medicare 2:						PHONE:
Phone	(903) 224-8289	Fax	(903) 385-4779			FAX:
Type:	Branch Agency	Administrator	MELISSA CHAMBERS			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TITUS	Region	04	Date Licensed	06/28/2002	Owner Information
License #	007990	CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY			CHAMBERS HOME HEALTH AGENCY OF NORTHEAST TEXAS COMPANY P O BOX 1820	
Lic Expire	6/30/2023	201 W 20TH ST., SUITE 102			MOUNT PLEASANT, TX 75456-1820	
Medicare 1:	679171 HHA-18	MOUNT PLEASANT, TX 75455			PHONE:	FAX:
Medicare 2:						
Phone	903 5729700	Fax	903 5722447			Services: Licensed and Certified Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MELISSA CHAMBERS			

County	TITUS	Region	03	Date Licensed	12/13/2016	Owner Information
License #	017788	CHAMBERS HOSPICE			CCD HOSPICE MP, LLC	
Lic Expire	12/31/2022	201 W. 20TH STREET, SUITE 101			201 W. 20TH STREET, SUITE 101	
Medicare 1:	741684 HOSPICE	MOUNT PLEASANT, TEXAS 75455			MOUNT PLEASANT, TX 75455	
Medicare 2:					PHONE:	FAX:
Phone	903 5723777	Fax	903 5733779			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	KELLY DALE			

County	TITUS	Region	04	Date Licensed	03/29/1993	Owner Information
License #	002499	CYPRESS BASIN HOSPICE INC			CYPRESS BASIN HOSPICE INC	
Lic Expire	3/31/2022	207 MORGAN STREET			PO BOX 544	
Medicare 1:	451575 HOSPICE	MOUNT PLEASANT, TX 75455			MOUNT PLEASANT, TX 75456	
Medicare 2:					PHONE:	FAX:
Phone	(903) 577-1510	Fax	(903) 577-9377			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ASHLEY JORDAN			

County	TITUS	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008273	ELARA CARING			JHS OPERATIONS, LLC	
Lic Expire	12/21/2023	1605 W 16TH STREET			2039 CROCKETT RD.	
Medicare 1:		MOUNT PLEASANT, TX 75455			PALESTINE, TX 75801	
Medicare 2:					PHONE:	FAX:
Phone	(903) 380-5081	Fax	(903) 380-5084			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	MELLISA DUNAVANT			

County	TITUS	Region	04	Date Licensed	01/01/2003	Owner Information
License #	008273	ELARA CARING			JHS OPERATIONS, LLC	
Lic Expire	12/21/2023	1605 W 16TH STREET			2039 CROCKETT RD.	
Medicare 1:		MOUNT PLEASANT, TX 75455			PALESTINE, TX 75801	
Medicare 2:					PHONE:	FAX:
Phone	(903) 380-5081	Fax	(903) 380-5084			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	MELLISA DUNAVANT			

County	TITUS	Region	04	Date Licensed	06/21/2013	Owner Information
License #	015767	HEART TO HEART HOSPICE OF EAST TEXAS LLC			HEART TO HEART HOSPICE OF EAST TEXAS LLC	
Lic Expire	6/30/2023	203 W 20TH ST STE A			7240 CHASE OAKS BLVD.	
Medicare 1:		MOUNT PLEASANT, TX 75455			PLANO, TX 75025	
Medicare 2:					PHONE:	FAX:
Phone	(903) 575-9111	Fax	(903) 575-9117			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	CHRISTINE BLACK			

County	TITUS	Region	04	Date Licensed	07/01/2008	Owner Information
License #	012107	HNB HOME HEALTH AGENCY			HNB HOME HEALTH AGENCY INC	
Lic Expire	6/30/2022	406 2ND ST			PO BOX 482	
Medicare 1:	747153 HHA-18	MOUNT PLEASANT, TX 75455			MOUNT PLEASANT, TX 75456	
Medicare 2:					PHONE:	FAX:
Phone	(903) 577-5666	Fax	(903) 577-5658			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ELIZABETH BROWN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TITUS	Region	03	Date Licensed	10/05/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(430) 222-2028	Fax	(430) 222-2032			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	TITUS	Region	03	Date Licensed	10/05/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(430) 222-2028	Fax	(430) 222-2032			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	TITUS	Region	03	Date Licensed	10/05/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(430) 222-2028	Fax	(430) 222-2032			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	TITUS	Region	04	Date Licensed	07/26/2011	Owner Information
License #	014392					OUTREACH HEALTH SERVICES OF NORTH TEXAS, LLC
Lic Expire	7/31/2023					12900 FOSTER ST # 400
Medicare 1:	457210 HHA-18					OVERLAND PARK, KS 66213
Medicare 2:						PHONE:
Phone	(903) 572-8751	Fax	(903) 577-0225			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	LAURA EQUIHUA			
County	TITUS	Region	04	Date Licensed	10/03/2017	Owner Information
License #	016092					HOSPICE CARE OF TEXAS, LLP
Lic Expire	12/31/2023					500 FAULCONER DRIVE, STE. 200
Medicare 1:	67-1514					CHARLOTTESVILLE, VA 22903
Medicare 2:						PHONE:
Phone	(903) 572-3204	Fax	(903) 572-8827			FAX:
						Services: Hospice
						In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	ANNETTE MUGNO			
County	TITUS	Region	04	Date Licensed	04/30/2014	Owner Information
License #	016263					MAYS HOME HEALTH OF PARIS TX LLC
Lic Expire	4/30/2022					1603 W 16TH STREET
Medicare 1:						MOUNT PLEASANT, TX 75455
Medicare 2:						PHONE:
Phone	(903) 577-0748	Fax	(903) 577-0947			FAX:
						Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	SHARON HEVRON			
County	TITUS	Region	04	Date Licensed	06/16/2017	Owner Information
License #	018405					P & H HEALTHCARE SOLUTIONS, LLC
Lic Expire	6/30/2024					701 EDGEWATER DRIVE, SUITE 300
Medicare 1:						WAKEFIELD, MA 1880
Medicare 2:						PHONE:
Phone	(903) 401-8958	Fax	(903) 401-8145			FAX:
						Services: Licensed Home Health Services
Type:	Parent Agency	Administrator	ALLISON BELGARD			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TOM GREEN** Region 01 Date Licensed 04/23/2020
License # 019893 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 4/23/2022 4202 SHERWOOD WAY, SUITE A
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone 432 5225080 Fax 432 5225094
Type: Parent Agency Administrator ROBERT ANGLIN

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 02/20/2019
License # 019268 ANGELO KIDNEY CONNECTION, PLLC
Lic Expire 2/20/2021 2901 SHERWOOD WAY, SUITE 100
Medicare 1: SAN ANGELO, TEXAS 76901
Medicare 2:
Phone (325) 617-2496 Fax (325) 617-2497
Type: Parent Agency Administrator MELANIE BAUMGARTNER

Owner Information

ANGELO KIDNEY CONNECTION, PLLC
PO BOX 61074
SAN ANGELO, TEXAS 76906
PHONE: FAX:
Services: Licensed Home Health Services with Dialysis

County **TOM GREEN** Region 01 Date Licensed 01/12/2005
License # 009732 ANGELS CARE HOME HEALTH OF SAN ANGELO
Lic Expire 1/31/2023 2412 COLLEGE HILLS BLVD STE 220
Medicare 1: 679429 HHA-18 SAN ANGELO, TX 769048425
Medicare 2:
Phone (325) 655-5099 Fax (325) 655-5114
Type: Parent Agency Administrator TRISHA VARGAS

Owner Information

1ST TEXAS HOME HEALTH OF SAN ANGELO INC
1002 S ABE STREET SUITE B
SAN ANGELO, TX 76903
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TOM GREEN** Region 01 Date Licensed 02/01/1999
License # 006924 BAPTIST RETIREMENT COMMUNITY PERSONAL ASSISTANCE SERVICES
Lic Expire 1/31/2023 902 NORTH MAIN
Medicare 1: 458102 HHA-18;45 SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 655-7391 Fax (325) 653-4754
Type: Parent Agency Administrator CRISTINA RIVAS

Owner Information

BAPTIST MEMORIALS MINISTRIES
P.O. BOX 5661
SAN ANGELO, TX 76902
PHONE: (325) 655-7391 FAX: (325) 653-1413
Services: Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 06/05/2008
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 9/30/2022 215 S IRVING
Medicare 1: SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 944-3666 Fax (325) 944-2033
Type: Branch Agency Administrator SHANNON STEIGLEDER

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 11/01/2013
License # 016070 CARTER HEALTHCARE
Lic Expire 10/31/2023 2725 SHERWOOD WAY STE 700
Medicare 1: 677824 HHA-18 SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 944-8181 Fax (325) 944-8455
Type: Parent Agency Administrator DAVID BERNARD

Owner Information

CARTER HEALTHCARE OF SAN ANGELO LLC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TOM GREEN** Region 01 Date Licensed 03/12/2009
License # 012503 COMFORT KEEPERS #767
Lic Expire 3/31/2023 3121 EXECUTIVE DRIVE
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone (325) 949-0700 Fax (325) 949-0778
Type: Parent Agency Administrator FELISA CARSON

Owner Information

4C2W, LLC
2517 74TH STREET
LUBBOCK, TX 79423
PHONE: FAX:
Services: Personal Assistance Services

County	TOM GREEN	Region	01	Date Licensed	12/31/2020	Owner Information
License #	020424					CONCHO HEARTS HOSPICE LLC
Lic Expire	12/31/2022					112 BLACK ALDER DR
Medicare 1:	971627					FORT WORTH, TEXAS 76131
Medicare 2:						PHONE:
Phone	(325) 482-0129	Fax	(325) 387-8478			FAX:
Type:	Parent Agency	Administrator	SHANDY CHILDS			Services: Hospice In-Patient Hospice: NO
County	TOM GREEN	Region	01	Date Licensed	08/28/2003	Owner Information
License #	008619					CONCHO VALLEY HHC OF WEST TEXAS, LLC
Lic Expire	8/31/2022					P O BOX 3274
Medicare 1:	679383 HHA-18					SAN ANGELO, TEXAS 76902
Medicare 2:						PHONE:
Phone	(324) 944-8916	Fax	(325) 944-8929			FAX:
Type:	Parent Agency	Administrator	ANNIE LOUISE TOWNSEND			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TOM GREEN	Region	01	Date Licensed	08/01/2013	Owner Information
License #	015682					EDUCARE COMMUNITY LIVING CORPORATION TEXAS
Lic Expire	7/31/2023					9901 LINN STATION ROAD
Medicare 1:						LOUISVILLE, KY 40223
Medicare 2:						PHONE:
Phone	(324) 942-8050	Fax	3259490526 and 3259490646			FAX: (502) 394-2369
Type:	Parent Agency	Administrator	SUSAN HERNANDEZ			Services: Licensed Home Health Services; Personal Assistance Services
County	TOM GREEN	Region	01	Date Licensed	06/01/2006	Owner Information
License #	010716					EH OF WEST TEXAS, LP
Lic Expire	5/31/2024					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:						DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	325 4860400	Fax	325 4860403			FAX:
Type:	Branch Agency	Administrator	DANA WHITE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TOM GREEN	Region	01	Date Licensed	07/18/2016	Owner Information
License #	017679					HOME PREFERRED SENIOR CARE 9, LLC
Lic Expire	7/31/2022					3180 EXECUTIVE DRIVE, SUITE 109
Medicare 1:	679469 HHA-18					SAN ANGELO, TEXAS 76904
Medicare 2:						PHONE:
Phone	(325) 703-2999	Fax	(325) 703-2997			FAX:
Type:	Parent Agency	Administrator	SHEILA LONG			Services: Licensed and Certified Home Health Services
County	TOM GREEN	Region	01	Date Licensed	10/24/2018	Owner Information
License #	019035					THE WEST TEXAS REHABILITATION CENTER
Lic Expire	10/24/2022					4601 HARTFORD
Medicare 1:	45-1532 (HOSPICE)					ABILENE, TEXAS 79605
Medicare 2:						PHONE:
Phone	(325) 658-6524	Fax	(325) 658-8895			FAX:
Type:	Parent Agency	Administrator	AMY NICHOLS			Services: Hospice In-Patient Hospice: NO
County	TOM GREEN	Region	01	Date Licensed	02/12/2021	Owner Information
License #	020541					INSPIRED COMMUNITY LIVING
Lic Expire	2/12/2023					2708 UNIVERSITY AVE
Medicare 1:						SAN ANGELO, TX 76904
Medicare 2:						PHONE:
Phone	(325) 300-1490	Fax	(325) 313-0808			FAX:
Type:	Parent Agency	Administrator	JEANNETTA JAMES			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TOM GREEN** Region 01 Date Licensed 01/14/2008
License # 010522 INTERIM HOSPICE OF WEST TEXAS
Lic Expire 6/30/2023 3280 SHERWOOD WAY
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 944-9800 Fax (325) 223-5140
Type: Alternate Delivery Site Administrator BRANDI LARSON

Owner Information

FALCON SOUTH PLAINS HOSPICE LP
3305 101ST ST STE 100
LUBBOCK, TX 79423
PHONE: () - 0 FAX:
Services: Hospice
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 10/31/2003
License # 008792 INTREPID USA HEALTHCARE SERVICES
Lic Expire 10/31/2022 3310 WEST LOOP 306
Medicare 1: 679211 HHA-18 SAN ANGELO, TX 76904
Medicare 2:
Phone (325) 658-5550 Fax (325) 949-5044
Type: Parent Agency Administrator JENNIFER ZAPATA

Owner Information

INTREPID OF WEST TEXAS INC
4055 VALLEY VIEW LANE 5TH FLOOR
DALLAS, TX 75244
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TOM GREEN** Region 01 Date Licensed 11/30/2007
License # 011731 KINDRED AT HOME
Lic Expire 11/30/2023 1518 W BEAUREGARD
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 949-1108 Fax (325) 944-8712
Type: Branch Agency Administrator MOLLY KENNEDY

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TOM GREEN** Region 01 Date Licensed 10/21/1998
License # 006693 KINDRED HOSPICE
Lic Expire 10/31/2023 116 WEST CONCHO AVENUE
Medicare 1: 451697 HOSPICE SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 481-0123 Fax (325) 481-3211
Type: Parent Agency Administrator KRISTEN GAMBLE

Owner Information

FAMILY HOSPICE LTD
PO BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 11/02/2017
License # 007334 OUTREACH HOME CARE
Lic Expire 5/31/2024 17 S. CHADBOURNE STREET SUITE 500
Medicare 1: SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 676-2281 Fax (325) 676-1469
Type: Branch Agency Administrator BRANDI LOVE

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County **TOM GREEN** Region 01 Date Licensed 09/15/2020
License # 020175 OXYATLANTIC HOSPICE, LLC
Lic Expire 9/15/2022 4001 SUL ROSS STREET # 261
Medicare 1: SAN ANGELO, TX 76904
Medicare 2:
Phone (432) 924-7027 Fax
Type: Parent Agency Administrator EVELYN THOMPSON

Owner Information

OXYATLANTIC HOSPICE, LLC
4001 SUL ROSS ST. # 261
SAN ANGELO, TX 76904
PHONE: FAX:
Services: Hospice; Personal Assistance Services
In-Patient Hospice: NO

County **TOM GREEN** Region 01 Date Licensed 08/20/2008
License # 012186 SAN ANGELO HOME HEALTH
Lic Expire 8/31/2024 423 S IRVING STREET
Medicare 1: 747233 HHA-18 SAN ANGELO, TX 76903
Medicare 2:
Phone (325) 655-6600 Fax (325) 655-6602
Type: Parent Agency Administrator JOANNE POYNOR

Owner Information

WEST TEXAS HEALTHCARE LLC
423 S IRVING STREET
SAN ANGELO, TX 76903-6940
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TOM GREEN** Region 01 Date Licensed 07/25/1984
License # 003134 SHANNON HOME HEALTH SERVICES
Lic Expire 7/31/2024 2030 PULLIAM STREET SUITE 6
Medicare 1: 457646 HHA-18 SAN ANGELO, TX 76905
Medicare 2:
Phone (325) 659-7480 Fax (325) 659-7497

Owner Information

SHANNON MEDICAL CENTER
P O BOX 1876
SAN ANGELO, TEXAS 76902
PHONE: (915) 653-6741 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CASIE FEATHERS PT, DPT, MHA

County **TOM GREEN** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 5301 KNICKERBOCKER RD. SUITE 100
Medicare 1: SAN ANGELO, TX 769047710
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator LEANNE PETERSON

County **TOM GREEN** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 1428 W SOUTHWEST LOOP 323, SUITE A
Medicare 1: 4624832 (Branch I) TYLER, TEXAS 757032456
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator LEANNE PETERSON

County **TOM GREEN** Region 03 Date Licensed
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 201 S DAUGHERTY AVE
Medicare 1: EASTLAND, TX 764482607
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator LEANNE PETERSON

County **TOM GREEN** Region 01 Date Licensed 03/23/2005
License # 009652 TLC IN HOME CARE INC
Lic Expire 3/31/2023 1932 SHERWOOD WAY
Medicare 1: SAN ANGELO, TX 76901
Medicare 2:
Phone (325) 658-1307 Fax (325) 658-1216

Owner Information

TLC IN HOME CARE INC
1932 SHERWOOD WAY
SAN ANGELO, TX 76901
PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator ANGIE CONLEY

County **TRAVIS** Region 05 Date Licensed 06/05/2017
License # 018092 A J PRESTIGE HOME HEALTH CARE LLC
Lic Expire 12/31/2021 5625 KLEBERG TRAILS
Medicare 1: AUSTIN, TX 78747
Medicare 2:
Phone (512) 573-1786 Fax (512) 857-0087

Owner Information

AJ PRESTIGE HOME HEALTH CARE LLC
5625 KIEBERG TRAILS
AUSTIN, TX 78747
PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator GHERRY POLYCARPE

County **TRAVIS** Region 07 Date Licensed 09/15/2014
License # 016567 ABIDING HOME HEALTH LLC
Lic Expire 9/30/2022 715 DISCOVERY BLVD, STE 511
Medicare 1: CEDAR PARK, TEXAS 78613
Medicare 2:
Phone (512) 329-8622 Fax (512) 329-8662

Owner Information

ABIDING HOME HEALTH LLC
1011 WESTLAKE DRIVE, STE. 201
AUSTIN, TX 78746
PHONE: FAX:

Services: Licensed and Certified Home Health Services

Type: Branch Agency Administrator MARTHA CASE BURGESS

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 09/30/2017
License # 018406 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 9/30/2024 2512 S IH 35 SUITE 320
Medicare 1: 747786 AUSTIN, TX 78704
Medicare 2:
Phone (512) 326-1679 Fax (512) 326-1683
Type: Parent Agency Administrator JENNIFER BROWN

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/29/2015
License # 016942 ACCENTCARE HOME HEALTH AND PERSONAL CARE SERVICES OF TEXAS
Lic Expire 7/31/2023 8140 N MOPAC EXPWY SUITE 150 BLDG 1
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone 512 3809339 Fax 512 3809165
Type: Parent Agency Administrator REGANALD MACKEY

Owner Information

NURSES UNLIMITED INC
P. O BOX 4534

ODESSA, TX 79760

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/28/2001
License # 007742 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 9/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: 679120 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 527-0407
Type: Parent Agency Administrator DENA BARTZ

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/28/2001
License # 007742 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 9/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: 679120 HHA-18 AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 527-0407
Type: Parent Agency Administrator DENA BARTZ

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 165
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 634-1871
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 165
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 634-1871
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 03/09/2001
License # 007587 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 3/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 165
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-9690 Fax (512) 634-1871
Type: Branch Agency Administrator KATHLEEN ELIZONDO

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 03/20/2007
License # 011166 ADVENTIST HOME HEALTH
Lic Expire 3/31/2024 2401 PECAN STREET WEST, SUITE 202
Medicare 1: 747081 HHA-18 PFLUGERVILLE, TX 78660
Medicare 2:
Phone (512) 252-2280 Fax (512) 252-2281
Type: Parent Agency Administrator SABAINAH OGUNRINADE

Owner Information

ADVENTIST HOME HEALTH SERVICES INC
2401 PECAN STREET WEST, SUITE 202
PFLUGERVILLE, TEXAS 78660
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/01/2020
License # 123456 AGENCY PROD TEST
Lic Expire 10/1/2022 123 TEST ONLY
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone Fax
Type: Parent Agency Administrator

Owner Information

HHSC IT USE ONLY NOT FOR PROVIDER USE
PHONE: FAX:
Services: Hospice; Licensed and Certified Home Health Services; Personal Assistance
Services
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 07/30/2020
License # 020088 AGING IN YOUR OWN HOME LLC
Lic Expire 7/30/2022 7768 YAUPON DR.
Medicare 1: AUSTIN, TX 78759
Medicare 2:
Phone (512) 221-2203 Fax (512) 229-9216
Type: Parent Agency Administrator NIVEDITA PANWALKER

Owner Information

AGING IN YOUR OWN HOME LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/27/2020
License # 020270 ALAMO HEALTH CARE INC
Lic Expire 10/27/2022 18821 SHALLOW POND TRAIL
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 551-2616 Fax (512) 551-2147
Type: Parent Agency Administrator WILLIAM ASSAMOI

Owner Information

ALAMO HEALTH CARE INC
18821 SHALLOW POND TRAIL
PFLUGERVILLE, TEXAS 78660
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/30/2020
License # 020423 ALRAYAN HOME CARE,LLC
Lic Expire 12/30/2022 14010 MACQUARIE DR
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (208) 440-9501 Fax
Type: Parent Agency Administrator MOHAMMED ALZAIDI

Owner Information

ALRAYAN HOME CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2023 2211 SOUTH I-35, SUITE 110
Medicare 1: AUSTIN, TEXAS 78741
Medicare 2:
Phone (737) 610-5157 Fax (737) 610-5047
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed
License # 019773 ALTUS HOSPICE
Lic Expire 10/25/2023 2211 SOUTH I-35, SUITE 110
Medicare 1: AUSTIN, TEXAS 78741
Medicare 2:
Phone (737) 610-5157 Fax (737) 610-5047
Type: Alternate Delivery Site Administrator HEATHER COURTNEY

Owner Information

ENVOY HOSPICE, LLC
500 FAULCONER DRIVE, STE. 200
CHARLOTTESVILLE, VA 22903
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	TRAVIS	Region	07	Date Licensed		Owner Information
License #	018046					AMEDISYS TEXAS, LLC
Lic Expire	4/30/2024					3854 AMERICAN WAY, SUITE A
Medicare 1:						BATON ROUGE, LA 70816-4013
Medicare 2:						PHONE:
Phone	(210) 558-9606	Fax				FAX:
Type:	Branch Agency	Administrator	JESSICA RACKLEY			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	01/18/2011	Owner Information
License #	013833					COMPASSIONATE CARE HOSPICE OF CENTRAL TEXAS, LLC
Lic Expire	1/31/2023					102 WONDER WORLD DRIVE, SUITE#307
Medicare 1:	671753 HOSPICE					SAN MARCOS, TX 78666
Medicare 2:						PHONE:
Phone	(512) 393-6003	Fax	(512) 393-6007			FAX:
Type:	Parent Agency	Administrator	DAVID REICH			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	03	Date Licensed	02/10/2011	Owner Information
License #	010691					AOC TX, LLC
Lic Expire	8/31/2022					P O BOX 338
Medicare 1:						HOWE, TX 75459
Medicare 2:						PHONE:
Phone	(512) 996-9559	Fax	(903) 532-1401			FAX:
Type:	Branch Agency	Administrator	HEATHER RODGERS			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	12/02/2014	Owner Information
License #	016658					APRIME MEDICAL HOME HEALTH INC
Lic Expire	12/31/2022					13419 U.S. HWY 290 EAST BLD#11 UNIT C,D
Medicare 1:	747621 HHA-18					MANOR, TX 78653
Medicare 2:						PHONE:
Phone	(512) 476-9600	Fax	(512) 258-3555			FAX:
Type:	Parent Agency	Administrator	BIBIAN ONUORAH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	07/11/2016	Owner Information
License #	016739					SETON HIGHLAND LAKES HOME HEALTH LLC
Lic Expire	3/31/2023					309 INDUSTRIAL BOULEVARD
Medicare 1:	67Q7154001					BURNET, TX 78611
Medicare 2:						PHONE:
Phone	(512) 863-3842	Fax	(844) 809-2238			FAX:
Type:	Branch Agency	Administrator	KATHLEEN CLOYD			Services: Licensed and Certified Home Health Services
County	TRAVIS	Region	05	Date Licensed	07/11/2016	Owner Information
License #	016739					SETON HIGHLAND LAKES HOME HEALTH LLC
Lic Expire	3/31/2023					309 INDUSTRIAL BOULEVARD
Medicare 1:	67Q7154001					BURNET, TX 78611
Medicare 2:						PHONE:
Phone	(512) 863-3842	Fax	(844) 809-2238			FAX:
Type:	Branch Agency	Administrator	KATHLEEN CLOYD			Services: Licensed and Certified Home Health Services
County	TRAVIS	Region	05	Date Licensed	07/23/2010	Owner Information
License #	013479					ASHBY PHC, LP
Lic Expire	7/31/2022					505 E HUNTLAND DRIVE SUITE 190
Medicare 1:						AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(512) 458-5271	Fax	(512) 458-2034			FAX:
Type:	Parent Agency	Administrator	TRISHA ATWATER			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	12/04/2018	Owner Information
License #	019132					ASSISTACARE, LLC
Lic Expire	12/4/2022					19200, WHITE HORSE COVE
Medicare 1:						SPICEWOOD, TEXAS 78669
Medicare 2:						PHONE:
Phone	(512) 522-3865	Fax	(518) 690-8157			FAX:
Type:	Parent Agency	Administrator	BRIE STOCKWELL			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	08/30/2016	Owner Information
License #	017603					LESASS LLC
Lic Expire	8/31/2022					2608 S. 3RD ST.
Medicare 1:						AUSTIN, TX 78704
Medicare 2:						PHONE:
Phone	(512) 999-7379	Fax	(210) 446-5053			FAX:
Type:	Parent Agency	Administrator	EMILY KNOX			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	12/12/2019	Owner Information	
License #	019695					AUSTIN CARE FOR ELDERLY LLC	
Lic Expire	3/31/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(737) 222-3898	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LIBBY CASEY				
County	TRAVIS	Region	05	Date Licensed	06/08/2020	Owner Information	
License #	019985					AUSTIN DEMENTIA AND AGING HOME CARE LLC	
Lic Expire	6/8/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	512 426 6265	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	STEPHEN ILLINGWORTH				
County	TRAVIS	Region	05	Date Licensed	01/30/2012	Owner Information	
License #	014927					EPIC HEALTH SERVICES INC	
Lic Expire	1/31/2025					1341W MOCKINGBIRD SUITE 220E	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(512) 372-3777	Fax	(512) 372-3336			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	REYNALDO RAMOS				
County	TRAVIS	Region	05	Date Licensed	02/13/1998	Owner Information	
License #	006537					PEDIATRIC SERVICES OF AMERICA LLC	
Lic Expire	2/28/2022					SIX CONCOURSE PARKWAY, SUITE 1100	
Medicare 1:	677661 HHA-18					ATLANTA, GA 30328-6117	
Medicare 2:						PHONE:	FAX:
Phone	(512) 248-0400	Fax	(512) 248-0441			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	ELAINE FOGG				
County	TRAVIS	Region	05	Date Licensed	05/03/2007	Owner Information	
License #	011306					HARBOR HOSPICE OF AUSTIN LP	
Lic Expire	5/31/2024					3406 COLLEGE STREET	
Medicare 1:	671630 HOSPICE					BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(512) 443-7100	Fax	(512) 443-7109			Services: Hospice	
Type:	Parent Agency	Administrator	KARALI CARTER			In-Patient Hospice: NO	
County	TRAVIS	Region	05	Date Licensed	05/15/2013	Owner Information	
License #	015542					HARBOR HOSPICE OF GEORGETOWN LP	
Lic Expire	5/31/2023					3406 COLLEGE STREET	
Medicare 1:						BEAUMONT, TX 77701	
Medicare 2:						PHONE:	FAX:
Phone	(512) 443-7100	Fax	(512) 443-7109			Services: Hospice	
Type:	Parent Agency	Administrator	BRYAN GASPARD			In-Patient Hospice: NO	
County	TRAVIS	Region	05	Date Licensed	07/01/2015	Owner Information	
License #	017027					BELLCOA HOME HEALTH SERVICE INC	
Lic Expire	6/30/2023					7081 N LAMAR BLVD #D-79	
Medicare 1:	457871 HHA-18					AUSTIN, TX 78752	
Medicare 2:						PHONE:	FAX:
Phone	(512) 533-9990	Fax	(512) 533-9992			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ELENA KINARD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	06/30/2020	Owner Information	
License #	020025					INFUSION PARTNERS, LLC	
Lic Expire	6/30/2022						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 637-4949	Fax	(855) 737-4299			Services:	Licensed Home Health Services
Type:	Parent Agency	Administrator					
County	TRAVIS	Region	05	Date Licensed	06/03/2019	Owner Information	
License #	019409					UNITED APOLLO, LLC	
Lic Expire	6/3/2023						
Medicare 1:	971645						
Medicare 2:						PHONE:	FAX:
Phone	(833) 467-7123	Fax	(833) 467-7123			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	EDNA PATTERSON				
County	TRAVIS	Region	05	Date Licensed	12/19/2017	Owner Information	
License #	018520					BLUE WATER HOMECARE, INC	
Lic Expire	12/31/2023					2104 NAN LANE	
Medicare 1:						CEDAR PARK, TX 78613	
Medicare 2:						PHONE:	FAX:
Phone	(512) 872-2955	Fax	(512) 649-9072			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JENNIFER PRESCOTT				
County	TRAVIS	Region	05	Date Licensed	05/21/2013	Owner Information	
License #	015640					BROADMOOR HEALTHCARE HOLDINGS, LLC	
Lic Expire	5/31/2023					7703 N. LAMAR BLVD., STE#418	
Medicare 1:						AUSTIN, TX 78752	
Medicare 2:						PHONE:	FAX:
Phone	(512) 452-9800	Fax	(512) 452-9801			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	GEORGE SANCHEZ				
County	TRAVIS	Region	05	Date Licensed	07/01/2021	Owner Information	
License #	020876					HEALTH AT HOME HHAUSTIN LLC	
Lic Expire	7/1/2024						
Medicare 1:	679682						
Medicare 2:						PHONE:	FAX:
Phone	(512) 372-1595	Fax	(512) 241-1647			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	ERIN BEARD				
County	TRAVIS	Region	05	Date Licensed	07/01/2021	Owner Information	
License #	020980					HEALTH AT HOME HOSPICEAUSTIN LLC	
Lic Expire	7/1/2024						
Medicare 1:	671752						
Medicare 2:						PHONE:	FAX:
Phone	(512) 795-0204	Fax	(512) 340-0634			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	ROBIN NUNNELLY				
County	TRAVIS	Region	05	Date Licensed	09/08/1998	Owner Information	
License #	006793					CUIDADO CASERO HOME HEALTH CENTRAL INC	
Lic Expire	9/30/2021					1110 N CARROLL AVENUE	
Medicare 1:	458129 HHA-18					SOUTHLAKE, TX 76092	
Medicare 2:						PHONE:	FAX:
Phone	(512) 419-7738	Fax	(512) 419-9022			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MELISSA AVILA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 07/21/2010
License # 013472 CAPITOL HOME HEALTH
Lic Expire 7/31/2022 9015 MOUNTAIN RIDGE DRIVE STE#210
Medicare 1: 747581 HHA-18 AUSTIN, TX 78759
Medicare 2:
Phone (512) 467-6900 Fax (512) 467-6906
Type: Parent Agency Administrator MELISA ARNETTE

Owner Information

CAPITOL HOME HEALTH INC
9015 MOUNTAIN RIDGE DRIVE STE#210
AUSTIN, TX 78759
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/28/2015
License # 016776 CAPITOL HOSPICE
Lic Expire 4/30/2024 9015 MOUNTAIN RIDGE DR STE #140
Medicare 1: 741607 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone (512) 637-6928 Fax (512) 637-6929
Type: Parent Agency Administrator ANNA HAMILTON

Owner Information

ATX HOSPICE INC
9015 MOUNTAIN RIDGE DRIVE, STE#210B
AUSTIN, TX 78759
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 07 Date Licensed
License # 002798 CAPROCK HOME HEALTH SERVICES, INC
Lic Expire 2/28/2023 8705 SHOAL CREEK BLVD STE 112
Medicare 1: AUSTIN, TX 78757
Medicare 2:
Phone (512) 416-9318 Fax (512) 416-9392
Type: Branch Agency Administrator ADRIANE RUMFIELD

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/25/2021
License # 020484 CARE AT HOME LLC
Lic Expire 1/25/2023 7600 CAMERON RD
Medicare 1: AUSTIN, TX 787522020
Medicare 2:
Phone (512) 565-2626 Fax (512) 713-0876
Type: Parent Agency Administrator JESSICA HENDERSON

Owner Information

CARE AT HOME LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 03 Date Licensed 09/30/2010
License # 012311 CARE OPTIONS FOR KIDS
Lic Expire 9/30/2022 12708 RIATA VISTA CIRCLE SUITE A106
Medicare 1: AUSTIN, TX 78727
Medicare 2:
Phone (512) 795-2422 Fax (512) 852-4485
Type: Branch Agency Administrator BARBARA MENEFFEE

Owner Information

OCI ACQUISITION, LLC
4300 SIGMA ROAD SUITE 130
DALLAS, TX 75244
PHONE:
FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 10/10/2017
License # 018368 CAREFOR PAS
Lic Expire 1/1/2020 3724 EXECUTIVE CENTER DRIVE SUITE 201
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 338-4533 Fax (512) 338-4471
Type: Parent Agency Administrator KRISTI TINDALL

Owner Information

NCM PAS LLC
3724 EXECUTIVE CENTER DRIVE SUITE 201
AUSTIN, TX 78731
PHONE:
FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/14/2018
License # 019640 CARING SENIOR SERVICE OF AUSTIN
Lic Expire 6/24/2021 223 WEST ANDERSON LANE, B355
Medicare 1: AUSTIN, TEXAS 78752
Medicare 2:
Phone (512) 310-2273 Fax
Type: Parent Agency Administrator JILL MOSLEY

Owner Information

DTS TEXAS OPS, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County	TRAVIS	Region	05	Date Licensed	10/07/2015	Owner Information
License #	017210					OMNIPRESENT HOMECARE, INC
Lic Expire	10/31/2023					3105 S MERIDIAN AVE
Medicare 1:	747416 HHA-18					OKLAHOMA CITY, OK 73119
Medicare 2:						PHONE:
Phone	(512) 394-7581	Fax	(512) 382-7188			FAX:
Type:	Parent Agency	Administrator	JAMES CARTER			Services: Licensed and Certified Home Health Services
County	TRAVIS	Region	05	Date Licensed	11/22/2011	Owner Information
License #	013850					CARTER HEALTHCARE OF CENTRAL TEXAS LLC
Lic Expire	10/31/2022					7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
Medicare 1:						AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(512) 394-7581	Fax	(512) 382-7188			FAX:
Type:	Branch Agency	Administrator	JAMES BRIAN CARTER			Services: Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	10/15/2010	Owner Information
License #	013850					CARTER HEALTHCARE OF CENTRAL TEXAS LLC
Lic Expire	10/31/2022					7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
Medicare 1:	457892 HHA-18					AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(830) 625-4837	Fax	(888) 622-4329			FAX:
Type:	Parent Agency	Administrator	BRIAN CARTER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	09/03/2015	Owner Information
License #	017013					CATER2U HOME HEALTH CARE SERVICES, LLC
Lic Expire	9/30/2023					14913 LIPTON LANE
Medicare 1:						PFLUGERVILLE, TEXAS 78660
Medicare 2:						PHONE:
Phone	(512) 758-1032	Fax	(512) 840-0477			FAX:
Type:	Parent Agency	Administrator	EDDIE STAMPS			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	11/23/2015	Owner Information
License #	017147					CELLA BELLAS HOSPICE CORPORATION
Lic Expire	11/30/2023					12502 EAGLE NEST DRIVE
Medicare 1:	741618 HOSPICE					BUDA, TX 78610
Medicare 2:						PHONE:
Phone	(512) 912-2302	Fax	(512) 912-9570			FAX:
Type:	Parent Agency	Administrator	BARBARA ROBERTSON			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	05	Date Licensed	10/21/2011	Owner Information
License #	014434					CELLA BELLAS SENIOR SERVICES CORPORATION
Lic Expire	10/31/2024					12502 EAGLE NEST DR
Medicare 1:						BUDA, TX 78610
Medicare 2:						PHONE:
Phone	(512) 912-7707	Fax	(512) 912-9570			FAX:
Type:	Parent Agency	Administrator	MARY DURAN			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	02/11/2014	Owner Information
License #	016030					CHOICE HOMECARE OF AČZNAČOGDOCHES, AČZLLC
Lic Expire	2/28/2022					6760 OLD JACKSONVILLE HWY, SUITE 102
Medicare 1:	747955 HHA-18					TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(877) 418-4301	Fax	(888) 872-4232			FAX:
Type:	Parent Agency	Administrator	IAN REDLICH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	07/17/2014	Owner Information
License #	016319		CHOICE HOSPICE			CHARIS HOSPICE, LLC
Lic Expire	7/31/2022		3724 EXECUTIVE CENTER DRIVE; SUITE 220			6760 OLD JACKSONVILLE HWY, STE 102
Medicare 1:	741592 HOSPICE		AUSTIN, TX 78731			TYLER, TX 75703
Medicare 2:						PHONE:
Phone	(737) 484-0080	Fax	(737) 454-0086			FAX:
Type:	Parent Agency	Administrator	GEMMA MANSFIELD			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	07	Date Licensed	09/17/2013	Owner Information
License #	015904		CIRCLE OF CARE			CTW HOME HEALTH, LLC
Lic Expire	9/30/2024		4005 BANISTER LANE STE#180 C			4553 N LOOP 1604 W STE#1119
Medicare 1:			AUSTIN, TX 78704			SAN ANTONIO, TX 78249
Medicare 2:						PHONE:
Phone	(512) 615-9004	Fax	(512) 615-9005			FAX:
Type:	Branch Agency	Administrator	CHARLOTTE CHANDLER			Services: Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	06/03/2014	Owner Information
License #	016423		COMFORCARE			GPM HOME CARE LLC
Lic Expire	6/30/2022		1017 RANCH ROAD 620 SOUTH STE 220			51 COTTONDALE ROAD
Medicare 1:			LAKEWAY, TX 78734			AUSTIN, TX 78738
Medicare 2:						PHONE:
Phone	(512) 402-9599	Fax	(512) 402-9590			FAX:
Type:	Parent Agency	Administrator	WILLIAM MASSEY			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	07/16/2015	Owner Information
License #	016918		COMFORT KEEPERS #983			TEXCARE SERVICES LLC
Lic Expire	7/31/2023		5424 W HIGHWAY 290 STE 105			8311 NICOLA TRL
Medicare 1:			AUSTIN, TX 78735			AUSTIN, TX 78745
Medicare 2:						PHONE:
Phone	(512) 766-0100	Fax	(844) 766-0107			FAX:
Type:	Parent Agency	Administrator	TRAVIS SMITH			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	01/11/2008	Owner Information
License #	011815		CONTINENTAL HEALTHCARE INC			CONTINENTAL HEALTHCARE, INC
Lic Expire	1/31/2022		205 SOUTH WILD BASIN RD BLD 3			205 SOUTH WILD BASIN RD BLD 3
Medicare 1:	747082 HHA-18		AUSTIN, TX 78746			AUSTIN, TX 78746
Medicare 2:						PHONE:
Phone	(512) 906-1756	Fax	(512) 906-1877			FAX:
Type:	Parent Agency	Administrator	TANYA OTTI			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	12/27/2021	Owner Information
License #	021295		CONTINUOUS TENDER CARE, LLC			CONTINUOUS TENDER CARE, LLC
Lic Expire	12/27/2024		15401 WINTER RAY DR.			
Medicare 1:			DEL VALLE, TEXAS 78617			PHONE:
Medicare 2:						FAX:
Phone	512 809 0229	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	FRANCINE SWIFT			
County	TRAVIS	Region	05	Date Licensed	04/06/1995	Owner Information
License #	003655		CORAM CVSSPECIALTY INFUSION SERVICES			CORAM ALTERNATE SITE SERVICES INC
Lic Expire	4/30/2022		1905A KRAMER LANE SUITE #500			ONE CVS DRIVE, MC #1160
Medicare 1:			AUSTIN, TX 78758			WOONSOCKET, RI 2895
Medicare 2:						PHONE:
Phone	(512) 832-1330	Fax	(512) 832-1240			FAX:
Type:	Parent Agency	Administrator	JAMES RANKIN			Services: Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 03/02/2021
License # 020555 CURA STAFFING SERVICES
Lic Expire 3/2/2023 600 CONGRESS AVENUE, FLOOR 14
Medicare 1: AUSTIN, TEXAS 78701
Medicare 2:
Phone (469) 712-6899 Fax
Type: Parent Agency Administrator TAYLOR PRICE

Owner Information

HUNTINGTON CREEK CAPITAL XI, LLC
600 CONGRESS AVE FL 14
AUSTIN, TEXAS 78701
PHONE:
FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 05/17/2021
License # 020756 DELL CHILDREN'S AT HOME
Lic Expire 5/17/2024 4900 MUELLER BLVD, ROOM 3J.015
Medicare 1: AUSTIN, TEXAS 78723
Medicare 2:
Phone (512) 324-0197 Fax (512) 324-0780
Type: Parent Agency Administrator KELSEY VANCE

Owner Information

ASCENSION SETON
1345 PHILOMENA STSTE 410.2
AUSTIN, TX 78723
PHONE: (512) 324-5799 FAX:
Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 11/30/2000
License # 007556 DISABILITY SERVICES OF THE SOUTHWEST INC
Lic Expire 11/30/2022 1701 DIRECTORS BLVD SUITE 200
Medicare 1: AUSTIN, TX 78744
Medicare 2:
Phone (512) 419-1962 Fax (877) 463-1310
Type: Parent Agency Administrator CHARLES "CD" CRADY

Owner Information

DISABILITY SERVICES OF THE SOUTHWEST, INC
6243 IH 10 WEST, STE. 375
SAN ANTONIO, TX 78201
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/08/2021
License # 021192 EARTH ANGELS HOMECARE
Lic Expire 11/8/2024 2902 KATTER CT
Medicare 1: AUSTIN, TX 78734
Medicare 2:
Phone (832) 890-1351 Fax
Type: Parent Agency Administrator NSIKAN ESENOWO

Owner Information

STATUESQUE, LLC
PHONE:
FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 01/01/2018
License # 018662 EDWARDS HOME HEALTH
Lic Expire 4/29/2022 8411 N IH35
Medicare 1: 747966 HHA-18 AUSTIN, TEXAS 78753
Medicare 2:
Phone (512) 763-4690 Fax 18663394149
Type: Parent Agency Administrator EDWARD MARROQUIN

Owner Information

EDWARD HEALTH CARE, INC
1106 CLAYTON LANE, STE. 218E
AUSTIN, TX 78723
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 09/10/2012
License # 015057 EDWARD'S HOME HEALTH & HOSPICE
Lic Expire 9/30/2022 8411 N IH35
Medicare 1: 747789 HHA-18;74 AUSTIN, TEXAS 78753
Medicare 2:
Phone (512) 763-4690 Fax 18663394149
Type: Parent Agency Administrator EDWARD MARROQUIN

Owner Information

EDWARD'S HOME HEALTH, INC
1106 CLAYTON LANE SUITE 218 E
AUSTIN, TEXAS 78723
PHONE:
FAX:
Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 01/01/2018
License # 018574 ELDER HOME HEALTHCARE
Lic Expire 12/31/2021 1512 W. HOWARD LN
Medicare 1: 747954 AUSTIN, TX 78728
Medicare 2:
Phone (512) 900-2488 Fax (512) 275-6411
Type: Parent Agency Administrator MIMI ANH-NGOC TRAN

Owner Information

ELDER HOME HEALTHCARE
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	04/22/2011	Owner Information
License #	014052					ELDER HOMECARE INC
Lic Expire	4/30/2023					1512 W. HOWARD LANE
Medicare 1:						AUSTIN, TX 78728
Medicare 2:						PHONE:
Phone	(512) 371-6828	Fax	(512) 275-6411			FAX:
Type:	Parent Agency	Administrator	MIMI TRAN			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	05/24/2018	Owner Information
License #	018759					EMBARK HOME CARE LLC
Lic Expire	5/31/2022					2316 CHRISTOFF LOOP
Medicare 1:						AUSTIN, TX 78748
Medicare 2:						PHONE:
Phone	(512) 522-1564	Fax				FAX:
Type:	Parent Agency	Administrator	LAURA ADAMS			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	06/01/2010	Owner Information
License #	013546					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	5/31/2022					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	678267 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	512 3264191	Fax	512 3264519			FAX:
Type:	Parent Agency	Administrator	MOLLY THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	06/01/2010	Owner Information
License #	013546					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	5/31/2022					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	678267 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	512 3264191	Fax	512 3264519			FAX:
Type:	Parent Agency	Administrator	MOLLY THOMAS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	09/11/2015	Owner Information
License #	017023					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	9/30/2023					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	741638 HOSPICE					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	512 2849642	Fax	512 6102330			FAX:
Type:	Parent Agency	Administrator	REED KOPFLOW			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	07	Date Licensed	08/24/2017	Owner Information
License #	018275					ENTRUSTED PEDIATRIC HOME CARE
Lic Expire	8/31/2024					7600 CHEVY CHASE DR BLDG 2 STE 300
Medicare 1:						AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(512) 532-4800	Fax	(512) 735-2061			FAX:
Type:	Parent Agency	Administrator	NICHOLAS NORWOOD			Services: Licensed Home Health Services
County	TRAVIS	Region	06	Date Licensed	10/25/2010	Owner Information
License #	013330					EVEROSE HEALTHCARE INC
Lic Expire	5/31/2022					11200 WESTHEIMER RD SUITE 100
Medicare 1:						HOUSTON, TX 77042
Medicare 2:						PHONE:
Phone	(512) 323-6099	Fax	(512) 323-6733			FAX:
Type:	Branch Agency	Administrator	TED DIEP NGUYEN			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	04/16/2018	Owner Information
License #	014707	FAMILY TREE INHOME CARE			ABSF, LLC	
Lic Expire	3/31/2022	8213 SHOAL CREEK BLVD STE 104			3600 S GESSNER, SUITE 150	
Medicare 1:		AUSTIN, TX 78757			HOUSTON, TX 77063	
Medicare 2:					PHONE:	FAX:
Phone	(512) 337-8882	Fax	(713) 333-9995	Services: Personal Assistance Services		
Type:	Branch Agency	Administrator	ALEX BONETTI			
County	TRAVIS	Region	05	Date Licensed	06/27/1997	Owner Information
License #	005778	FIRST CARE HOME HEALTH SERVICES			SYLVIA E INAMETI	
Lic Expire	6/30/2023	1317 PICADILLY DRIVE, SUITE C-303			SAME AS PHYSICAL ADDRESS	
Medicare 1:	459475	PFLUGERVILLE, TEXAS 78660			PFLUGERVILLE, TX 78660	
Medicare 2:					PHONE:	FAX:
Phone	(512) 990-2425	Fax	(512) 990-2684	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	PAUL INAMETI			
County	TRAVIS	Region	05	Date Licensed	04/19/2006	Owner Information
License #	019221	FIRST DIVINE HOME HEALTHCARE			FIRST DIVINE HOME HEALTHCARE AGENCY, INC	
Lic Expire	11/15/2022	2612 BYFIELD DRIVE				
Medicare 1:	679668 HHA-18	CEDAR PARK, TEXAS 78613				
Medicare 2:					PHONE:	FAX:
Phone	(512) 251-7077	Fax	(512) 990-8387	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	FLORENCE TUBONEMI			
County	TRAVIS	Region	05	Date Licensed	09/30/2019	Owner Information
License #	019170	FIRSTLIGHT HOME CARE OF AUSTIN			SCRUGGS FAMILY HOLDINGS INC	
Lic Expire	12/28/2022	3930 BEE CAVES ROAD, BUILDING 2, UNIT H			4300 ADIRONDACK SUMMIT DRIVE	
Medicare 1:		AUSTIN, TEXAS 78746			AUSTIN, TX 78738	
Medicare 2:					PHONE:	FAX:
Phone	(737) 404-4100	Fax	(737) 404-4244	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	MICHELLE SCRUGGS			
County	TRAVIS	Region	05	Date Licensed	09/03/2010	Owner Information
License #	013551	GENERATIONS HEALTH CARE INC			GENERATIONS HEALTH CARE INC	
Lic Expire	9/30/2022	7703 NORTH LAMAR BLVD SUITE 160			2819 NW LOOP 410 SUITE B	
Medicare 1:	747595 HHA 74170	AUSTIN, TX 78752			SAN ANTONIO, TX 78230	
Medicare 2:					PHONE:	FAX:
Phone	(737) 240-3003	Fax	(737) 240-3004	Services: Hospice In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	MARLO MARION			
County	TRAVIS	Region	05	Date Licensed	11/30/2007	Owner Information
License #	011732	GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE			GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022	3307 NORTHLAND DRIVE SUITE #260			12900 FOSTER	
Medicare 1:		AUSTIN, TX 78731			OVERLAND PARK, NC 28117	
Medicare 2:					PHONE:	FAX:
Phone	(512) 454-3581	Fax	(512) 453-1748	Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	LAVERNE FOWLER			
County	TRAVIS	Region	05	Date Licensed	06/01/2011	Owner Information
License #	014207	GUCCI HEALTHCARE SERVICES INC			GUCCI HEALTHCARE SERVICES INC	
Lic Expire	5/31/2023	1508 DESSAU RIDGE LANE STE 401			1508 DESSAU RIDGE LANE STE 401	
Medicare 1:	747927 HHA-18	AUSTIN, TX 78754			AUSTIN, TX 78754	
Medicare 2:					PHONE:	(512) 567-8276 FAX:
Phone	(512) 992-0905	Fax	(512) 582-0112	Services: Licensed and Certified Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	GODWIN DURU			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 03/13/2012
License # 014688 HALCYON HOME LLC
Lic Expire 3/31/2022 8133 MESA DR STE 200
Medicare 1: 747931 HHA-18;74 AUSTIN, TX 78759
Medicare 2:
Phone (512) 815-9009 Fax (512) 233-5161

Owner Information

HALCYON HOME, LLC
8133 MESA DR STE 200
AUSTIN, TX 78759

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator TANYA ROBERTS

County **TRAVIS** Region 05 Date Licensed 07/23/2020
License # 020530 HALO SENIOR CARE
Lic Expire 7/23/2022 2101 S INTERSTATE 35
Medicare 1: AUSTIN, TX 78741
Medicare 2:
Phone (512) 394-4124 Fax (885) 507-7092

Owner Information

SLG HALO, LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator NATASCHA DORSEY

County **TRAVIS** Region 05 Date Licensed 10/22/2018
License # 019224 HANA CARE TEXAS
Lic Expire 10/22/2022 223 W ANDERSON LANE SUITE A110
Medicare 1: 453107 AUSTIN, TX 787521109
Medicare 2:
Phone (512) 284-7757 Fax (512) 777-5044

Owner Information

HANA HOME HEALTH CARE, INC

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator RYAN KIM

County **TRAVIS** Region 05 Date Licensed 10/08/2013
License # 015952 HEART TO HEART HOSPICE OF AUSTIN LTD
Lic Expire 10/31/2023 4009 BANISTER LANE, SUITE 100
Medicare 1: 671529 HOSPICE AUSTIN, TX 78704
Medicare 2:
Phone (512) 707-2600 Fax (512) 707-2688

Owner Information

HEART TO HEART HOSPICE OF AUSTIN LTD
7240 CHASE OAKS BLVD.
PLANO, TX 75025

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator SHARON FISCHER

County **TRAVIS** Region 05 Date Licensed 10/22/2021
License # 021146 HENRY HOME HEALTHCARE LLC
Lic Expire 10/22/2024 1403 E. APPLGATE DR
Medicare 1: AUSTIN, TX 78753
Medicare 2:
Phone (210) 449-1865 Fax

Owner Information

HENRY HOME HEALTHCARE LLC

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator CHRISTY HENRY

County **TRAVIS** Region 05 Date Licensed 05/26/2005
License # 009777 HILL COUNTRY CARE PROVIDERS
Lic Expire 5/31/2022 3355 BEE CAVE RD STE 102 B
Medicare 1: AUSTIN, TX 78746
Medicare 2:
Phone (512) 402-1119 Fax (512) 614-4242

Owner Information

VERDOORN INC
3300 BEE CAVE RD SUITE 650 BOX#128
AUSTIN, TEXAS 78746

PHONE: FAX:

Services: Personal Assistance Services

Type: Parent Agency Administrator JULIETTE VERDOORN

County **TRAVIS** Region 05 Date Licensed 02/03/2016
License # 017252 HOME & COMMUNITY HEALTH SERVICES LLC
Lic Expire 2/28/2022 9038 NORTH INTERSTATE 35, UNIT B
Medicare 1: AUSTIN, TX 78753
Medicare 2:
Phone (512) 284-7819 Fax (512) 727-7689

Owner Information

HOME & COMMUNITY HEALTH SERVICES, LLC
510 SOUTH CONGRESS AVE., STE#110
AUSTIN, TX 78704

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator MUSU TURAY

County	TRAVIS	Region	05	Date Licensed		Owner Information
License #	021124					HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
Lic Expire	4/26/2024					1255 OAKMEAD PARKWAY
Medicare 1:						SUNNYVALE, CALIFORNIA 94085
Medicare 2:						PHONE: FAX:
Phone	(512) 623-7800	Fax	(512) 551-0323			Services: Personal Assistance Services
Type:	Branch Agency	Administrator	ANDREW HODGE			
County	TRAVIS	Region	05	Date Licensed	04/26/2021	Owner Information
License #	021124					HOME CARE ASSISTANCE OF HOUSTON CENTRAL, LLC
Lic Expire	4/26/2024					1255 OAKMEAD PARKWAY
Medicare 1:						SUNNYVALE, CALIFORNIA 94085
Medicare 2:						PHONE: FAX:
Phone	(512) 623-7800	Fax	(512) 551-0323			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	ANDREW HODGES			
County	TRAVIS	Region	05	Date Licensed	01/22/2018	Owner Information
License #	018566					ICARE PREMIUM SERVICES LLC
Lic Expire	1/31/2022					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(512) 549-0308	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	CHRISTOPHER GRAHAM			
County	TRAVIS	Region	05	Date Licensed	05/20/2021	Owner Information
License #	020775					PROJECT P SIX, LLC
Lic Expire	5/20/2024					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(512) 202-7694	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	HUBERT PENNING			
County	TRAVIS	Region	05	Date Licensed	02/28/2019	Owner Information
License #	019326					JT SENIOR CARE, LLC
Lic Expire	2/28/2024					
Medicare 1:						
Medicare 2:						PHONE: FAX:
Phone	(512) 347-9207	Fax	(512) 347-9227			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	TASHA GORMAN			
County	TRAVIS	Region	05	Date Licensed	08/10/2021	Owner Information
License #	021009					HOME MANAGEMENT CARE TEXAS INC
Lic Expire	8/10/2024					6700 MENCHACA ROAD #1-E
Medicare 1:						AUSTIN, TX 78745
Medicare 2:						PHONE: FAX:
Phone	(512) 568-2182	Fax				Services: Personal Assistance Services
Type:	Parent Agency	Administrator	LAWRENCE APPEL			
County	TRAVIS	Region	05	Date Licensed	09/28/2007	Owner Information
License #	011643					HOME THERAPY SPECIALISTS, INC
Lic Expire	9/30/2021					
Medicare 1:	679646 HHA-18					
Medicare 2:						PHONE: FAX:
Phone	(512) 637-1550	Fax	(512) 637-1551			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	LORRY SNYDER			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 07 Date Licensed 02/17/2017
License # 017971 HOMECARE DIMENSIONS
Lic Expire 2/28/2023 8107 SPRINGDALE ROAD STE #110
Medicare 1: 67Q8191001 AUSTIN, TX 78724
Medicare 2:
Phone (512) 973-9540 Fax (512) 973-9323
Type: Branch Agency Administrator ASHLEIGH STRICKLAND

Owner Information

HOMECARE DIMENSIONS, INC
12500 NETWORK BLVD SUITE 210
SAN ANTONIO, TX 78249
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 08/14/2019
License # 019523 HOMEWATCH CAREGIVERS OF AUSTIN LAKEWAY
Lic Expire 8/14/2023 6101 W COURTYARD DRIVE, SUITE 150
Medicare 1: AUSTIN, TX 78730
Medicare 2:
Phone (512) 455-8888 Fax (512) 455-8888
Type: Parent Agency Administrator CHRISTENA KOTOBI

Owner Information

KOTOBI & ASSOCIATES LLC
2222 HEATHER DR
CEDAR PARK, TX 78613
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/16/2016
License # 017579 HONOR PC TEXAS INC
Lic Expire 8/31/2022 11009 METRIC BLVD. BLDG J, SUITE 100
Medicare 1: AUSTIN, TX 78758
Medicare 2:
Phone (512) 900-3489 Fax (415) 367-1335
Type: Parent Agency Administrator ISAAC IPSON

Owner Information

HONOR PC TEXAS, INC
11009 METRIC BLVD BUILDING J, SUITE 100
AUSTIN, TX 78758
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 06/29/2016
License # 017489 HOPE & GRACE HOSPICE INC
Lic Expire 6/30/2022 13740 N HIGHWAY 183 BUILDING H UNIT 1
Medicare 1: 741667 HOSPICE AUSTIN, TX 78750
Medicare 2:
Phone (512) 358-4222 Fax (512) 250-8896
Type: Parent Agency Administrator ANGELA N NJOKU

Owner Information

HOPE & GRACE HOSPICE INC
SAME AS ABOVE
AUSTIN, TX 78750-1821
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 02/08/2021
License # 020515 HOPING HEARTS HOME CARE
Lic Expire 2/8/2023 3800 N. LAMAR BLVD SUITE 200
Medicare 1: AUSTIN, TEXAS 78756
Medicare 2:
Phone (737) 268-2302 Fax
Type: Parent Agency Administrator JENEE BOATSWAIN

Owner Information

HOPING HEARTS HOME CARE, LLC
PO BOX 19625
AUSTIN, TX 78760
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/06/1997
License # 001791 HOSPICE AUSTIN
Lic Expire 9/30/2023 2820 E MARTIN LUTHER KING BLVD
Medicare 1: AUSTIN, TX 78702
Medicare 2:
Phone (512) 322-0747 Fax (512) 477-7970
Type: Alternate Delivery Site Administrator C DESHA MCLEOD

Owner Information

HOSPICE AUSTIN
4107 SPICEWOOD SPRINGS ROAD
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: YES

County **TRAVIS** Region 05 Date Licensed 10/01/1986
License # 001791 HOSPICE AUSTIN
Lic Expire 9/30/2023 4107 SPICEWOOD SPRINGS RD, SUITE 100
Medicare 1: 451515 HOSPICE AUSTIN, TX 78759
Medicare 2:
Phone (512) 342-4700 Fax (512) 795-9053
Type: Parent Agency Administrator C DESHA MCLEOD

Owner Information

HOSPICE AUSTIN
4107 SPICEWOOD SPRINGS ROAD
AUSTIN, TX 78759
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 01/17/2014
License # 013855 HOSPICE COMPASSUS
Lic Expire 1/30/2023 3809 S 2ND STREET SUITE B-400
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 462-0538 Fax (512) 462-0565

Type: Alternate Delivery Site Administrator KEVIN HOLLINGER

Owner Information

CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE, SUITE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 01/17/2014
License # 013855 HOSPICE COMPASSUS
Lic Expire 1/30/2023 3809 S 2ND STREET SUITE B-400
Medicare 1: AUSTIN, TX 78704
Medicare 2:
Phone (512) 462-0538 Fax (512) 462-0565

Type: Alternate Delivery Site Administrator KEVIN HOLLINGER

Owner Information

CLP REGENCY OF TEXAS, LLC
10 CADILLAC DRIVE STE 400
BRENTWOOD, TN 37027
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 07 Date Licensed
License # 014286 HOSPICE OF SAN ANTONIO
Lic Expire 8/31/2024 7500 RIALTO BLVD BLDG 1 SUITE 250
Medicare 1: 4665822 AUSTIN, TX 78735
Medicare 2:
Phone (512) 549-2249 Fax (512) 549-2249

Type: Alternate Delivery Site Administrator FRANK HART

Owner Information

SIXRSIG LLC
85 NE LOOP 410 STE 607
SAN ANTONIO, TX 78216
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 07/17/2006
License # 010617 K AND J SUNSHINE HOME HEALTH CARE INC
Lic Expire 7/31/2022 111 W ANDERSON LANE SUITE E-346A
Medicare 1: 679734 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 990-8027 Fax (512) 458-8027

Type: Parent Agency Administrator JANE DIKE

Owner Information

K AND J SUNSHINE HOME HEALTH CARE INC
1101 PURPLE MARTIN DRIVE
PFLUGERVILLE, TX 78660
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/03/2020
License # 019800 KEEP SAFE CARE CENTRAL AUSTIN
Lic Expire 2/3/2022 1704 WEST AVENUE UNIT 303
Medicare 1: AUSTIN, TX 78701
Medicare 2:
Phone 512 6323080 Fax
Type: Parent Agency Administrator JEFFREY FRY

Owner Information

BERLOW FRY, INC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 3307 NORTHLAND DRIVE, SUITE 302
Medicare 1: 457050 HHA-18 AUSTIN, TX 787314943
Medicare 2:
Phone (512) 342-0331 Fax (512) 206-4414

Type: Parent Agency Administrator LAURA URIAS

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TRAVIS** Region 05 Date Licensed 11/30/2007
License # 011739 KINDRED AT HOME
Lic Expire 11/30/2021 3307 NORTHLAND DRIVE, SUITE 302
Medicare 1: 457050 HHA-18 AUSTIN, TX 787314943
Medicare 2:
Phone (512) 342-0331 Fax (512) 206-4414

Type: Parent Agency Administrator LAURA URIAS

Owner Information

GIRLING HEALTH CARE, INC
12900 FOSTER
OVERLAND PARK, NC 28117
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TRAVIS** Region 05 Date Licensed 02/11/2002
License # 007845 KINDRED HOSPICE
Lic Expire 2/28/2022 3307 NORTHLAND DRIVE SUITE 300
Medicare 1: 451715 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (512) 651-9227 Fax (512) 380-9385
Type: Parent Agency Administrator JUDITH JOHNSON

Owner Information
ODYSSEY HEALTHCARE OPERATING A, LP
P.O. BOX 4060, ATTN: REGULATORY
MOORESVILLE, NC 28117
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 03/01/2019
License # 019404 LEARNING SERVICES HOME AND COMMUNITY LLC
Lic Expire 5/31/2024 9050 N. CAPITAL OF TEXAS HWY, BLDG 3, STE 160
Medicare 1: AUSTIN, TEXAS 78759
Medicare 2:
Phone (866) 820-5200 Fax (866) 870-2937
Type: Parent Agency Administrator JENNIFER RUST

Owner Information
LEARNING SERVICES HOME AND COMMUNITY LLC
131 LANGLEY DRIVE
LAWRENCEVILLE, GA 30046
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 03/05/2013
License # 015414 LIFESPAN HOME HEALTH
Lic Expire 3/31/2021 1701 DIRECTORS BLVD. STE 200
Medicare 1: AUSTIN, TX 78744
Medicare 2:
Phone (877) 434-3153 Fax (877) 463-1310
Type: Parent Agency Administrator CHARLES "CD" CRADY

Owner Information
ADVANCE HI TECH NURSING, INC
6243 IH 10 WEST, SUITE 375
SAN ANTONIO, TX 78201
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 04/30/2018
License # 018806 LIFESPRING HOME HEALTH
Lic Expire 4/30/2022 7703 N LAMAR BLVD SUITE 330
Medicare 1: 679049 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 206-4250 Fax (844) 440-2813
Type: Parent Agency Administrator DEBRA TRIOLO

Owner Information
LIFESPRING INHOME HEALTH LLC
500 E 4TH STREET # 313
AUSTIN, TX 78701
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/09/2010
License # 013520 LONGHORN VILLAGE
Lic Expire 8/31/2022 12501 LONGHORN PARKWAY
Medicare 1: AUSTIN, TX 78732
Medicare 2:
Phone (512) 266-5600 Fax (512) 597-2964
Type: Parent Agency Administrator RUTH HICKS

Owner Information
LONGHORN VILLAGE
12001 LONGHORN PARKWAY
AUSTIN, TX 78732
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/14/2011
License # 014425 LOVING GRACE HEALTH CARE INC
Lic Expire 10/31/2021 111 WEST ANDERSON LANE STE D204
Medicare 1: 747947 HHA-18 AUSTIN, TX 78752
Medicare 2:
Phone (512) 673-9362 Fax (512) 206-4977
Type: Parent Agency Administrator OLASIMBO OBAWOLE

Owner Information
LOVING GRACE HEALTH CARE INC
111 WEST ANDERSON LANE, STE#D204
AUSTIN, TX 78752
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 07/01/2020
License # 020027 MAGNOLIA HOSPICE
Lic Expire 7/1/2022 1421 N. WELLS BRANCH PARKWAY
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 610-9503 Fax (512) 610-9503
Type: Parent Agency Administrator GRACE MILLS

Owner Information
RHI MAGNOLIA OF CENTRAL TEXAS, LLC
101 W RENNER RD STE 402
RICHARDSON, TEXAS 75062
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County	TRAVIS	Region	05	Date Licensed	05/11/2021	<u>Owner Information</u>	
License #	020745					MANIFEST HOME HEALTH, LLC	
Lic Expire	5/11/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 595-1751	Fax	(512) 494-6110			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SHIRLET ORIAKHI				
County	TRAVIS	Region	05	Date Licensed	01/21/2009	<u>Owner Information</u>	
License #	012913					MAXIM HEALTHCARE SERVICES INC	
Lic Expire	1/31/2023					7227 LEE DEFOREST DRIVE	
Medicare 1:						COLUMBIA, MD 21046	
Medicare 2:						PHONE:	FAX:
Phone	(512) 340-0171	Fax	(866) 431-5957			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	KATHERINE MARTINEZ				
County	TRAVIS	Region	05	Date Licensed	08/09/1994	<u>Owner Information</u>	
License #	003605					HELPING THE AGING NEEDY AND DISABLED INC	
Lic Expire	8/31/2022					3227 EAST 5TH STREET	
Medicare 1:						AUSTIN, TX 78702	
Medicare 2:						PHONE:	FAX:
Phone	(512) 477-3796	Fax	(512) 477-6437			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARSHA WIER				
County	TRAVIS	Region	05	Date Licensed	01/13/2015	<u>Owner Information</u>	
License #	016600					MGA HEALTHCARE TEXAS, LLC	
Lic Expire	1/31/2023					7025 N SCOTTSDALE ROAD, SUITE 200	
Medicare 1:	748009					SCOTTSDALE, AZ 85253	
Medicare 2:						PHONE:	FAX:
Phone	(512) 872-2180	Fax	(512) 872-2181			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KEVIN WEISS				
County	TRAVIS	Region	05	Date Licensed	11/08/2018	<u>Owner Information</u>	
License #	019072					MORNING GLORY RESIDENTIAL LIVING AND HOME HEALTH CARE LLC	
Lic Expire	11/8/2022					1205 GOLDEN EAGLE STREET	
Medicare 1:						PFLUGERVILLE, TEXAS 78660	
Medicare 2:						PHONE:	FAX:
Phone	(512) 649-8224	Fax	(512) 649-1440			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JANE TAYLOR				
County	TRAVIS	Region	05	Date Licensed	03/09/2017	<u>Owner Information</u>	
License #	017945					MUVE HOME HEALTH LLC	
Lic Expire	3/31/2024					5329 SERENE HILLS DRIVE SUITE 200	
Medicare 1:						LAKEWAY, TX 78738	
Medicare 2:						PHONE:	FAX:
Phone	(512) 357-8212	Fax	(512) 290-9210			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	PEGGY GLAWE				
County	TRAVIS	Region	05	Date Licensed	01/19/2016	<u>Owner Information</u>	
License #	017517					ANGEL HEART HOSPICE, LLC	
Lic Expire	1/31/2025					P.O. BOX 4060, ATTN: REGULATORY	
Medicare 1:	671502 HOSPICE					MOORESVILLE, NC 28117	
Medicare 2:						PHONE:	FAX:
Phone	(512) 342-8288	Fax	(512) 342-8122			Services: Hospice	
Type:	Parent Agency	Administrator	ANDRES GONZALES			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	04/18/1984	Owner Information	
License #	003114					NEW HOPE HEALTH CARE, INC	
Lic Expire	4/30/2024					2028 EAST BEN WHITE #324	
Medicare 1:						AUSTIN, TX 78741	
Medicare 2:						PHONE:	FAX:
Phone	(512) 442-7132	Fax	(512) 442-7629			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSE TREVINO				
County	TRAVIS	Region	05	Date Licensed	11/12/2013	Owner Information	
License #	015865					NURSES CASE MANAGEMENT, LLC	
Lic Expire	11/30/2024					3724 EXECUTIVE CENTER DRIVE, SUITE #201	
Medicare 1:						AUSTIN, TX 78731	
Medicare 2:						PHONE:	FAX:
Phone	(512) 338-4533	Fax	(512) 338-4471			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	MEGAN LAWHON				
County	TRAVIS	Region	05	Date Licensed	08/01/2021	Owner Information	
License #	020891					OUR FAMILY HOME CARE SERVICES LLC	
Lic Expire	8/1/2024					5627 ELLSWORTH AVENUE	
Medicare 1:						DALLAS, TX 75206	
Medicare 2:						PHONE:	FAX:
Phone	(512) 522-2949	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARGARET WHITE				
County	TRAVIS	Region	05	Date Licensed	12/03/2020	Owner Information	
License #	020368					PATHWRITE, INC	
Lic Expire	12/31/2022					3033	
Medicare 1:						DENTON, TX 76205	
Medicare 2:						PHONE:	FAX:
Phone	(512) 823-2000	Fax	(866) 491-5888			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	TERRIA DEASFERNANDEZ				
County	TRAVIS	Region	05	Date Licensed	02/03/2016	Owner Information	
License #	017255					PATIENT'S PREMIER CHOICE LLC	
Lic Expire	2/28/2022					PO BOX 140917	
Medicare 1:						AUSTIN, TX 78714	
Medicare 2:						PHONE:	FAX:
Phone	(855) 905-0222	Fax	(512) 904-0222			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	LINH TU				
County	TRAVIS	Region	05	Date Licensed	11/10/2014	Owner Information	
License #	016519					TOTS IN TOW, LLC	
Lic Expire	11/30/2022					12617 LEE PARK LANE	
Medicare 1:						AUSTIN, TX 78732	
Medicare 2:						PHONE:	FAX:
Phone	(512) 777-4092	Fax	(866) 311-9885			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	KOREYAN CRAIN				
County	TRAVIS	Region	05	Date Licensed	05/11/2018	Owner Information	
License #	018747					PEDATRIC HOME HEALTHCARE LLC	
Lic Expire	5/31/2022					1341 W MOCKINGBIRD LN STE#900	
Medicare 1:						DALLAS, TX 75247	
Medicare 2:						PHONE:	FAX:
Phone	(512) 900-8791	Fax	(512) 614-4201			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIE GOLIGHTLY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 05 Date Licensed 07/03/2012
License # 015151 PINNACLE SENIOR CARE
Lic Expire 7/31/2022 7800 SHOAL CREEK BLVD STE 118 W
Medicare 1: 677950 HHA-18 AUSTIN, TX 78757
Medicare 2:
Phone (512) 374-0700 Fax (512) 374-0740
Type: Parent Agency Administrator DEBORAH LEMON

Owner Information

COUNTRY STYLE HEALTH CARE, LLC
P. O BOX 99278
TROY, MI 48099
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 08/18/2020
License # 020111 PRACTICAL CARE CONTINUUM, LLC
Lic Expire 8/18/2022 1507 NORTH STREET, UNIT 1
Medicare 1: AUSTIN, TEXAS 78756
Medicare 2:
Phone 512 4004331 Fax 512 843 8545
Type: Parent Agency Administrator SAMANTHA YOUNG

Owner Information

PRACTICAL CARE CONTINUUM, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/01/1997
License # 006083 PRIMESTAR HOME HEALTH OF CENTRAL TEXAS INC
Lic Expire 1/22/2023 5206 WIND RIVER RD.
Medicare 1: 678174 HHA-18 AUSTIN, TEXAS 78759
Medicare 2:
Phone (512) 847-7080 Fax (512) 847-6121
Type: Parent Agency Administrator KIMA COLTHARP

Owner Information

PRIMESTAR HOME HEALTH OF CENTRAL TEXAS INC
201 FM 3237 SUITE 123
WIMBERLEY, TX 78676
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **TRAVIS** Region 05 Date Licensed 09/26/2017
License # 018340 PROPEDIA HEALTH SERVICES INC
Lic Expire 9/30/2023 2401 W PECAN STREET SUITE 106
Medicare 1: PFLUGERVILLE, TEXAS 78660
Medicare 2:
Phone (512) 487-9635 Fax (512) 551-4007
Type: Parent Agency Administrator FELIX NTAH

Owner Information

PROPEDIA HEALTH SERVICES INC
804 RUNNERS RIDGE
PFLUGERVILLE, TX 78660
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/14/2016
License # 017964 RAINIER HOMECARE
Lic Expire 12/31/2022 10711 BURNET RD STE 101
Medicare 1: 747604 HHA-18 AUSTIN, TEXAS 78758
Medicare 2:
Phone (512) 733-6500 Fax (512) 219-1110
Type: Parent Agency Administrator CHRISTINA GRABOSKI

Owner Information

TEXAS ACCEPTANCE HOME HEALTHCARE, LLC
10711 BURNET RD STE 304
AUSTIN, TX 78758
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 02/20/2015
License # 016651 RAINIER HOSPICE
Lic Expire 2/28/2023 10711 BURNET RD STE 101
Medicare 1: 741620 HOSPICE AUSTIN, TEXAS 78758
Medicare 2:
Phone (512) 733-6500 Fax (512) 597-2118
Type: Parent Agency Administrator BRYAN WEIL

Owner Information

TLC HOSPICE OF AUSTIN LLC
10711 BURNET RD STE 304
AUSTIN, TX 78758
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 11/07/2012
License # 015185 REDBUD HOMECARE SERVICES LLC
Lic Expire 11/30/2023 11200 MENCHACA RD SUITE 305
Medicare 1: AUSTIN, TX 78748
Medicare 2:
Phone (512) 523-8245 Fax (512) 692-2530
Type: Parent Agency Administrator ANNE WALKER-MCBAY

Owner Information

REDBUD HOMECARE SERVICES LLC
16222 OAK GROVE ROAD SUITE#2A
BUDA, TX 78610
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed		Owner Information
License #	020034					EDITION HEALTH SERVICES INC
Lic Expire	6/5/2022					101 W RENNER RD
Medicare 1:						RICHARDSON, TEXAS 75082
Medicare 2:						PHONE:
Phone	(512) 610-9503	Fax	(512) 610-9503			FAX:
Type:	Alternate Delivery Site	Administrator	GRACE MILLS			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	06	Date Licensed	06/18/2008	Owner Information
License #	009621					RESOURCE CARE CORPORATION
Lic Expire	11/30/2022					7211 REGENCY SQUARE #116
Medicare 1:						HOUSTON, TX 77036
Medicare 2:						PHONE:
Phone	(512) 837-4600	Fax	(512) 837-4607			FAX:
Type:	Branch Agency	Administrator	ROSE NWABUISI			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	04/29/2009	Owner Information
License #	012568					EDWIN YOUNG HEALTHCARE INC
Lic Expire	4/30/2023					5555 N. LAMAR BLVD., SUITE #C111
Medicare 1:						AUSTIN, TX 78751
Medicare 2:						PHONE:
Phone	(512) 465-9900	Fax	(512) 465-9901			FAX:
Type:	Parent Agency	Administrator	KATRINA VANBENTHUYSEN			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	02/01/2021	Owner Information
License #	020497					RO HEALTH, LLC
Lic Expire	2/1/2023					1900 W NICKERSON ST., #200
Medicare 1:						SEATTLE, WA 98119
Medicare 2:						PHONE:
Phone	512 7179062	Fax	888 6072889			FAX:
Type:	Parent Agency	Administrator	CRAIG YUEN			Services: Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	05/01/2014	Owner Information
License #	016399					LAGNIAPPE HEALTH CARE INVESTMENTS LLC
Lic Expire	8/1/2022					609 CASTLE RIDGE ROAD, SUITE#300
Medicare 1:	677433 HHA-18,45					AUSTIN, TX 78746
Medicare 2:						PHONE:
Phone	(512) 328-7606	Fax	(512) 328-1028			FAX:
Type:	Parent Agency	Administrator	STEPHANIE RICE			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	TRAVIS	Region	05	Date Licensed	01/01/1999	Owner Information
License #	007053					ROSY HEALTH CARE SERVICES INC
Lic Expire	12/31/2023					SAME
Medicare 1:						AUSTIN, TX 78722
Medicare 2:						PHONE:
Phone	(512) 251-7555	Fax	(512) 719-0908			FAX:
Type:	Parent Agency	Administrator	ROSEMARY UZUH			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	08/19/2002	Owner Information
License #	008065					ROSY IN HOME SERVICES INC
Lic Expire	8/31/2022					SAME
Medicare 1:	679338 HHA-18					AUSTIN, TX 78722
Medicare 2:						PHONE:
Phone	(512) 479-1820	Fax	(512) 719-0908			FAX:
Type:	Parent Agency	Administrator	ROSEMARY UZUH			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	09/12/2011	Owner Information	
License #	014687					RWW HOME & COMMUNITY REHAB SERVICES, INC	
Lic Expire	9/30/2023					9901 LINN STATION ROAD	
Medicare 1:						LOUISVILLE, KY 40223	
Medicare 2:						PHONE:	FAX:
Phone	(888) 299-3998	Fax	(855) 222-6934			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	JULIANNE KRISSINGER				
County	TRAVIS	Region	05	Date Licensed	03/27/2013	Owner Information	
License #	015450					SENIOR SITTEES, LLC	
Lic Expire	3/31/2023					11475 BRISTLE OAK TRAIL	
Medicare 1:						AUSTIN, TX 78750	
Medicare 2:						PHONE:	FAX:
Phone	(512) 250-5800	Fax	(512) 250-5801			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YVETTE ESPINOZA				
County	TRAVIS	Region	05	Date Licensed	10/21/2011	Owner Information	
License #	014436					COMFORT MINDED HOME CARE LLC	
Lic Expire	10/31/2024					1717 WEST SIXTH STREET STE#235	
Medicare 1:						AUSTIN, TX 78703	
Medicare 2:						PHONE:	FAX:
Phone	(512) 428-4100	Fax	(866) 231-4101			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARK ELSEA				
County	TRAVIS	Region	05	Date Licensed	03/28/2014	Owner Information	
License #	016116					SILVERADO HOSPICE OF HOUSTON, INC	
Lic Expire	3/31/2022					6400 OAK CANYON #200	
Medicare 1:	741539 HOSPICE					IRVINE, CA 92618	
Medicare 2:						PHONE:	FAX:
Phone	(512) 827-6895	Fax	(844) 210-4960			Services: Hospice	
Type:	Parent Agency	Administrator	KIMBERLIE WENTINK			In-Patient Hospice: NO	
County	TRAVIS	Region	05	Date Licensed	02/05/2016	Owner Information	
License #	017261					SOAL HOME HEALTH SERVICES LLC	
Lic Expire	2/28/2022					1621 E 6TH ST SUITE 1148	
Medicare 1:						AUSTIN, TEXAS 78702	
Medicare 2:						PHONE:	FAX:
Phone	(512) 770-6293	Fax	(888) 473-9584			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	ALEJANDRA DELGADO				
County	TRAVIS	Region	05	Date Licensed	12/31/2018	Owner Information	
License #	019571					AUSTIN COMMUNITY HOSPICE LLC	
Lic Expire	8/30/2023						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 354-7222	Fax	(512) 362-6464			Services: Hospice	
Type:	Parent Agency	Administrator	PATTY KLAERNER			In-Patient Hospice: NO	
County	TRAVIS	Region	05	Date Licensed	06/07/2011	Owner Information	
License #	014142					SONRISAS THERAPIES PEDIATRIC HOME AND HEALTHCARE SERVICES LLC	
Lic Expire	6/30/2023					2100 EAST MARTIN LUTHER KING JR., BLVD.,	
Medicare 1:						AUSTIN, TX 78702	
Medicare 2:						PHONE:	FAX:
Phone	(512) 900-7934	Fax	(512) 900-7954			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	LAURA FROELICH				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	06/21/2012	Owner Information
License #	014885					KIDS HOME CARE OF TEXAS, INC
Lic Expire	6/30/2022					1225 NORTH LOOP WEST SUITE 500
Medicare 1:						HOUSTON, TX 77008
Medicare 2:						PHONE:
Phone	(512) 382-0222	Fax	(512) 382-0765			FAX:
Type:	Parent Agency	Administrator	LESLIE RUTLEDGE			Services: Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	10/12/2018	Owner Information
License #	019604					STARLING HEALTHCARE SERVICES INC
Lic Expire	10/22/2020					12531 TX-71 #3104
Medicare 1:						BEE CAVE, TEXAS 78738
Medicare 2:						PHONE:
Phone	(469) 270-0917	Fax	(469) 804-3024			FAX:
Type:	Parent Agency	Administrator	ANTHONIA OZOR			Services: Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	03/11/2020	Owner Information
License #	019853					SUNCREST HOSPICE AUSTIN LLC
Lic Expire	3/11/2022					9020 CAPITAL OF TEXAS N SUITE 1-360
Medicare 1:	971604 Hospice					AUSTIN, TEXAS 78759
Medicare 2:						PHONE:
Phone	(512) 543-1381	Fax	(512) 713-0650			FAX:
Type:	Parent Agency	Administrator	ANNE NISLEY			Services: Hospice In-Patient Hospice: NO
County	TRAVIS	Region	05	Date Licensed	03/28/2018	Owner Information
License #	018677					SWEET REMEDY CARE SERVICES LLC
Lic Expire	3/31/2022					P.O. BOX 142543
Medicare 1:						AUSTIN, TX 78714
Medicare 2:						PHONE:
Phone	(512) 695-9733	Fax				FAX:
Type:	Parent Agency	Administrator	DETRA WASHINGTON			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	04/30/2014	Owner Information
License #	016178					ALL LONESTAR INC
Lic Expire	4/30/2022					2110A BOCA RATON DRIVE ST. 207
Medicare 1:						AUSTIN, TX 78747
Medicare 2:						PHONE:
Phone	(512) 872-6116	Fax	(512) 872-6118			FAX:
Type:	Parent Agency	Administrator	YAMMILE GALLEGOS			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	07/24/2019	Owner Information
License #	019493					TYGER HOMECARE LLC
Lic Expire	7/24/2023					5940 SALCON CLIFF DRIVE
Medicare 1:						AUSTIN, TX 78749
Medicare 2:						PHONE:
Phone	(512) 318-2348	Fax	(512) 375-3131			FAX:
Type:	Parent Agency	Administrator	JULIE TYGER			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	02/01/2021	Owner Information
License #	020496					ALSAIF LLC
Lic Expire	2/1/2023					7000 N MOPAC EXPRESSWAY SUITE 2067
Medicare 1:						AUSTIN, TEXAS 78731
Medicare 2:						PHONE:
Phone	(903) 705-2221	Fax				FAX:
Type:	Parent Agency	Administrator	SHARMEEN YOUSAF			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TRAVIS** Region 03 Date Licensed 04/10/2017
License # 012487 TEAM SELECT HOME CARE
Lic Expire 3/31/2023 709 W. 34TH STREET, UNIT C
Medicare 1: AUSTIN, TX 78705
Medicare 2:
Phone (512) 910-2473 Fax (512) 290-9219
Type: Branch Agency Administrator DANA TARRANT

Owner Information

VIVICARE HEALTH PARTNERS LLC
2999 N. 44TH STREET STE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 11/20/2020
License # 020333 TEAM SELECT HOME CARE OF TEXAS, LLC
Lic Expire 11/20/2022 709 W. 34TH STREET, UNIT C
Medicare 1: AUSTIN, TX 78705
Medicare 2:
Phone (512) 910-2473 Fax (512) 290-9219
Type: Parent Agency Administrator LAURA QUINTANILLA

Owner Information

TEAM SELECT HOME CARE OF TEXAS, LLC
2999 N. 44TH STREET, SUITE 100
PHOENIX, AZ 85018
PHONE: FAX:
Services: Licensed Home Health Services

County **TRAVIS** Region 05 Date Licensed 07/27/2020
License # 020077 TEXAS ANGELS OF HOPE LLC
Lic Expire 7/27/2022 6801 WILLIAM WALLACE WAY
Medicare 1: AUSTIN, TEXAS 78754
Medicare 2:
Phone 512 6144287 Fax 512 2913414
Type: Parent Agency Administrator ALBERTA JOHNSON

Owner Information

TEXAS ANGELS OF HOPE LLC
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 10/16/2009
License # 012904 TEXAS HOME CARE PARTNERS LLC
Lic Expire 10/31/2024 3160 BEE CAVE RD SUITE 302
Medicare 1: AUSTIN, TX 78746
Medicare 2:
Phone (512) 358-4556 Fax (512) 358-4982
Type: Parent Agency Administrator DEBORAH GARCIA

Owner Information

TEXAS HOME CARE PARTNERS LLC
3160 BEE CAVE RD STE#302
AUSTIN, TX 78746
PHONE: FAX:
Services: Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 12/11/2016
License # 017838 TEXAS HOME HEALTH HOSPICEAUSTIN LLC
Lic Expire 12/31/2022 3520 EXECUTIVE CENTER DRIVE SUITE 320
Medicare 1: 671554 HOSPICE AUSTIN, TX 78731
Medicare 2:
Phone (512) 372-4194 Fax (512) 372-4351
Type: Parent Agency Administrator TAMI HATFIELD

Owner Information

TEXAS HOME HEALTH HOSPICEAUSTIN, LLC
17855 N DALLAS PKWY SUITE 200
DALLAS, TX 75287-6857
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **TRAVIS** Region 05 Date Licensed 08/19/2005
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-0093 Fax (512) 527-0407
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **TRAVIS** Region 05 Date Licensed 08/19/2005
License # 007742 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 9/30/2022 3520 EXECUTIVE CENTER DRIVE SUITE G100
Medicare 1: AUSTIN, TX 78731
Medicare 2:
Phone (512) 343-0093 Fax (512) 527-0407
Type: Branch Agency Administrator CASSIE MITCHELL

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	10/23/2019	Owner Information	
License #	019660					TEXAS STAR WELL CARE LLC	
Lic Expire	10/23/2023						
Medicare 1:	747999 HHA						
Medicare 2:							
Phone	(512) 872-9590	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	MICHAEL HAMILTON			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	06/29/2000	Owner Information	
License #	007354					THE MEDICAL TEAM INC	
Lic Expire	6/30/2024					1902 CAMPUS COMMONS DRIVE, SUITE 650	
Medicare 1:	679078 HHA-18					RESTON, VA 20191	
Medicare 2:							
Phone	(512) 418-9555	Fax	(512) 418-9777			PHONE:	FAX:
Type:	Parent Agency	Administrator	DAVID MYERS			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	02/05/2002	Owner Information	
License #	007838					CUSTOM CARE TEAM, INC	
Lic Expire	2/28/2023					45 NE LOOP 410, SUITE 800	
Medicare 1:						SAN ANTONIO, TEXAS 78216	
Medicare 2:							
Phone	(512) 985-9058	Fax	(512) 985-9343			PHONE:	FAX:
Type:	Parent Agency	Administrator	TIMOTHY HARTLE			Services:	Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	06/10/2020	Owner Information	
License #	020267					THREE OAKS HOSPICE AUSTIN, LLC	
Lic Expire	6/10/2022						
Medicare 1:	451788 Hospice						
Medicare 2:							
Phone	512 3236500	Fax	512 3230404			PHONE:	FAX:
Type:	Parent Agency	Administrator	ANGELA TOBLER			Services:	Hospice In-Patient Hospice: NO
County	TRAVIS	Region	05	Date Licensed	11/01/2016	Owner Information	
License #	017864					FIRST CHOICE CHILDREN'S HOMECARE, LP	
Lic Expire	10/31/2022					701 EDGEWATER DRIVE, SUITE 300	
Medicare 1:						WAKEFIELD, MA 1880	
Medicare 2:							
Phone	(512) 828-3990	Fax	(512) 241-1277			PHONE:	FAX:
Type:	Parent Agency	Administrator	IDALIA ARAGUZ, RN			Services:	Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	09/15/2014	Owner Information	
License #	016424					TOTAL CARE PROVIDER LLC	
Lic Expire	9/30/2022					510 S CONGRESS AVENUE STE#110	
Medicare 1:						AUSTIN, TX 78704	
Medicare 2:							
Phone	(512) 215-8150	Fax	(512) 727-5869			PHONE:	FAX:
Type:	Parent Agency	Administrator	MUSU TURAY			Services:	Licensed Home Health Services; Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	04/04/2018	Owner Information	
License #	018686					TRUE HEART HOSPICE LLC	
Lic Expire	4/30/2022					7000 N. MOPAC EXPY #200	
Medicare 1:	74-1744					AUSTIN, TX 78731	
Medicare 2:							
Phone	(512) 649-2274	Fax	(512) 651-1851			PHONE:	FAX:
Type:	Parent Agency	Administrator	JENNIFER ROUDA			Services:	Hospice In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	TRAVIS	Region	05	Date Licensed	05/30/2007	Owner Information
License #	011429					ANGELITOS DE SALUD LLC
Lic Expire	5/31/2022					2601 N QUINLAN PARK RD SUITE 404
Medicare 1:						AUSTIN, TX 78732
Medicare 2:						PHONE:
Phone	(512) 452-8282	Fax	(512) 452-8289			FAX:
Type:	Parent Agency	Administrator	MARIA A. (SUE) GUERRERO			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	02/08/2017	Owner Information
License #	018074					AVERY INVESTMENTS OF AUSTIN LLC
Lic Expire	2/28/2023					9811 ANDERSON MILL RD #175
Medicare 1:						AUSTIN, TX 78750
Medicare 2:						PHONE:
Phone	(512) 250-2103	Fax	(512) 250-2126			FAX:
Type:	Parent Agency	Administrator	TIFFANI HERRINGTON			Services: Personal Assistance Services
County	TRAVIS	Region	05	Date Licensed	11/28/2012	Owner Information
License #	015235					VIVA MEDICAL GROUP LLC
Lic Expire	11/30/2022					3400 WATERVIEW PARKWAY, SUITE 115
Medicare 1:						RICHARDSON, TX 75080
Medicare 2:						PHONE:
Phone	(512) 518-2310	Fax	(512) 518-2311			FAX:
Type:	Parent Agency	Administrator	JOSH STRANGE			Services: Licensed Home Health Services
County	TRAVIS	Region	05	Date Licensed	11/26/2020	Owner Information
License #	020078					WISTERIA HOME CARE
Lic Expire	7/27/2022					PO BOX 2424
Medicare 1:						PFLUGERVILLE, TX 78691
Medicare 2:						PHONE:
Phone	(281) 698-7730	Fax				FAX:
Type:	Parent Agency	Administrator	SUZANA BENI			Services: Personal Assistance Services
County	TRINITY	Region	04	Date Licensed	03/03/1999	Owner Information
License #	002409					A PINEYWOODS HOME HEALTH CARE INC
Lic Expire	8/31/2022					P.O. BOX 1743
Medicare 1:						LUFKIN, TEXAS 75902
Medicare 2:						PHONE:
Phone	(936) 642-0700	Fax	(936) 642-1089			FAX:
Type:	Branch Agency	Administrator	KERRI GRIFFIN			Services: Licensed and Certified Home Health Services
County	TYLER	Region	04	Date Licensed	11/21/2011	Owner Information
License #	014479					1ST QUALITY HOSPICE LLC
Lic Expire	11/30/2023					716 WEST BLUFF STREET
Medicare 1:	671729 HOSPICE					WOODVILLE, TX 75979
Medicare 2:						PHONE:
Phone	(409) 331-9909	Fax	(409) 331-9913			FAX:
Type:	Parent Agency	Administrator	TERESA BROWN			Services: Hospice In-Patient Hospice: NO
County	TYLER	Region	04	Date Licensed	06/01/2009	Owner Information
License #	012677					AC & JW INC
Lic Expire	5/31/2023					101 NORTH PECAN STREET
Medicare 1:	677428 HHA-18					WOODVILLE, TX 75979
Medicare 2:						PHONE:
Phone	(409) 283-3600	Fax	(409) 283-7126			FAX:
Type:	Parent Agency	Administrator	ROBBY DAVIS			Services: Licensed and Certified Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **TYLER** Region 04 Date Licensed 10/13/1995
License # 004081 EAST TEXAS HOME HEALTH
Lic Expire 10/31/2023 14046 MAIN STREET
Medicare 1: 678137 HHA-18 CHESTER, TX 75936
Medicare 2:
Phone (936) 969-2103 Fax (833) 690-7893
Type: Parent Agency Administrator KRISTA FOXWORTH

Owner Information

EAST TEXAS HOME HEALTH INC
14046 MAIN ST
CHESTER, TX 75936
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **TYLER** Region 04 Date Licensed 12/01/2016
License # 017893 HOMECARE SOLUTIONS OF EAST TEXAS INC
Lic Expire 11/30/2022 208 WEST BLUFF STREET, SUITE B
Medicare 1: 679222 HHA-18 WOODVILLE, TX 75979
Medicare 2:
Phone 409 3319492 Fax 409 3319490
Type: Parent Agency Administrator ROBBYE DAVIS

Owner Information

HOMECARE SOLUTIONS OF EAST TEXAS, INC
718 WEST BLUFF
WOODVILLE, TX 75979
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **UPSHUR** Region 04 Date Licensed 10/13/2015
License # 017073 STAYKARE SOLUTIONS LLC
Lic Expire 10/31/2023 329 N ROBERTS ST.
Medicare 1: GILMER, TX 75644
Medicare 2:
Phone (903) 680-0657 Fax (903) 680-2060
Type: Parent Agency Administrator NANCY HOOKS

Owner Information

STAYKARE SOLUTIONS LLC
PO BOX 1
GILMER, TX 75644
PHONE: FAX:
Services: Personal Assistance Services

County **UPSHUR** Region 04 Date Licensed 03/01/2018
License # 018735 UT HEALTH EAST TEXAS HOME HEALTH SERVICES
Lic Expire 2/28/2022 104 BUFFALO STREET
Medicare 1: 67Q7037001 GILMER, TX 75644
Medicare 2:
Phone (903) 843-4320 Fax (903) 843-4318
Type: Branch Agency Administrator KIMBRA BOGUE

Owner Information

EAST TEXAS HOME HEALTH SERVICES LLC
ONE BURTON HILLS BOULEVARD, STE#250
NASHVILLE, TN 37215-6195
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **UVALDE** Region 07 Date Licensed 07/15/2009
License # 010629 AXIOM HOME HEALTH INC
Lic Expire 7/31/2022 1044 GARNER FIELD ROAD
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 278-9100 Fax (830) 278-9101
Type: Branch Agency Administrator TORRIE COMMERFORD

Owner Information

AXIOM HOME HEALTH INC
5002 WEST AVE
SAN ANTONIO, TX 78213
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **UVALDE** Region 07 Date Licensed 07/18/2008
License # 002798 CAPROCK HOME HEALTH SERVICES, INC
Lic Expire 2/28/2023 104 E NORTH STREET SUITE D
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 278-8108 Fax (830) 278-1859
Type: Branch Agency Administrator ADRIANE RUMFIELD

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **UVALDE** Region 07 Date Licensed 08/01/2005
License # 009908 EN SU CASA CAREGIVERS
Lic Expire 7/31/2023 3040 E. MAIN ST.
Medicare 1: UVALDE, TX 78801
Medicare 2:
Phone (830) 591-2313 Fax (830) 591-2311
Type: Branch Agency Administrator LAUREN RAMON

Owner Information

EN SU CASA PRIMARY HOME CARE INC
401 S. PRESA ST.
SAN ANTONIO, TX 78205
PHONE: FAX:
Services: Personal Assistance Services

County	UVALDE	Region	07	Date Licensed	04/26/2006	Owner Information
License #	003516					LOPEZ HEALTH SYSTEMS INC
Lic Expire	11/30/2022					2209 N HWY 83
Medicare 1:						CRYSTAL CITY, TX 78839
Medicare 2:						PHONE: (830) 374-9800 FAX: (830) 374-9722
Phone	(830) 374-9800	Fax	(830) 591-9425			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	VICTOR LOPEZ			
County	UVALDE	Region	07	Date Licensed	11/13/1995	Owner Information
License #	002170					LOPEZ HEALTH SYSTEMS INC
Lic Expire	11/30/2022					2209 N HWY 83
Medicare 1:						CRYSTAL CITY, TX 78839
Medicare 2:						PHONE: (830) 374-9800 FAX: (830) 374-9722
Phone	(830) 757-3525	Fax	(830) 757-0876			Services: Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	AMPARO LOPEZ			
County	UVALDE	Region	07	Date Licensed	03/05/2015	Owner Information
License #	008267					RIO BRAVO HEALTH SYSTEM LLC
Lic Expire	11/30/2023					P O BOX 5805
Medicare 1:						EAGLE PASS, TX 78852
Medicare 2:						PHONE: FAX:
Phone	(830) 278-8370	Fax	(830) 278-2900			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	VICTOR A GONZALEZ			
County	UVALDE	Region	07	Date Licensed	03/05/2015	Owner Information
License #	008267					RIO BRAVO HEALTH SYSTEM LLC
Lic Expire	11/30/2023					P O BOX 5805
Medicare 1:						EAGLE PASS, TX 78852
Medicare 2:						PHONE: FAX:
Phone	(830) 278-8370	Fax	(830) 278-2900			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	VICTOR A GONZALEZ			
County	UVALDE	Region	07	Date Licensed	02/14/1995	Owner Information
License #	003630					UVALDE COUNTY HOSPITAL AUTHORITY
Lic Expire	2/28/2023					1025 GARNER FIELD RD
Medicare 1:	451675 HOSPICE					UVALDE, TX 78801
Medicare 2:						PHONE: (830) 278-6251 FAX: (830) 278-8529
Phone	(830) 278-6691	Fax	(830) 278-7533			Services: Hospice
Type:	Parent Agency	Administrator	HEIDI MATHEWSON			
County	VAL VERDE	Region	07	Date Licensed	06/30/2015	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE: FAX:
Phone	(830) 469-3882	Fax	(210) 298-0133			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	MICHAEL THIEL			
County	VAL VERDE	Region	07	Date Licensed	06/30/2015	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE: FAX:
Phone	(830) 469-3882	Fax	(210) 298-0133			Services: Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	MICHAEL THIEL			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VAL VERDE** Region 07 Date Licensed 06/30/2015
License # 005782 BEE FIRST PRIMARY HOME CARE
Lic Expire 6/30/2023 1810 VETERANS BLVD STE D
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 469-3882 Fax (210) 298-0133
Type: Branch Agency Administrator MICHAEL THIEL

Owner Information

FIRST PRIMARY HOME CARE, INC
2809 SOUTH EXPRESSWAY 83
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 01/13/2004
License # 008855 CARE ETC
Lic Expire 1/31/2024 711 SOUTH MAIN STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 775-6858 Fax (830) 469-1987
Type: Parent Agency Administrator ROSALINDA (ROSIE) PHILLIPS

Owner Information

CARECETERA HOME CARE, INC
711 S MAIN ST
DEL RIO, TX 78840
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 12/17/2013
License # 016133 CARTER HEALTHCARE
Lic Expire 12/31/2023 2409 VETERANS BOULEVARD SUITE 10
Medicare 1: 679357 HHA-18 DEL RIO, TX 78840
Medicare 2:
Phone (830) 778-5566 Fax (830) 778-5588
Type: Parent Agency Administrator DAVID BERNARD

Owner Information

CARTER HEALTHCARE OF DEL RIO, LLC
3105 S MERIDIAN AVE
OKLAHOMA CITY, OK 73119
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **VAL VERDE** Region 07 Date Licensed 09/20/2016
License # 017639 DEL RIO GRANDE HOME HEALTHCARE
Lic Expire 9/30/2022 1302 W GARZA STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone 830 4691108 Fax 830 4693051
Type: Parent Agency Administrator MAYRA RODRIGUEZ

Owner Information

DEL RIO GRANDE HOME HEALTHCARE, LLC
1302 W GARZA STREET
DEL RIO, TX 78840
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 01/31/2000
License # 007353 HOSPICE OF VAL VERDE REGIONAL MEDICAL CENTER
Lic Expire 5/31/2022 801 NORTH BEDELL AVENUE
Medicare 1: 451604 HOSPICE DEL RIO, TX 78840
Medicare 2:
Phone (830) 774-4580 Fax (830) 774-2485
Type: Parent Agency Administrator EDNA RIVERA

Owner Information

VAL VERDE HOSPITAL CORPORATION
801 N BEDELL AVENUE
DEL RIO, TX 78840
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VAL VERDE** Region 07 Date Licensed 11/19/2009
License # 013049 LA GUADALUPANA PRIMARY HOME CARE
Lic Expire 11/30/2023 2008 VETERANS BLVD
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 768-3300 Fax (830) 768-3344
Type: Branch Agency Administrator RICHARD GARZA

Owner Information

LA GUADALUPANA PRIMARY HOME CARE LLC
338 N MONROE STREET
EAGLE PASS, TX 78852
PHONE: FAX:
Services: Personal Assistance Services

County **VAL VERDE** Region 07 Date Licensed 11/17/1994
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 600 E 12TH STREET
Medicare 1: DEL RIO, TX 78840
Medicare 2:
Phone (830) 774-0069 Fax (830) 774-0112
Type: Branch Agency Administrator VICTOR LOPEZ

Owner Information

LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	VAL VERDE	Region	07	Date Licensed	03/05/2015	Owner Information	
License #	008267					RIO BRAVO HEALTH SYSTEM LLC	
Lic Expire	11/30/2023					P O BOX 5805	
Medicare 1:						EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 768-7707	Fax	(830) 768-1702			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	VICTOR A GONZALEZ				
County	VAL VERDE	Region	07	Date Licensed	03/05/2015	Owner Information	
License #	008267					RIO BRAVO HEALTH SYSTEM LLC	
Lic Expire	11/30/2023					P O BOX 5805	
Medicare 1:						EAGLE PASS, TX 78852	
Medicare 2:						PHONE:	FAX:
Phone	(830) 768-7707	Fax	(830) 768-1702			Services: Personal Assistance Services	
Type:	Branch Agency	Administrator	VICTOR A GONZALEZ				
County	VAL VERDE	Region	07	Date Licensed		Owner Information	
License #	018649					PALOMA HOSPICE AND PALLIATIVE CARE	
Lic Expire	2/28/2022					1227 WOODSEY CT	
Medicare 1:						SOUTHLAKE, TX 76092	
Medicare 2:						PHONE: () - 1	FAX:
Phone	(210) 998-1680	Fax				Services: Hospice	
Type:	Alternate Delivery Site	Administrator	KELLIE GIBSON			In-Patient Hospice: NO	
County	VAL VERDE	Region	06	Date Licensed	07/30/2012	Owner Information	
License #	007241					RESOURCE HEALTH SERVICES INC	
Lic Expire	8/31/2020					7211 REGENCY SQUARE BLVD SUITE 102	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(830) 775-5647	Fax	(830) 775-5626			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	ROSE NWABUISI				
County	VAL VERDE	Region	07	Date Licensed	02/14/2011	Owner Information	
License #	013889					SUPERIOR HOME HEALTH OF EAGLE PASS LLC	
Lic Expire	8/31/2022					8000 VANTAGE DR	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:						PHONE:	FAX:
Phone	(830) 773-1014	Fax	(830) 773-1440			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	PATSY BISCAINO				
County	VAL VERDE	Region	07	Date Licensed	09/01/2010	Owner Information	
License #	013889					SUPERIOR HOME HEALTH OF EAGLE PASS LLC	
Lic Expire	8/31/2022					8000 VANTAGE DR	
Medicare 1:						SAN ANTONIO, TEXAS 78230	
Medicare 2:						PHONE:	FAX:
Phone	(830) 773-1014	Fax	(830) 773-1440			Services: Licensed and Certified Home Health Services	
Type:	Branch Agency	Administrator	PATSY BISCAINO				
County	VAL VERDE	Region	07	Date Licensed	11/08/2011	Owner Information	
License #	014458					SUPERIOR HOSPICE OF DEL RIO LLC	
Lic Expire	2/1/2022					8000 VANTAGE DRIVE	
Medicare 1:	671748 HOSPICE					SAN ANTONIO, TX 78230	
Medicare 2:						PHONE:	FAX:
Phone	(830) 775-7104	Fax	(830) 774-7282			Services: Hospice	
Type:	Parent Agency	Administrator	PATSY BISCAINO			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	VAL VERDE	Region	07	Date Licensed	03/01/1990	Owner Information	
License #	002109					VAL VERDE HOME NURSES INC	
Lic Expire	2/28/2025					2116 VETERANS BOULEVARD	
Medicare 1:						DEL RIO, TX 78840-3042	
Medicare 2:						PHONE:	FAX:
Phone	(830) 774-2198	Fax	(830) 774-5178			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROBERT GARZA				
County	VAL VERDE	Region	07	Date Licensed	01/04/2017	Owner Information	
License #	018262					MALTOR HEALTHCARE SYSTEMS LLC	
Lic Expire	1/31/2023					513 N BEDELL AVE	
Medicare 1:						DEL RIO, TX 78840	
Medicare 2:						PHONE:	FAX:
Phone	(830) 320-8008	Fax	(833) 772-1223			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARLA MALTOS CRUZ				
County	VAN ZANDT	Region	04	Date Licensed	12/14/2001	Owner Information	
License #	007685					NORTHEAST TEXAS HOME HEALTH AGENCY, LTD	
Lic Expire	7/31/2022					506 HWY 79 NORTH 9846 STATE HIGHWAY 31 E	
Medicare 1:	67Q9076002					TYLER, TX 75705	
Medicare 2:						PHONE:	FAX:
Phone	(903) 567-2454	Fax	(903) 567-6151			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Branch Agency	Administrator	JENNIFER JACKSON				
County	VAN ZANDT	Region	03	Date Licensed	08/29/2016	Owner Information	
License #	015841					APEX HOSPICE, LLC	
Lic Expire	9/30/2023					6688 N. CENTRAL EXPRESSWAY, STE 1300	
Medicare 1:	671733					DALLAS, TEXAS 75206	
Medicare 2:						PHONE:	FAX:
Phone	214 3837443	Fax	214 3837448			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	RANDY PICKERING			In-Patient Hospice: NO	
County	VAN ZANDT	Region	04	Date Licensed	09/11/2006	Owner Information	
License #	010730					GOLDEN YEARS HOMECARE SPECIALIST INCORPORATED	
Lic Expire	9/30/2022					106 NORTH FOURTH STREET	
Medicare 1:	679683 HHA-18					WILLS POINT, TX 75169	
Medicare 2:						PHONE:	FAX:
Phone	(903) 873-2770	Fax	(903) 873-6291			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CALVIN CUNIGAN				
County	VAN ZANDT	Region	04	Date Licensed	10/23/2012	Owner Information	
License #	015155					HEALTH AT HOME SERVICES INC	
Lic Expire	10/31/2022					PO BOX 453	
Medicare 1:	747828 HHA-18					VAN, TX 75790	
Medicare 2:						PHONE:	FAX:
Phone	(903) 963-1300	Fax	(888) 958-5845			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JIMMY DAILEY				
County	VAN ZANDT	Region	04	Date Licensed	07/15/2013	Owner Information	
License #	015835					COSMIC HOME HEALTHCARE INC	
Lic Expire	7/31/2024					9550 SKILLMAN STREET STE 300	
Medicare 1:	747339 HHA-18					DALLAS, TX 75243	
Medicare 2:						PHONE:	FAX:
Phone	(972) 248-7848	Fax	(972) 798-8457			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	PAIGE REDDING				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VAN ZANDT** Region 04 Date Licensed 08/01/2018
License # 018862 YOURHOME ADVANTAGE HEALTHCARE SERVICES LLC
Lic Expire 7/31/2022 19729 ST. HWY 64
Medicare 1: 748017 CANTON, TX 75103
Medicare 2:
Phone (903) 265-9197 Fax (903) 287-1071
Type: Parent Agency Administrator KAREN MILLER

Owner Information

YOURHOME ADVANTAGE HEALTHCARE SERVICES, LLC
P.O BOX 549
CANTON, TX 75103
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 08/26/2004
License # 009272 ACCENTCARE HEALTH
Lic Expire 8/31/2023 101 W. GOODWIN AVE ST 925
Medicare 1: 451779 HOSPICE VICTORIA, TX 77901
Medicare 2:
Phone (361) 998-3102 Fax (361) 333-1745
Type: Parent Agency Administrator CHRISTINE BRASHER

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VICTORIA** Region 07 Date Licensed 03/26/2004
License # 008990 ACCENTCARE HOME HEALTH OF TEXAS
Lic Expire 3/31/2023 101 W GOODWIN AVENUE STE 370
Medicare 1: 673133 HHA-18 VICTORIA, TX 77901
Medicare 2:
Phone (361) 576-4683 Fax (361) 576-1018
Type: Parent Agency Administrator CHRISTINA CORONADO

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 04/29/2015
License # 016780 ACCENTCARE PERSONAL CARE SERVICES OF TEXAS
Lic Expire 4/30/2023 101 W GOODWIN AVENUE SUITE 360
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 237-4505 Fax (361) 237-3610
Type: Parent Agency Administrator LEONARD REYES

Owner Information

TEXAS HOME HEALTH OF AMERICA, LP
17855 N. DALLAS PKWY, SUITE 200
DALLAS, TEXAS 75287
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 06 Date Licensed 02/09/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 3606 N NAVARRO ST, STE D
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 485-2105 Fax (361) 485-2150
Type: Branch Agency Administrator ANGELA CRAWFORD

Owner Information

E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **VICTORIA** Region 06 Date Licensed 02/09/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 3606 N NAVARRO ST, STE D
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 485-2105 Fax (361) 485-2150
Type: Branch Agency Administrator ANGELA CRAWFORD

Owner Information

E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **VICTORIA** Region 07 Date Licensed 08/17/2021
License # 020983 BELOVED COMMUNITY CARE LLC
Lic Expire 8/17/2024 4104 HOUSTON HWY SUITE 200
Medicare 1: VICTORIA, TEXAS 77901
Medicare 2:
Phone (361) 433-0835 Fax
Type: Parent Agency Administrator CASSANDRA LOPEZ

Owner Information

BELOVED COMMUNITY CARE LLC
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	VICTORIA	Region	07	Date Licensed	01/01/2019	Owner Information
License #	019305					LBSC, INC
Lic Expire	1/1/2021					103 E RED RIVER
Medicare 1:						VICTORIA, TX 77901
Medicare 2:						PHONE:
Phone	361 5751117	Fax	361 5751117			FAX:
Type:	Parent Agency	Administrator	JANELL LONGORIA			Services: Personal Assistance Services
County	VICTORIA	Region	05	Date Licensed	11/22/2011	Owner Information
License #	013850					CARTER HEALTHCARE OF CENTRAL TEXAS LLC
Lic Expire	10/31/2022					7600 CHEVY CHASE DRIVE, BLDG 2 SUITE 300
Medicare 1:						AUSTIN, TX 78752
Medicare 2:						PHONE:
Phone	(830) 625-9837	Fax	(830) 625-2194			FAX:
Type:	Branch Agency	Administrator	JAMES BRIAN CARTER			Services: Licensed Home Health Services
County	VICTORIA	Region	07	Date Licensed	08/24/2017	Owner Information
License #	018286					CITIZENS MEDICAL CENTER COUNTY OF VICTORIA
Lic Expire	8/31/2024					PO BOX 1846
Medicare 1:	457024 HHA-18					VICTORIA, TEXAS
Medicare 2:						PHONE: (361) 574-1748
Phone	(361) 579-1305	Fax	(361) 579-1311			FAX: (361) 572-5126
Type:	Parent Agency	Administrator	COURTNEY MEYER			Services: Licensed and Certified Home Health Services
County	VICTORIA	Region	07	Date Licensed	05/01/2012	Owner Information
License #	014889					SK WYATT INC
Lic Expire	4/30/2022					P O BOX 7920
Medicare 1:						VICTORIA, TX 77903
Medicare 2:						PHONE:
Phone	(361) 578-7778	Fax	(361) 578-5248			FAX:
Type:	Parent Agency	Administrator	TRACY MORGAN			Services: Personal Assistance Services
County	VICTORIA	Region	07	Date Licensed	12/19/2008	Owner Information
License #	012523					VICTORIA TEXAS HOME CARE SERVICES, LLC
Lic Expire	12/31/2022					PO BOX 51266
Medicare 1:	457503 HHA-18					LAFAYETTE, LA
Medicare 2:						PHONE:
Phone	361 5782436	Fax	361 5724350			FAX:
Type:	Parent Agency	Administrator	JOANNA EDWARDS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	VICTORIA	Region	07	Date Licensed	04/10/2007	Owner Information
License #	011246					CROWN HOSPICE, LLC
Lic Expire	4/30/2024					1101 SALEM ROAD SUITE #A #B #C #D
Medicare 1:	671581 HOSPICE					VICTORIA, TX 77904
Medicare 2:						PHONE:
Phone	(361) 575-5900	Fax	(361) 575-5905			FAX:
Type:	Parent Agency	Administrator	DERENDA RUSSELL			Services: Hospice In-Patient Hospice: NO
County	VICTORIA	Region	07	Date Licensed	03/26/2015	Owner Information
License #	016790					KLW & FRIENDS LLC
Lic Expire	3/31/2023					P. BOX 4802
Medicare 1:	677920 HHA-18					VICTORIA, TX 77903-4802
Medicare 2:						PHONE:
Phone	(361) 575-4500	Fax	(361) 575-4502			FAX:
Type:	Parent Agency	Administrator	LISA ARMSTRONG			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	VICTORIA	Region	07	Date Licensed	06/11/2012	Owner Information	
License #	014870	HARBOR HOSPICE OF VICTORIA LP			HARBOR HOSPICE OF VICTORIA LP		
Lic Expire	6/30/2022	5606 NORTH NAVARRO STREET SUITE 306			3406 COLLEGE STREET		
Medicare 1:	741502 HOSPICE	VICTORIA, TX 77904			BEAUMONT, TX 77701		
Medicare 2:					PHONE:		FAX:
Phone	(361) 579-7120	Fax (361) 894-8707			Services: Hospice		
					In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	JAMYE HUFF				
County	VICTORIA	Region	07	Date Licensed	07/31/2020	Owner Information	
License #	020347	HOME INSTEAD SENIOR CARE			RJ SENIOR CARE LLC		
Lic Expire	7/31/2022	104 KELLY DR. STE. B			104 KELLY DR. STE. B		
Medicare 1:		VICTORIA, TEXAS 77904			VICTORIA, TEXAS 77904		
Medicare 2:					PHONE:		FAX:
Phone	(361) 433-0330	Fax (361) 333-5030			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	PIETRO JORDAO				
County	VICTORIA	Region	07	Date Licensed	08/04/2017	Owner Information	
License #	001930	HOSPICE OF SOUTH TEXAS INC			HOSPICE OF SOUTH TEXAS INC		
Lic Expire	6/30/2023	1005 MALLETT DR			605 EAST LOCUST		
Medicare 1:		VICTORIA, TX 77904			VICTORIA, TX 77901		
Medicare 2:					PHONE:		FAX:
Phone	(361) 572-4300	Fax (361) 572-8109			Services: Hospice		
					In-Patient Hospice: YES		
Type:	Alternate Delivery Site	Administrator	MARY BOGDAN				
County	VICTORIA	Region	07	Date Licensed	06/22/1988	Owner Information	
License #	001930	HOSPICE OF SOUTH TEXAS INC			HOSPICE OF SOUTH TEXAS INC		
Lic Expire	6/30/2023	605 EAST LOCUST			605 EAST LOCUST		
Medicare 1:	451525 HOSPICE	VICTORIA, TX 77901			VICTORIA, TX 77901		
Medicare 2:					PHONE:		FAX:
Phone	(361) 572-4300	Fax (361) 572-8109			Services: Hospice		
					In-Patient Hospice: YES		
Type:	Parent Agency	Administrator	DEBRA LOZANO				
County	VICTORIA	Region	07	Date Licensed	10/13/2020	Owner Information	
License #	020231	INNOVATIVE HOME SERVICES BY GREATWOOD HOMES			SH OPCO VICTORIA, LLC		
Lic Expire	10/13/2022	9606 NE ZAC LENTZ PARKWAY			6737 W WASHINGTON ST STE 2300		
Medicare 1:		VICTORIA, TEXAS 77904			MILWAUKEE, WI 53214		
Medicare 2:					PHONE:		FAX: (949) 407-8000
Phone	361 5822100	Fax (361) 582-2220			Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	JAMIE CORONA				
County	VICTORIA	Region	07	Date Licensed	11/30/2007	Owner Information	
License #	011735	KINDRED AT HOME			GIRLING HEALTH CARE, INC		
Lic Expire	11/30/2024	1501 EAST MOCKINGBIRD LANE SUITE 301			12900 FOSTER		
Medicare 1:	457126 HHA-18	VICTORIA, TX 77904			OVERLAND PARK, NC 28117		
Medicare 2:					PHONE:		FAX:
Phone	(361) 576-2179	Fax (361) 578-4972			Services: Licensed and Certified Home Health Services		
Type:	Parent Agency	Administrator	TANYA JONES				
County	VICTORIA	Region	07	Date Licensed	01/19/2016	Owner Information	
License #	017441	NEW CENTURY HOSPICE OF SOUTH TEXAS			COSMOS HOSPICE OF CORPUS CHRISTI, LLC		
Lic Expire	1/31/2025	1501 E MOCKINGBIRD LANE, STE 301 B			P.O. BOX 4060, ATTN: REGULATORY		
Medicare 1:	4570637	VICTORIA, TX 77904			MOORESVILLE, NC 28117		
Medicare 2:					PHONE:		FAX:
Phone	(361) 572-0622	Fax (361) 572-0674			Services: Hospice		
					In-Patient Hospice: NO		
Type:	Alternate Delivery Site	Administrator	SCOTT DINKENS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **VICTORIA** Region 07 Date Licensed 10/24/2013
License # 007332 OUTREACH HOME CARE
Lic Expire 5/31/2023 6412 N NAVARRO SUITE I
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 578-3632 Fax (361) 573-6328
Type: Branch Agency Administrator JULIA LERMA

Owner Information

OUTREACH HEALTH COMMUNITY CARE SERVICES, LP
1919 S SHILOH RDSTE 102 LB 28
GARLAND, TX 75042
PHONE: FAX: (972) 792-6739
Services: Licensed Home Health Services; Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 12/21/2009
License # 013045 SENIOR HELPERS
Lic Expire 4/30/2022 502 W COLORADO STE B
Medicare 1: VICTORIA, TX 77901
Medicare 2:
Phone (361) 894-8901 Fax (361) 894-8905
Type: Parent Agency Administrator WENDY MCHANEY

Owner Information

SUCCURRO, INC
502 W COLORADO STE B
VICTORIA, TX 77901
PHONE: FAX:
Services: Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 05/26/2011
License # 009272 TEXAS HOME HEALTH HOSPICE
Lic Expire 8/31/2023 101 W. GOODWIN AVE ST 925 ADS
Medicare 1: 45-1779 VICTORIA, TX 77901
Medicare 2:
Phone (361) 998-3102 Fax (361) 333-1745
Type: Alternate Delivery Site Administrator CHRISTINE BRASHER

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **VICTORIA** Region 07 Date Licensed 07/25/2006
License # 010635 VICTORIAN HEALTHCARE SERVICES INC
Lic Expire 7/31/2022 3502 STRATFORD MANOR DR
Medicare 1: 679615 HHA-18 SUGAR LAND, TX 77498
Medicare 2:
Phone 281 302 6680 Fax 346 707 3616
Type: Parent Agency Administrator REGINA BESONG-ESIM

Owner Information

VICTORIAN HEALTHCARE SERVICES INC
120 SOUTH MAIN # 317
VICTORIA, TX 77901
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **VICTORIA** Region 07 Date Licensed 10/30/2015
License # 017112 WORLD OF WORDS SPEECH & FEEDING SERVICES LLC
Lic Expire 10/31/2023 5606 N NAVARRO ST STE 200K
Medicare 1: VICTORIA, TX 77904
Medicare 2:
Phone (361) 220-6455 Fax (361) 703-1135
Type: Parent Agency Administrator BLANCA KUZET

Owner Information

WORLD OF WORDS SPEECH & FEEDING SERVICES, LLC
PO BOX 7174
VICTORIA, TX 77903
PHONE: FAX:
Services: Licensed Home Health Services

County **WALKER** Region 04 Date Licensed 08/16/2012
License # 015131 1ST CHOICE HOSPICE LLC
Lic Expire 8/31/2022 3001 OLD HOUSTON ROAD
Medicare 1: 671636 HOSPICE HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 295-7100 Fax (866) 594-8929
Type: Parent Agency Administrator AMANDA SHERWOOD

Owner Information

1ST CHOICE HOSPICE, LLC
3001 OLD HOUSTON ROAD
HUNTSVILLE, TX 77340-6830
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALKER** Region 04 Date Licensed 05/04/2015
License # 016875 CHOICE HOMECARE
Lic Expire 5/31/2024 284 INTERSTATE 45 S., SUITE 1 ROOM A
Medicare 1: 67Q7220001 HUNTSVILLE, TX 77340
Medicare 2:
Phone (800) 378-6489 Fax (866) 434-1935
Type: Branch Agency Administrator MICHELLE RAYBURN

Owner Information

HERITAGE HOME HEALTH LLC
6760 OLD JACKSONVILLE HWY. SUITE 101
TYLER, TEXAS
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County	WALKER	Region	04	Date Licensed	06/14/2004	Owner Information	
License #	009771					CONSIDER THE LILIES HOME CARE, INC	
Lic Expire	4/29/2022					3708 B WEST DAVIS	
Medicare 1:						CONROE, TX 77304	
Medicare 2:						PHONE:	FAX:
Phone	(936) 294-0900	Fax	(936) 294-0901			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	GWENDOLYN KNOWLEY				
County	WALKER	Region	04	Date Licensed	04/02/1985	Owner Information	
License #	001674					HOME HEALTH CARE OF HUNTSVILLE CO	
Lic Expire	4/30/2024					PO BOX 6548	
Medicare 1:	679340 HHA-18					HUNTSVILLE, TEXAS 77342	
Medicare 2:						PHONE:	FAX:
Phone	(936) 291-8439	Fax	(936) 291-8582			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	JAMES DESHAW				
County	WALKER	Region	04	Date Licensed	04/02/1985	Owner Information	
License #	000688					HOME HEALTH CARE OF HUNTSVILLE CO	
Lic Expire	4/30/2023					PO BOX 6548	
Medicare 1:						HUNTSVILLE, TEXAS 77342	
Medicare 2:						PHONE:	FAX:
Phone	(936) 291-8439	Fax	(936) 291-8582			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	JAMES DESHAW				
County	WALKER	Region	04	Date Licensed	06/30/2007	Owner Information	
License #	011646					CLP REGENCY OF TEXAS, LLC	
Lic Expire	6/30/2024					10 CADILLAC DRIVE, SUITE 400	
Medicare 1:	451729 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(936) 755-3108	Fax	(866) 955-8545			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	LASEAN RADWAY				
County	WALKER	Region	04	Date Licensed	08/03/2018	Owner Information	
License #	019379					HOPESTONE HOSPICE & PALLIATIVE CARE, LLC	
Lic Expire	5/15/2023					6760 OLD JACKSONVILLE HWY, SUITE 102	
Medicare 1:	971534					TYLER, TX 75703	
Medicare 2:						PHONE:	FAX:
Phone	(936) 436-4344	Fax	(866) 470-1149			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	VICTORIA PRESSWOOD				
County	WALKER	Region	04	Date Licensed	07/17/2012	Owner Information	
License #	014937					RYZOLVE LLC	
Lic Expire	7/31/2022					9309 HWY 75 S STE 102	
Medicare 1:						NEW WAVERLY, TX 77358	
Medicare 2:						PHONE:	FAX:
Phone	(936) 355-9490	Fax	(800) 295-5512			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	OLUBUKUN OGUNDEJI				
County	WALKER	Region	04	Date Licensed	12/04/2013	Owner Information	
License #	016006					STAT HOME HEALTH HOUSTON LLC	
Lic Expire	12/31/2024					10615 JEFFERSON HWY	
Medicare 1:						BATON ROUGE, LA 70809	
Medicare 2:						PHONE:	FAX:
Phone	(936) 291-1979	Fax	(936) 291-3159			Services:	Licensed and Certified Home Health Services
Type:	Branch Agency	Administrator	BELINDA NORDEN				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WALKER** Region 04 Date Licensed 12/04/2013
License # 016006 STAT HOME HEALTH HOUSTON LLC
Lic Expire 12/31/2024 521 I-45 SOUTH SUITE 1
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-1979 Fax (936) 291-3159
Type: Branch Agency Administrator BELINDA NORDEN

Owner Information

STAT HOME HEALTH HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WALKER** Region 04 Date Licensed 12/04/2013
License # 016006 STAT HOME HEALTH HOUSTON LLC
Lic Expire 12/31/2024 521 I-45 SOUTH SUITE 1-C
Medicare 1: 458398 HHA-18 HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-1979 Fax (936) 291-3159
Type: Parent Agency Administrator BELINDA NORDEN

Owner Information

STAT HOME HEALTH HOUSTON LLC
10615 JEFFERSON HWY
BATON ROUGE, LA 70809
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WALKER** Region 05 Date Licensed 08/01/2017
License # 018330 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire 7/31/2023 122 MEDICAL PARK LANE, SUITE B
Medicare 1: HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 293-8434 Fax (936) 293-8990
Type: Branch Agency Administrator JAMES LANG

Owner Information

TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC
1605 ROCK PRAIRIE ROAD SUITE 206
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WALKER** Region 04 Date Licensed 01/15/1993
License # 002485 THREE HOSPICE
Lic Expire 1/31/2022 2505 LAKE ROAD SUITE 2 & 3
Medicare 1: 451574 HOSPICE HUNTSVILLE, TX 77340
Medicare 2:
Phone (936) 291-8439 Fax (936) 291-8582
Type: Parent Agency Administrator JAMES DESHAW

Owner Information

HOME HEALTH CARE OF HUNTSVILLE CO
PO BOX 6548
HUNTSVILLE, TEXAS 77342
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WALLER** Region 06 Date Licensed 09/24/2021
License # 021083 ALIVE HOMECARE, LLC
Lic Expire 9/24/2024 1025 STRAWBERRY RIDGE DR
Medicare 1: KATY, TX 77493
Medicare 2:
Phone (832) 766-4360 Fax
Type: Parent Agency Administrator OSCAR MORAN

Owner Information

ALIVE HOMECARE, LLC
PHONE: FAX:
Services: Personal Assistance Services

County **WALLER** Region 06 Date Licensed 08/08/2014
License # 016364 ANOINTED HANDS HOME HEALTHCARE
Lic Expire 8/31/2022 6024 CYPRESS LANE
Medicare 1: BROOKSHIRE, TEXAS 77423
Medicare 2:
Phone (832) 428-7283 Fax (832) 669-9920
Type: Parent Agency Administrator MICHELLE STAMPS

Owner Information

MICHELLE STAMPS
P.O. BOX 674
BROOKSHIRE, TX 77423
PHONE: FAX:
Services: Personal Assistance Services

County **WALLER** Region 06 Date Licensed 07/21/2021
License # 020921 ARIEL HEALTHCARE SERVICES, LLC
Lic Expire 7/21/2024 1707 RICE MILL DR
Medicare 1: KATY, TEXAS 774933024
Medicare 2:
Phone (919) 491-2710 Fax
Type: Parent Agency Administrator ESOHE IHENYEN

Owner Information

ARIEL HEALTHCARE SERVICES, LLC
PHONE: FAX:
Services: Personal Assistance Services

County	WALLER	Region	06	Date Licensed	07/17/2020	Owner Information	
License #	020061		CROSS STONE HOSPICE			CROSS STONE HOSPICE, LLC	
Lic Expire	7/17/2022		6001 GEORGE BUSH DRIVE				
Medicare 1:			KATY, TEXAS 77493				
Medicare 2:					PHONE:		FAX:
Phone	(713) 553-1321	Fax			Services: Hospice		
					In-Patient Hospice: NO		
Type:	Parent Agency	Administrator	KRISTOPHER DUSEK				
County	WALLER	Region	06	Date Licensed	07/28/2017	Owner Information	
License #	018209		DAILY HOME CARE SERVICES, LLC			DAILY HOME CARE SERVICES, LLC	
Lic Expire	7/31/2023		3603 SOUTH FRONT STREET STE 110			14942 HAVENRIDGE DR.	
Medicare 1:			BROOKSHIRE, TX 77423			HOUSTON, TX 77083	
Medicare 2:					PHONE:		FAX:
Phone	(281) 375-9732	Fax	(281) 656-4504		Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	HUE PHAM				
County	WALLER	Region	06	Date Licensed	12/23/2021	Owner Information	
License #	021291		ENLIVEN SPECIALTY NURSING OF TEXAS LLC			ENLIVEN SPECIALTY NURSING OF TEXAS LLC	
Lic Expire	12/23/2024		24660 CANTERBURY CIRCLE			700 N ESTRELLA PKWY #235	
Medicare 1:			HOCKLEY, TX 77447			GOODYEAR, AZ 85338	
Medicare 2:					PHONE:		FAX:
Phone	(623) 478-2797	Fax	(800) 906-5080		Services: Licensed Home Health Services		
Type:	Parent Agency	Administrator	SHAYANNE PONTIN				
County	WALLER	Region	06	Date Licensed	12/30/2008	Owner Information	
License #	012532		FAITH AND CARE HOME HEALTH AGENCY INC			FAITH AND CARE HOME HEALTH AGENCY INC	
Lic Expire	12/31/2022		835 1ST STREET			835 1ST STREET	
Medicare 1:	457903 HHA-18		HEMPSTEAD, TX 77445			HEMPSTEAD, TX 77445	
Medicare 2:					PHONE:		FAX:
Phone	(979) 826-2428	Fax	(979) 826-3811		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	HAZEL MUSE				
County	WALLER	Region	06	Date Licensed	03/03/1999	Owner Information	
License #	006878		PRIME CARE MEDICAL SERVICES			MONICA DELORES SANCROFT	
Lic Expire	3/31/2023		900 12TH STREET			PO BOX 1071	
Medicare 1:	679123 HHA-18		HEMPSTEAD, TX 77445			HEMPSTEAD, TX 77445	
Medicare 2:					PHONE:		FAX:
Phone	(979) 826-3198	Fax	(979) 826-3158		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	MONICA SANCROFT				
County	WASHINGTON	Region	05	Date Licensed	11/16/2012	Owner Information	
License #	015210		GENTLETOUCH HEALTHCARE INC			GENTLETOUCH HEALTHCARE INC	
Lic Expire	11/30/2022		102 E ALAMO ST STE 201			102 E ALAMO ST STE 201	
Medicare 1:			BRENHAM, TX 77833			BRENHAM, TX 77833	
Medicare 2:					PHONE:		FAX:
Phone	(979) 353-1224	Fax	(979) 383-2213		Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	TONYON BOYO				
County	WASHINGTON	Region	05	Date Licensed	03/16/2009	Owner Information	
License #	011732		GIRLING COMMUNITY CARE TEXAS BY HARDEN HEALTHCARE			GIRLING HEALTH CARE, INC	
Lic Expire	11/30/2022		305 NORTH PARK STREET			12900 FOSTER	
Medicare 1:			BRENHAM, TX 77833			OVERLAND PARK, NC 28117	
Medicare 2:					PHONE:		FAX:
Phone	(979) 236-4714	Fax	(979) 836-2883		Services: Licensed Home Health Services; Personal Assistance Services		
Type:	Branch Agency	Administrator	LAVERNE FOWLER				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WASHINGTON** Region 05 Date Licensed 07/23/2008
License # 012119 GOLDEN YEARS HOMECARE SPECIALISTS II
Lic Expire 7/31/2022 2403 SOUTH MARKET STREET SUITE F
Medicare 1: 747726 HHA-18 BRENHAM, TX 77833
Medicare 2:
Phone (979) 251-7705 Fax (979) 251-7648

Type: Parent Agency Administrator HELEN HARRIS

Owner Information

CUNIGAN & HARRIS ASSOCIATES INC
2501 MUSTANG ROAD
BRENHAM, TX 77833
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **WASHINGTON** Region 05 Date Licensed 02/11/1995
License # 002186 HOSPICE BRAZOS VALLEY INC
Lic Expire 302 E. BLUE BELL ROAD
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 277-9525 Fax (979) 277-9575

Type: Alternate Delivery Site Administrator CRAIG BORCHARDT

Owner Information

HOSPICE BRAZOS VALLEY INC
502 WEST 26TH STREET
BRYAN, TX 77803
PHONE: () - 512 FAX:
Services: Hospice
In-Patient Hospice: NO

County **WASHINGTON** Region 05 Date Licensed 08/01/2017
License # 018330 TEXAS HOME HEALTH GROUP OF COLLEGE STATION LLC
Lic Expire 7/31/2023 526 WEST MAIN
Medicare 1: BRENHAM, TX 77833
Medicare 2:
Phone (979) 830-0105 Fax (979) 830-0997

Type: Branch Agency Administrator JAMES LANG

Owner Information

TEXAS HOME HEALTH GROUP OF COLLEGE STATION, LLC
1605 ROCK PRAIRIE ROAD SUITE 206
COLLEGE STATION, TX 77845
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **WEBB** Region 07 Date Licensed 12/02/2019
License # 019725 A PLUS PRIMARY CARE ,LLC
Lic Expire 12/2/2021 7128 ROSSON LANE SUITE #6
Medicare 1: LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 401-3846 Fax (956) 568-3876

Type: Parent Agency Administrator JESUS RAMIREZ

Owner Information

A PLUS PRIMARY CARE, LLC
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/01/2008
License # 012249 ABC HOME HEALTH LLC
Lic Expire 9/30/2022 709 EAST CALTON ROAD SUITE 109
Medicare 1: 747311 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 523-3749 Fax (956) 523-3750

Type: Parent Agency Administrator REYNALDO VALDEZ

Owner Information

ABC HOME HEALTH LLC
709 EAST CALTON ROAD SUITE 109
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **WEBB** Region 07 Date Licensed 04/10/2012
License # 014738 ALFA HOME HEALTH
Lic Expire 4/30/2022 213 WEST VILLAGE BLVD. STE 8
Medicare 1: 747936 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 568-2240 Fax (956) 568-1860

Type: Parent Agency Administrator OSEAS GOMEZ

Owner Information

DAN HEALTH CARE LLC
6900 MCPHERSON ROAD
LAREDO, TX 78041
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WEBB** Region 07 Date Licensed 12/01/2000
License # 007611 ALL SEASONS HOME CARE
Lic Expire 11/30/2023 1602 FARRAGUT ST
Medicare 1: LAREDO, TEXAS 78040
Medicare 2:
Phone (956) 727-2169 Fax (956) 723-7000

Type: Parent Agency Administrator JORGE MADRIGALES

Owner Information

JORGE AND MYRA ENTERPRISES INC
1616 WASHINGTON ST.
LAREDO, TX 78040
PHONE: FAX:
Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	10/05/2017	Owner Information	
License #	018362					ALPHA PRIMARY CARE LLC	
Lic Expire	10/31/2023					624 FOREST LOOP	
Medicare 1:						LAREDO, TX 78045	
Medicare 2:						PHONE:	FAX:
Phone	(956) 568-7701	Fax	(956) 568-7733			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JACQUELINE HERRERA				
County	WEBB	Region	07	Date Licensed	05/01/2018	Owner Information	
License #	019779					ENVOY HOSPICE, LLC	
Lic Expire	10/25/2021					500 FAULCONER DRIVE, STE. 200	
Medicare 1:	67-1614					CHARLOTTESVILLE, VA 22903	
Medicare 2:						PHONE:	FAX:
Phone	(956) 718-3000	Fax	(956) 722-3006			Services: Hospice	
Type:	Parent Agency	Administrator	PEDRO PALOMO			In-Patient Hospice: NO	
County	WEBB	Region	07	Date Licensed	07/23/2018	Owner Information	
License #	019088					AMAZING QUALITY HOME CARE, LLC	
Lic Expire	7/23/2022					320 LAKE CLARK CT	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	956 6455367	Fax	956 3385670			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CHRISTINA SANDOVAL				
County	WEBB	Region	07	Date Licensed	08/17/2011	Owner Information	
License #	003177					HUB CITY HOME HEALTH INC	
Lic Expire	11/30/2023					506 VALLEY BROOK RD, STE 201	
Medicare 1:	67Q7522003					MCMURRAY, PA 15317	
Medicare 2:						PHONE:	FAX:
Phone	(956) 795-1900	Fax	(956) 795-1920			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JESSICA MONTNEY				
County	WEBB	Region	07	Date Licensed	10/16/2003	Owner Information	
License #	008697					AMISTAD HOME HEALTH INC	
Lic Expire	10/31/2023					P O BOX 1728	
Medicare 1:	679491 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 729-0949	Fax	(956) 729-7963			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CARLOS GARZA				
County	WEBB	Region	02	Date Licensed	09/13/2011	Owner Information	
License #	014398					APC HOME HEALTH SERVICE, INC	
Lic Expire	9/30/2023					1805 BELL STREET	
Medicare 1:						HARLINGEN, TX	
Medicare 2:						PHONE: () - 1	FAX:
Phone	956 7264977	Fax	956 7919670			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOVIE CANTU				
County	WEBB	Region	07	Date Licensed	09/07/2019	Owner Information	
License #	019505					RIGHT AT HOME PRIMARY HOME CARE, LLC	
Lic Expire	3/1/2022					1618 CHIHUAHUA STREET	
Medicare 1:						LAREDO, TEXAS 78043	
Medicare 2:						PHONE:	FAX:
Phone	(832) 431-1180	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	THELMA BYFIELD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	09/28/2009	Owner Information
License #	012874					AT YOUR SERVICE HOME HEALTH INC
Lic Expire	11/30/2024					SAME AS PHYSICAL ADDRESS
Medicare 1:						LAREDO, TX 78040
Medicare 2:						PHONE:
Phone	(956) 763-1833	Fax	(956) 727-7801			FAX:
Type:	Parent Agency	Administrator	VELMA BARRERA			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed	12/23/2010	Owner Information
License #	014043					PYRA MED HEALTH SERVICES LLC
Lic Expire	12/31/2022					400 INTERSTATE N PKWY S EAST SUITE 1600
Medicare 1:						ATLANTA, GA 30339
Medicare 2:						PHONE:
Phone	(956) 722-6221	Fax	(956) 722-6275			FAX:
Type:	Parent Agency	Administrator	NANCY MORALES			Services: Licensed Home Health Services
County	WEBB	Region	07	Date Licensed	05/05/2017	Owner Information
License #	010629					AXIOM HOME HEALTH INC
Lic Expire	7/31/2022					5002 WEST AVE
Medicare 1:						SAN ANTONIO, TX 78213
Medicare 2:						PHONE:
Phone	(210) 530-9111	Fax	(210) 366-9072			FAX:
Type:	Branch Agency	Administrator	TORRIE COMMERFORD			Services: Licensed Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	05/01/2003	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(866) 725-6802	Fax	(956) 725-1112			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	05/01/2003	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(866) 725-6802	Fax	(956) 725-1112			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	05/01/2003	Owner Information
License #	005782					FIRST PRIMARY HOME CARE, INC
Lic Expire	6/30/2023					2809 SOUTH EXPRESSWAY 83
Medicare 1:						HARLINGEN, TX 78550
Medicare 2:						PHONE:
Phone	(866) 725-6802	Fax	(956) 725-1112			FAX:
Type:	Branch Agency	Administrator	MICHAEL THIEL			Services: Licensed Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	07/31/2012	Owner Information
License #	014967					BIENVENIDOS ATTENDANT SERVICES INC
Lic Expire	7/31/2022					SAME AS PHYSICAL ADDRESS
Medicare 1:						LAREDO, TX 78040
Medicare 2:						PHONE:
Phone	(956) 727-7800	Fax	(956) 727-7801			FAX:
Type:	Parent Agency	Administrator	VELMA N BARRERA			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	09/30/2020	Owner Information
License #	020209					BLISSFUL PRIMARY HOME CARE LLC
Lic Expire	9/30/2022					1719 GUADALUPE ST STE 6 PMB#123
Medicare 1:						LAREDO, TEXAS 78043
Medicare 2:						PHONE:
Phone	(956) 482-5376	Fax	(361) 586-4839			FAX:
Type:	Parent Agency	Administrator	ALEXANDRA QUIROGA			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed	12/24/2018	Owner Information
License #	019805					MERALLAHTX, INC
Lic Expire	2/5/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 539-7477	Fax	(888) 734-1462			FAX:
Type:	Parent Agency	Administrator	KAREN ROCA			Services: Hospice In-Patient Hospice: NO
County	WEBB	Region	07	Date Licensed	06/28/2007	Owner Information
License #	011437					BORDER SKILLED SERVICES INC
Lic Expire	6/30/2022					6425 POLARIS DRIVE STE. 11
Medicare 1:	747258 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 724-9999	Fax	(956) 717-8854			FAX:
Type:	Parent Agency	Administrator	ALBERTO GARZA-GONGORA			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WEBB	Region	07	Date Licensed	07/18/2019	Owner Information
License #	019572					TRUCARE HEALTH SERVICES, LLC
Lic Expire	7/18/2023					
Medicare 1:	679547 ((HHA)					
Medicare 2:						PHONE:
Phone	(956) 712-9988	Fax	(956) 791-4888			FAX:
Type:	Parent Agency	Administrator	MATTHEW WONG			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	01/06/2011	Owner Information
License #	013807					PW HEALTH SERVICES, LLC
Lic Expire	1/31/2023					615A GALE ST.
Medicare 1:						LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 712-9988	Fax	(956) 791-4888			FAX:
Type:	Parent Agency	Administrator	VERONICA TAMEZ			Services: Licensed Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	08/06/2013	Owner Information
License #	015689					CARE GUARDIAN HEALTH SERVICES INC
Lic Expire	8/31/2023					1701 JACAMAN ROAD SUITE RP8-F
Medicare 1:	747960 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 725-5539	Fax	(956) 725-5546			FAX:
Type:	Parent Agency	Administrator	YOLLY JIMENEZ			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WEBB	Region	07	Date Licensed	07/25/2007	Owner Information
License #	011500					SEVENTEEN LAC, INC
Lic Expire	7/31/2023					PO BOX 450249
Medicare 1:	747295 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 727-1900	Fax	(956) 727-1718			FAX:
Type:	Parent Agency	Administrator	VERONICA CANTU			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	04/17/2017	Owner Information	
License #	018004					CARIDAD HOME CARE SERVICES LLC	
Lic Expire	4/30/2024					802 GALVESTON STE C	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 791-0913	Fax	(956) 284-0189			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SAN JUANITA SANTOS				
County	WEBB	Region	07	Date Licensed	11/07/2017	Owner Information	
License #	018429					IMELDA GONZALEZ	
Lic Expire	11/30/2019					214 GRANADA DRIVE	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 324-0063	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IMELDA GONZALEZ				
County	WEBB	Region	07	Date Licensed	09/06/1996	Owner Information	
License #	004883					CHAMPION CARE INC	
Lic Expire	9/30/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:	459052					LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 712-2156	Fax	(956) 727-7801			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	YOLINDA TREVINO				
County	WEBB	Region	07	Date Licensed	10/01/2013	Owner Information	
License #	015784					CHAMPION PALOMITA SERVICES INC	
Lic Expire	9/30/2024					SAME AS PHYSICAL ADDRESS	
Medicare 1:						LAREDO, TX 78045	
Medicare 2:						PHONE:	FAX:
Phone	(956) 857-7086	Fax	(956) 583-4621			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YOLINDA B. TREVINO				
County	WEBB	Region	07	Date Licensed	10/02/2013	Owner Information	
License #	015787					CHAMPION PRIMARY CARE INC	
Lic Expire	10/31/2023					SAME AS PHYSICAL ADDRESS	
Medicare 1:						LAREDO, TX 78045	
Medicare 2:						PHONE:	FAX:
Phone	(956) 857-7086	Fax	(956) 583-4621			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YOLINDA B. TREVINO				
County	WEBB	Region	07	Date Licensed	10/05/2021	Owner Information	
License #	021102					CHILDRENS HOME TREATMENT SERVICES LLC	
Lic Expire	10/5/2024					5415 SPRINGFIELD AVE. 4B	
Medicare 1:						LAREDO, TEXAS 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 420-8387	Fax	(956) 553-2300			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	MIRIAM CAVAZOS				
County	WEBB	Region	07	Date Licensed	07/03/2019	Owner Information	
License #	019467					CLAUDIA'S HOME CARE PROVIDER LLC	
Lic Expire	7/3/2021					6999 MCPHERSON RD. SUITE 105 #8	
Medicare 1:						LAREDO, TEXAS 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 771-2273	Fax	(832) 565-1490			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CLAUDIA ARREDONDO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 12/10/2015
License # 017246 CMV HOME HEALTH LLC
Lic Expire 12/31/2024 7128 ROSSON LANE STE 5
Medicare 1: 457440 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 568-3120 Fax (956) 568-3876
Type: Parent Agency Administrator CARLOS CANALES

Owner Information

CMV HOME HEALTH LLC
7128 ROSSON LANE STE.5
LAREDO, TEXAS 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WEBB** Region 07 Date Licensed 10/07/2005
License # 010032 COMMUNITY HOME CARE INC
Lic Expire 10/31/2022 6108 MCPHERSON AVE STE 10
Medicare 1: 677968 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 725-3888 Fax (956) 725-3898
Type: Parent Agency Administrator CRISTINA GOMEZ

Owner Information

COMMUNITY HOME CARE INC
6108 MCPHERSON AVENUE SUITE 10
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 09/30/2001
License # 007772 COMPLETE CHOICE CARE INC
Lic Expire 9/30/2022 709 ALTA VISTA DRIVE SUITE 104
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 725-3270 Fax (956) 725-8812
Type: Parent Agency Administrator BONIFACE EMEREMNU

Owner Information

COMPLETE CHOICE CARE INC
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/08/2010
License # 013381 CTJ CARINO PRIMARY CARE LLC
Lic Expire 6/30/2022 909 MARKET STREET SUITE B
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 753-0008 Fax (956) 753-5677
Type: Parent Agency Administrator CELINDA GALLEGOS

Owner Information

CTJ CARINO PRIMARY CARE LLC
909 MARKET STREET, STE B
LAREDO, TX 78040
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 01/28/2011
License # 013857 DEL ALMA HOME HEALTH LLC
Lic Expire 1/31/2023 313 W VILLAGE #108 STE 1
Medicare 1: 747852 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone (956) 753-8698 Fax (956) 791-0616
Type: Parent Agency Administrator DIANA CASTILLO

Owner Information

DEL ALMA HOME HEALTH LLC
5901 MCPHERSON ROAD SUITE 9A
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 07/24/2013
License # 015666 DIVINAS MANOS HOME HEALTH LLC
Lic Expire 2/12/2024 7109 N. BARTLETT AVE. SUITE #204
Medicare 1: 747953 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 728-8322 Fax (956) 728-8353
Type: Parent Agency Administrator AMARO GUTIERREZ

Owner Information

DIVINAS MANOS HOME HEALTH LLC
1103 CORPUS CHRISTI
LAREDO, TX 78040-5258
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WEBB** Region 07 Date Licensed 07/14/2008
License # 012103 DNA HOME HEALTH SERVICES LLC
Lic Expire 7/31/2022 6550 SPRINGFIELD STE. 203
Medicare 1: 747294 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 753-5800 Fax (956) 753-5801
Type: Parent Agency Administrator DORA SANCHEZ

Owner Information

DNA HOME HEALTH SERVICES LLC
6550 SPRINGFIELD AVE SUITE 203
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County	WEBB	Region	07	Date Licensed	01/13/2012	Owner Information
License #	014576	ESTRELLA PROVIDER SERVICES LLC			ESTRELLA PROVIDER SERVICES LLC	
Lic Expire	1/31/2024	107 CALLE DEL NORTE SUITE 17			107 CALLE DEL NORTE STE. 17	
Medicare 1:		LAREDO, TEXAS 78041			LAREDO, TX 78041	
Medicare 2:					PHONE:	FAX:
Phone	(956) 723-1234	Fax	(866) 239-0666	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	JOSE GONZALEZ			
County	WEBB	Region	07	Date Licensed	10/24/2005	Owner Information
License #	010070	EXCELLENT NURSING CARE PC			EXCELLENT NURSING CARE PC	
Lic Expire	10/31/2022	201 W HILLSIDE RD STE 9			802 GALVESTON SUITE C	
Medicare 1:	677941 HHA-18	LAREDO, TEXAS 78041			LAREDO, TX 78040	
Medicare 2:					PHONE:	FAX:
Phone	(956) 725-2786	Fax	(956) 723-9833	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	DARLENE JIMENEZ			
County	WEBB	Region	07	Date Licensed	09/19/2007	Owner Information
License #	011592	FARIAS HOME HEALTH CARE LLC			FARIAS HOME HEALTH CARE, LLC	
Lic Expire	9/30/2022	501 MARINA, STE. 2			501 MARINA SUITE 2	
Medicare 1:	747093 HHA-18	LAREDO, TEXAS 78046			LAREDO, TEXAS 78046	
Medicare 2:					PHONE:	FAX:
Phone	(956) 701-3509	Fax	(956) 701-3511	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	JESUS RAMIREZ			
County	WEBB	Region	07	Date Licensed	04/24/2015	Owner Information
License #	016765	FC PRIMARY HOME CARE			FC PRIMARY HOME CARE LLC	
Lic Expire	4/30/2024	1420 E SAUNDERS ST.			3511 S MALINCHE	
Medicare 1:		LAREDO, TX 78041			LAREDO, TX 78046	
Medicare 2:					PHONE:	FAX:
Phone	(956) 568-6975	Fax	(956) 568-6969	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	CHRISTINE MADRIGAL			
County	WEBB	Region	07	Date Licensed	09/12/2017	Owner Information
License #	018312	FIESTA PRIMARY HOME CARE LLC			FIESTA PRIMARY HOME CARE LLC	
Lic Expire	9/30/2023	6508 N BARTLETT AVENUE SUITE D			6508 N BARTLETT AVENUE SUITE E	
Medicare 1:		LAREDO, TEXAS 78041			LAREDO, TX 78041	
Medicare 2:					PHONE:	FAX:
Phone	(956) 602-0275	Fax	(956) 726-9305	Services: Personal Assistance Services		
Type:	Parent Agency	Administrator	SAUL ZAMBRANO			
County	WEBB	Region	07	Date Licensed	05/19/2009	Owner Information
License #	012608	FIRST AIDE HOME CARE LLC			FIRST AIDE HOME CARE LLC	
Lic Expire	5/31/2023	1617 CHACON STREET			2904 BLAINE STREET	
Medicare 1:	747382 HHA-18	LAREDO, TX 78043			LAREDO, TX 78043	
Medicare 2:					PHONE:	FAX:
Phone	(956) 725-2433	Fax	(956) 722-3057	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	VICTOR ALVARADO			
County	WEBB	Region	07	Date Licensed	02/15/2013	Owner Information
License #	015454	FRIENDLY CARE HOME HEALTH SERVICES LLC			FRIENDLY CARE HOME HEALTH SERVICES LLC	
Lic Expire	2/28/2023	313 W VILLAGE #108 STE 7			6414 MCPHERSON RD., SUITE 2	
Medicare 1:	747296 HHA-18	LAREDO, TEXAS 78041			LAREDO, TX 78041	
Medicare 2:					PHONE:	FAX:
Phone	(956) 724-7100	Fax	(956) 724-7101	Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services		
Type:	Parent Agency	Administrator	DIANA CASTILLO			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 02/12/2008
License # 011880 FRIENDLY CARE PRIMARY SERVICES
Lic Expire 2/28/2023 2319 CHIHUAHUA
Medicare 1: LAREDO, TX 78043
Medicare 2:
Phone (956) 753-6040 Fax (956) 753-6850
Type: Parent Agency Administrator MARTHA SANDERSON

Owner Information

FRIENDLY CARE PRIMARY SERVICES LLC
2319 CHIHUAHUA
LAREDO, TX 78043
PHONE:
FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 03/25/2008
License # 012125 FRIENDS HEALTH CARE SERVICES INC
Lic Expire 3/31/2022 5415 SPRINGFIELD AVE 2 B
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 795-8705 Fax (956) 791-2554
Type: Branch Agency Administrator DAVID SUAREZ

Owner Information

FRIENDS HEALTH CARE SERVICES INC
401 S KANSAS AVENUE SUITE D
WESLACO, TX 78596
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 08/21/2009
License # 012799 GDM PRIMARY HOME CARE INC
Lic Expire 8/31/2023 6508 NORTH BARTLETT SUITE E
Medicare 1: LAREDO, TX 78045
Medicare 2:
Phone (956) 727-0311 Fax (956) 726-9305
Type: Parent Agency Administrator MARIA ELVIRA MONTEMAYOR

Owner Information

GDM PRIMARY HOME CARE INC
6508 N BARTLETT AVE SUTIE E
LAREDO, TX 78041
PHONE:
FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 03/26/2004
License # 008989 GLOBAL NURSING SERVICES INC
Lic Expire 3/31/2022 6801 MCPHERSON SUITE 221
Medicare 1: 679475 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 712-8147 Fax (956) 722-1665
Type: Parent Agency Administrator CHRISTINE GARZA

Owner Information

GLOBAL NURSING SERVICES INC
6801 MCPHERSON STREET SUITE 221
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed
License # 010995 HANDS OF ANGELS HOME CARE
Lic Expire 1/31/2024 1502 ZAPATA HWY STE. 4
Medicare 1: LAREDO, TEXAS 78046
Medicare 2:
Phone (956) 793-3286 Fax (956) 440-1287
Type: Branch Agency Administrator ELSA NELLY BURKHOLDER

Owner Information

HANDS OF ANGELS HOME HEALTH CARE INC
SAME AS PHYSICAL ADDRESS
HARLINGEN, TX 78552
PHONE:
FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 06/01/2013
License # 015684 HEALING EXPERTS HOME HEALTH LLC
Lic Expire 5/31/2024 6510 POLARIS DR., STE. 2
Medicare 1: 747374 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 284-0780 Fax (956) 568-0158
Type: Parent Agency Administrator IRMA CEPEDA

Owner Information

HEALING EXPERTS HOME HEALTH LLC
2412 JACAMAN ROAD UNIT 102
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 01/27/2006
License # 010416 HEALING HANDS HOME HEALTH CARE LLC
Lic Expire 1/31/2024 6510 POLARIS DRIVE SUITE 3
Medicare 1: 679502 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 727-9111 Fax (956) 727-9107
Type: Parent Agency Administrator IRMA CEPEDA

Owner Information

HEALING HANDS HOME HEALTH CARE LLC
6510 POLARIS DRIVE SUITE 3
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	12/19/2008	Owner Information	
License #	012362					HEALING HANDS PROVIDER SERVICE, LLC	
Lic Expire	12/31/2022					6510 POLARIS DRIVE SUITE 2	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 284-0768	Fax	(956) 568-8994			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	IRMA CEPEDA				
County	WEBB	Region	07	Date Licensed	06/29/2001	Owner Information	
License #	002164					HEALTH CARE UNLIMITED, INC	
Lic Expire	11/30/2022					1100 E LAUREL	
Medicare 1:	67Q7285003					MCALLEN, TX 78504	
Medicare 2:						PHONE:	FAX:
Phone	(956) 796-9187	Fax	(956) 796-9146			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	JOSEPH RAMON III				
County	WEBB	Region	07	Date Licensed	10/12/2009	Owner Information	
License #	013070					JAR HELATH CARE PLLC	
Lic Expire	10/31/2023					1520 E SAN PEDRO SUITE 201	
Medicare 1:	747342 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 724-5651	Fax	(956) 724-5654			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ROXANA REYNA				
County	WEBB	Region	07	Date Licensed	08/08/2008	Owner Information	
License #	012145					HEAVENLY NURSES HOME HEALTH, LLC	
Lic Expire	8/31/2022					9803 STERLING LOOP UNIT 190	
Medicare 1:	747424 HHA-18					LAREDO, TX 78045	
Medicare 2:						PHONE:	FAX:
Phone	(956) 726-9700	Fax	(956) 796-9574			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	PAULINA A. VASQUEZ				
County	WEBB	Region	07	Date Licensed	10/13/2021	Owner Information	
License #	021125					HOLY SAVIOR HOME CARE	
Lic Expire	10/13/2024					6999 MCPHERSON AVE. SUITE 215 A	
Medicare 1:						LAREDO, TEXAS 78041	
Medicare 2:						PHONE:	FAX:
Phone	956 6259339	Fax	956 2699004			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSICA TAYLOR				
County	WEBB	Region	03	Date Licensed		Owner Information	
License #	016498					ROLLINGS MEADOWS HOSPICE LLC	
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200	
Medicare 1:						DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(956) 307-4600	Fax				Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	CANTU LAURA				
County	WEBB	Region	03	Date Licensed		Owner Information	
License #	016498					ROLLINGS MEADOWS HOSPICE LLC	
Lic Expire	6/30/2022					11496 LUNA ROAD SUITE #200	
Medicare 1:						DALLAS, TX 75234	
Medicare 2:						PHONE:	FAX:
Phone	(956) 307-4600	Fax				Services: Hospice In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	CANTU LAURA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	05/08/2014	Owner Information	
License #	016193	HOSPICE SPECIALTY INC				HOSPICE SPECIALTY INC	
Lic Expire	5/31/2022	1220 SCOTT STREET				1220 SCOTT STREET	
Medicare 1:	741544 HOSPICE	LAREDO, TX 78040				LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 722-0106	Fax	(956) 727-1406			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	ANNA LIZA GUAJARDO				
County	WEBB	Region	07	Date Licensed	10/14/2021	Owner Information	
License #	021130	INFINITO HOMECARE LLC				INFINITO HOMECARE LLC	
Lic Expire	10/14/2024	6999 MCPHERSON ROAD SUITE 109					
Medicare 1:		LAREDO, TEXAS 78041				PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	956 6020371	Fax	956 6020372				
Type:	Parent Agency	Administrator	CHRISTINA PIZANA				
County	WEBB	Region	07	Date Licensed	09/01/2017	Owner Information	
License #	018292	LA ESPERANZA HOME HEALTH INC				LA ESPERANZA HOME HEALTH, INC	
Lic Expire	8/31/2023	5703 SPRINGFIELD AVENUE				5703 SPRINGFIELD AVENUE	
Medicare 1:	74-1774	LAREDO, TX 78041				LAREDO, TEXAS 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 723-4702	Fax	(956) 723-4721			Services: Hospice In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	CARLOS RAMIREZ				
County	WEBB	Region	07	Date Licensed	08/20/2008	Owner Information	
License #	012188	LA ESPERANZA HOME HEALTH INC				LA ESPERANZA HOME HEALTH, INC	
Lic Expire	8/31/2023	5703 SPRINGFIELD AVE				5703 SPRINGFIELD AVENUE	
Medicare 1:	747307 HHA-18	LAREDO, TX 78041				LAREDO, TEXAS 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 723-4702	Fax	(956) 723-4721			Services: Licensed and Certified Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CARLOS RAMIREZ				
County	WEBB	Region	07	Date Licensed	12/11/2017	Owner Information	
License #	007540	LA FUENTE PRIMARY HOME CARE				LA FUENTE INCORPORATED	
Lic Expire	2/28/2023	435 ST. THOMAS DRIVE				PO BOX 280	
Medicare 1:		LAREDO, TX 78045				SULLIVAN CITY, TX 78595	
Medicare 2:						PHONE:	FAX:
Phone	(956) 485-2400	Fax	(956) 485-1193			(956) 485-9650	(956) 485-9652
Type:	Branch Agency	Administrator	VERONICA ALEMAN		Services: Licensed Home Health Services; Personal Assistance Services		
County	WEBB	Region	07	Date Licensed	02/13/2003	Owner Information	
License #	008322	LA LUZ PRIMARY HOME CARE LLC				LA LUZ PRIMARY HOME CARE LLC	
Lic Expire	2/28/2023	2349 EAST SAUNDERS				2349 E SAUNDERS	
Medicare 1:		LAREDO, TX 78041				LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 724-7859	Fax	(956) 724-5801			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	NORA HERNANDEZ				
County	WEBB	Region	07	Date Licensed	09/01/2010	Owner Information	
License #	013548	LA MISERICORDIA HOME CARE SERVICE LLC				LA MISERICORDIA HOME CARE SERVICE LLC	
Lic Expire	8/31/2022	2333 E SAUNDERS ST				2333 E SAUNDERS	
Medicare 1:		LAREDO, TX 78041				LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 712-2834	Fax	(956) 723-9949			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIO MARTINEZ				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	11/10/2017	Owner Information	
License #	018444					LAREDO GENTLE HANDS HOSPICE CARE LLC	
Lic Expire	11/30/2024					5415 SPRINGFIELD AVE SUITE 2C	
Medicare 1:	74-1761					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 334-7937	Fax	(956) 242-6084			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	DIANA CASTILLO				
County	WEBB	Region	07	Date Licensed	04/27/2021	Owner Information	
License #	020721					LAREDO HOME CARE PROVIDER SERVICES LLC	
Lic Expire	4/27/2024					962 LAUREN LANE	
Medicare 1:						LAREDO, TEXAS 780456625	
Medicare 2:						PHONE:	FAX:
Phone	(956) 324-1181	Fax	(956) 253-4108			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RAQUEL HERRERA				
County	WEBB	Region	07	Date Licensed	03/24/1998	Owner Information	
License #	006398					SOUTH TEXAS PRIMARY CARE INC	
Lic Expire	3/31/2023					200 W LYON ST	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 725-3804	Fax	(956) 725-0182			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ALFONSO RODRIGUEZ				
County	WEBB	Region	07	Date Licensed	12/20/2006	Owner Information	
License #	010954					LAREDO SKILLED SERVICES INC	
Lic Expire	12/31/2022					2101 SOUTH EJIDO AVE	
Medicare 1:	747257 HHA-18					LAREDO, TX 78046	
Medicare 2:						PHONE:	FAX:
Phone	(956) 724-4280	Fax	(956) 724-2263			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ALEX GARCIA				
County	WEBB	Region	07	Date Licensed	11/21/2014	Owner Information	
License #	016549					L&JOE, LLC	
Lic Expire	11/30/2022					205 W. VILLAGE BLVD SUITE 3	
Medicare 1:	679707 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 722-0394	Fax	(956) 722-0098			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	ANA RODRIGUEZ				
County	WEBB	Region	07	Date Licensed	08/17/2011	Owner Information	
License #	014290					LIONSITOS PRIMARY HOME CARE INC	
Lic Expire	8/31/2023					1506 EISENHOWER DRIVE	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 523-0429	Fax	(956) 725-1694			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	GUADALUPE DE LEON JR.				
County	WEBB	Region	07	Date Licensed	05/12/2016	Owner Information	
License #	017394					LONE STAR HEALTH SERVICES, PLLC	
Lic Expire	5/31/2022					2920 PALO BLANCO	
Medicare 1:						LAREDO, TEXAS 78046	
Medicare 2:						PHONE:	FAX:
Phone	(956) 602-1612	Fax	(956) 602-1211			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	SAMUEL CANTU				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	04/27/2017	Owner Information
License #	018024					M & J PRIMARY HOME CARE LLC
Lic Expire	4/30/2024					6108 MCPHERSON ROAD SUITE 5
Medicare 1:						LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 568-1479	Fax	(956) 568-1519			FAX:
Type:	Parent Agency	Administrator	SANDRA SALGADO			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed		Owner Information
License #	021371					MAGNOLIA PRIMARY CARE, LLC
Lic Expire	2/7/2025					SAME AS PHYSICAL ADDRESS
Medicare 1:						'
Medicare 2:						PHONE:
Phone	956 2352973	Fax				FAX:
Type:	Parent Agency	Administrator	CLAUDIA CARRILLO			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed	10/14/2015	Owner Information
License #	017076					MANNA PROVIDER SERVICES LLC
Lic Expire	10/31/2021					1915 WOODLAND DRIVE
Medicare 1:						LAREDO, TX 78045
Medicare 2:						PHONE:
Phone	(956) 602-1671	Fax	(956) 602-1671			FAX:
Type:	Parent Agency	Administrator	HERMELINDA JIMENEZ			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed	05/28/2019	Owner Information
License #	019393					CASA COMPASIVA, LLC
Lic Expire	5/28/2021					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(956) 441-1362	Fax	(956) 441-1304			FAX:
Type:	Parent Agency	Administrator	EVELYN GARCIA			Services: Personal Assistance Services
County	WEBB	Region	07	Date Licensed	05/28/2009	Owner Information
License #	012627					MARDEL HOME HEALTH, LLC
Lic Expire	5/31/2023					1401 CALLE DEL NORTE STE 5
Medicare 1:	747608 HHA-18					LAREDO, TEXAS 78041
Medicare 2:						PHONE:
Phone	(956) 753-7007	Fax	(956) 723-3535			FAX:
Type:	Parent Agency	Administrator	CLAUDETTE GALLEGOS			Services: Licensed and Certified Home Health Services; Personal Assistance Services
County	WEBB	Region	07	Date Licensed	07/18/2013	Owner Information
License #	015660					MEDLIFE HOME HEALTH SERVICES INC
Lic Expire	7/31/2023					133 LAKE CHAPALA DR.
Medicare 1:	747923 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE:
Phone	(956) 462-5974	Fax	(956) 267-5744			FAX:
Type:	Parent Agency	Administrator	MONICA LOZANO			Services: Licensed and Certified Home Health Services
County	WEBB	Region	07	Date Licensed	07/07/2020	Owner Information
License #	020038					CANDI M ROSSEL HOME HEALTH SERVICES, INC
Lic Expire	7/7/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	956 8036061	Fax				FAX:
Type:	Parent Agency	Administrator	CANDI ROSSEL			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	07/27/2011	Owner Information	
License #	014236					M & R MANAGEMENT LLC	
Lic Expire	7/31/2024					PO BOX 15153	
Medicare 1:						ZAPATA, TEXAS 78076	
Medicare 2:						PHONE:	FAX:
Phone	(956) 725-5808	Fax	(956) 568-9679			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MARISELA LEAL				
County	WEBB	Region	07	Date Licensed	06/12/2009	Owner Information	
License #	012774					NEW BEGINNING HOME CARE INC	
Lic Expire	6/30/2024					2212 MCDONELL SUITE 3	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 724-6755	Fax	(956) 729-0399			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	HECTOR LOZANO				
County	WEBB	Region	07	Date Licensed	09/26/2003	Owner Information	
License #	006229					NURSES ON WHEELS INC	
Lic Expire	8/31/2022					1101 3RD STREET	
Medicare 1:						CORPUS CHRISTI, TX 78404	
Medicare 2:						PHONE:	FAX:
Phone	(361) 527-9139	Fax	(361) 527-4137			Services:	Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	MARY GARCIA GARCIA				
County	WEBB	Region	07	Date Licensed	09/08/2003	Owner Information	
License #	006229					NURSES ON WHEELS INC	
Lic Expire	8/31/2022					1101 3RD STREET	
Medicare 1:	45Q9200001					CORPUS CHRISTI, TX 78404	
Medicare 2:						PHONE:	FAX:
Phone	(361) 527-9139	Fax	(361) 527-4137			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	MARY GARCIA				
County	WEBB	Region	07	Date Licensed	01/01/1998	Owner Information	
License #	006274					NURSING FROM THE HEART HOME CARE INC	
Lic Expire	12/31/2022					1505 CALLE DEL NORTE STE 250	
Medicare 1:	459047 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 727-4444	Fax	(956) 727-4677			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Parent Agency	Administrator	MARIA ISABEL LAYTON				
County	WEBB	Region	07	Date Licensed	03/03/2015	Owner Information	
License #	016663					NURSING FROM THE HEART PRIMARY CARE LLC	
Lic Expire	3/31/2023					3610 JOSEFINA DRIVE	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 568-3699	Fax	(956) 568-3678			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	MARIA LAYTON				
County	WEBB	Region	07	Date Licensed	02/22/2017	Owner Information	
License #	018051					NSCL INC	
Lic Expire	2/28/2023					PO BOX 398	
Medicare 1:						BENAVIDES, TEXAS 78341	
Medicare 2:						PHONE:	FAX:
Phone	(956) 725-9211	Fax	(956) 725-9996			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	HECTOR ALVARADO ALVARADO				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed	05/23/2013	Owner Information	
License #	015560					OUR GUARDIAN ANGELS HOME HEALTH INC	
Lic Expire	5/31/2023					1203 E 28TH STREET	
Medicare 1:						MISSION, TX 78754	
Medicare 2:						PHONE:	FAX:
Phone	(956) 235-7158	Fax	(956) 602-1157			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SANDRA VILLARREAL				
County	WEBB	Region	07	Date Licensed	05/12/2014	Owner Information	
License #	016201					PALOMITA PROVIDER SERVICE LLC	
Lic Expire	5/31/2022					815 SALINAS SUITE B	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 518-0088	Fax	(956) 272-0108			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	EUNICE VASQUEZ				
County	WEBB	Region	07	Date Licensed	02/22/2011	Owner Information	
License #	013907					PALOMITAS R US INC	
Lic Expire	2/28/2023					PO BOX 451592	
Medicare 1:						LAREDO, TEXAS 78045	
Medicare 2:						PHONE:	FAX:
Phone	(956) 753-3294	Fax	(956) 723-0118			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	YOLANDA CARRILLO				
County	WEBB	Region	07	Date Licensed	12/17/2015	Owner Information	
License #	017187					PENN PATIENT CARE LLC	
Lic Expire	12/31/2023					104 E. CALTON ROAD SUITE 102	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 722-2273	Fax	(956) 722-2274			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	JESSICA MENDOZA				
County	WEBB	Region	07	Date Licensed	02/14/2003	Owner Information	
License #	008323					CYNTHIA T VAZQUEZ	
Lic Expire	2/28/2022					1817 CORPUS CHRISTI STREET	
Medicare 1:						LAREDO, TX 78043	
Medicare 2:						PHONE:	FAX:
Phone	(956) 722-9311	Fax	(956) 723-8616			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	CYNTHIA VAZQUEZ				
County	WEBB	Region	07	Date Licensed	05/10/2005	Owner Information	
License #	009748					PRO HEALTH NURSING INC	
Lic Expire	5/31/2023					4019 MCPHERSON # 203 & 204	
Medicare 1:	677899 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 724-2006	Fax	(956) 724-2014			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	MIGUEL SAUCEDO				
County	WEBB	Region	07	Date Licensed	07/17/2017	Owner Information	
License #	018171					RAMIREZ PRIMARY HOME CARE LLC	
Lic Expire	7/31/2019					402 E HILLSIDE #1	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 704-5080	Fax	(956) 704-5072			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	LUIS MACARIO RAMIREZ III				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	06	Date Licensed	07/30/2012	Owner Information	
License #	007241					RESOURCE HEALTH SERVICES INC	
Lic Expire	8/31/2020					7211 REGENCY SQUARE BLVD SUITE 102	
Medicare 1:						HOUSTON, TX 77036	
Medicare 2:						PHONE:	FAX:
Phone	(956) 712-8000	Fax	(956) 712-8133			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	ROSE NWABUISI				
County	WEBB	Region	07	Date Licensed	11/14/2011	Owner Information	
License #	014471					ROCHA PRIMARY CARE LLC	
Lic Expire	11/30/2023					803 MCCLELLAND AVE	
Medicare 1:						LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 286-3333	Fax	(956) 726-1898			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	ROGER ROCHA				
County	WEBB	Region	07	Date Licensed	01/21/2011	Owner Information	
License #	010616					SAINT BENEDICTS HOME HEALTH INC	
Lic Expire	7/31/2024					424 E MAIN	
Medicare 1:						ROBSTOWN, TX 78380	
Medicare 2:						PHONE:	FAX:
Phone	(956) 728-8088	Fax	(956) 728-8483			Services:	Personal Assistance Services
Type:	Branch Agency	Administrator	BRENDA RAMON				
County	WEBB	Region	07	Date Licensed	06/14/2007	Owner Information	
License #	007114					SALDIVAR COASTAL SERVICES INC	
Lic Expire	9/30/2022					P. O. BOX 3504	
Medicare 1:						ALICE, TEXAS 78332	
Medicare 2:						PHONE:	(361) 396-1200 FAX: (361) 396-1203
Phone	(956) 717-5009	Fax	(956) 717-5876			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	MARGOT P SALDIVAR				
County	WEBB	Region	07	Date Licensed	09/22/2005	Owner Information	
License #	009982					SALUD HOME HEALTH INC	
Lic Expire	9/30/2022					2920 SOUTH MALINCHE	
Medicare 1:	679541					LAREDO, TX 78046	
Medicare 2:						PHONE:	FAX:
Phone	(956) 718-9987	Fax	(956) 718-1916			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	MIGUEL ANGEL GALLEGOS				
County	WEBB	Region	07	Date Licensed	05/26/2006	Owner Information	
License #	010492					SAN AGUSTIN HOME HEALTH SERVICES	
Lic Expire	5/31/2023					1001 CORPUS CHRISTI STREET	
Medicare 1:	67-9694					LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 717-1204	Fax	(956) 717-2604			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	REYNA CARRILLO				
County	WEBB	Region	07	Date Licensed	08/01/2001	Owner Information	
License #	007687					SANDS CARE HEALTH SERVICES LC	
Lic Expire	7/31/2022					201 WEST HILLSIDE SUITE 8	
Medicare 1:						LAREDO, TX 78041-6905	
Medicare 2:						PHONE:	FAX:
Phone	(956) 728-1565	Fax	(956) 728-1566			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	ANDREA LAURA SANDS				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WEBB	Region	07	Date Licensed		Owner Information
License #	012384					SELAH HOSPICE CARE INC
Lic Expire	1/31/2023					PO BOX 4034
Medicare 1:						MCALLEN, TX 78502
Medicare 2:						PHONE: (888) 407-4108 FAX:
Phone	(956) 441-0038	Fax				Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	VIRGINIA ODRIA			
County	WEBB	Region	07	Date Licensed	01/12/2017	Owner Information
License #	017853					SERENITY HOME CARE SERVICES
Lic Expire	1/31/2025					107 CALLE DEL NORTE STE. 11 B
Medicare 1:	741726 HOSPICE					LAREDO, TX 78041
Medicare 2:						PHONE: FAX:
Phone	(956) 725-5533	Fax	(956) 725-5536			Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	JOSE MARTINEZ			
County	WEBB	Region	07	Date Licensed	12/01/2006	Owner Information
License #	010911					LAREDO QUALITY HOME HEALTH INC
Lic Expire	11/30/2023					107 CALLE DEL NORTE STE. 17
Medicare 1:	747028 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE: FAX:
Phone	(956) 725-5533	Fax	(956) 725-5536			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	JOSE MARTINEZ			
County	WEBB	Region	07	Date Licensed	01/11/2022	Owner Information
License #	021320					SERENITY HOSPICE OF LAREDO, LLC
Lic Expire	1/11/2025					1220 SAN AGUSTIN AVE
Medicare 1:						LAREDO, TEXAS 78040
Medicare 2:						PHONE: FAX:
Phone	19564411880	Fax				Services: Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	AIMEE ARIZOLA			
County	WEBB	Region	07	Date Licensed	04/05/2021	Owner Information
License #	020670					SERENITY PROVIDER SERVICES, LLC
Lic Expire	4/5/2023					6414 MCPHERSON RD. STE. 2
Medicare 1:						LAREDO, TX 78041
Medicare 2:						PHONE: FAX:
Phone	(956) 452-0202	Fax	(956) 725-5536			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	JOSE GONZALEZ			
County	WEBB	Region	07	Date Licensed	06/29/2009	Owner Information
License #	012669					ST JUDES SPECIALTY HOME AND HEALTH CARE SERVICES INC
Lic Expire	6/30/2023					1220 SCOTT STREET
Medicare 1:	747388 HHA-18					LAREDO, TX 78040
Medicare 2:						PHONE: FAX:
Phone	(956) 722-0106	Fax	(956) 727-1406			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	PATRICIA GUAJARDO			
County	WEBB	Region	07	Date Licensed	03/31/2006	Owner Information
License #	010364					STAR OF LIFE HOME CARE INC
Lic Expire	3/31/2024					2919 SPRINGFIELD AVENUE
Medicare 1:	679661 HHA-18					LAREDO, TX 78041
Medicare 2:						PHONE: FAX:
Phone	(956) 568-0111	Fax	(956) 753-0112			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
Type:	Parent Agency	Administrator	CLAUDIA HOURIGAN			

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 11/22/2011
License # 014482 STEPCARE INC
Lic Expire 11/30/2023 1505 CALLE DEL NORTE STE 260B
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 725-1001 Fax (956) 729-1614
Type: Parent Agency Administrator BONIFACE EMEREMNU

Owner Information

STPCARE INC
1505 CALLE DEL NORTE SUITE 260B
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 10/20/2011
License # 014431 SUNSHINE THERAPY & NURSING SERVICES
Lic Expire 10/31/2023 6508 N BARTLETT AVE SUITE D
Medicare 1: 747980 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 723-6600 Fax (956) 723-6614
Type: Parent Agency Administrator SELINA RAMOS

Owner Information

LAREDO KIDS ADVANCED THERAPY INC
1319 E HILLSIDE RD STE B
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services

County **WEBB** Region 07 Date Licensed 01/21/2009
License # 012406 SUPERIOR CARE HOME HEALTH SERVICES LLC
Lic Expire 1/31/2023 804 OKANE STREET
Medicare 1: 747450 HHA-18 LAREDO, TX 78040
Medicare 2:
Phone (956) 791-6477 Fax (956) 721-0663
Type: Parent Agency Administrator ROGELIO ESPINOZA

Owner Information

SUPERIOR CARE HOME HEALTH SERVICES LLC
SAME AS PHYSICAL ADDRESS
LAREDO, TX 78040-4009
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WEBB** Region 07 Date Licensed 08/21/2013
License # 015724 SUPERIOR CARE PRIMARY HOME CARE PROVIDER LLC
Lic Expire 8/31/2024 804 OKANE
Medicare 1: LAREDO, TX 78040
Medicare 2:
Phone (956) 791-6477 Fax (956) 721-0663
Type: Parent Agency Administrator BRISELDA ESPINOZA

Owner Information

BRISELDA G ESPINOZA
2402 LOGAN
LAREDO, TX 78040
PHONE: (956) 401-1144 FAX:
Services: Personal Assistance Services

County **WEBB** Region 07 Date Licensed 08/12/2020
License # 020102 SUPERIOR HOSPICE OF SA LLC
Lic Expire 8/12/2022 2344 LAGUNA DEL MAR STE 206
Medicare 1: 971707 LAREDO, TEXAS 78041
Medicare 2:
Phone (210) 899-4517 Fax (210) 579-7349
Type: Parent Agency Administrator PATSY BISCAINO

Owner Information

SUPERIOR HOSPICE OF SA LLC
PHONE:
FAX:
Services: Hospice
In-Patient Hospice: NO

County **WEBB** Region 07 Date Licensed 05/23/2008
License # 012028 SUPERIOR NURSING CARE
Lic Expire 5/31/2023 1505 CALLE DEL NORTE SUITE 375
Medicare 1: 747254 HHA-18 LAREDO, TX 78041
Medicare 2:
Phone (956) 728-0411 Fax (956) 728-0415
Type: Parent Agency Administrator MELISSA CIGARROA

Owner Information

HEALTHPROV L L C
316 WESTMONT DRIVE
LAREDO, TEXAS 78041
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WEBB** Region 07 Date Licensed 03/01/2012
License # 014675 SUPERSTAR HOME THERAPY
Lic Expire 2/28/2022 6262 MCPHERSON SUITE 110
Medicare 1: LAREDO, TX 78041
Medicare 2:
Phone (956) 722-7733 Fax (956) 722-7799
Type: Parent Agency Administrator GUADALUPE GARZA JR

Owner Information

5 STAR THERAPY PLLC
6550 SPRINGFIELD AVENUE SUITE 101
LAREDO, TX 78041
PHONE:
FAX:
Services: Licensed Home Health Services

County	WEBB	Region	07	Date Licensed	09/02/2002	Owner Information	
License #	008583					TEXAS HEALTH STAFFING SERVICES INC	
Lic Expire	9/30/2023					1115 CHIHUAHUA SUITE A	
Medicare 1:	679185					LAREDO, TX 78040	
Medicare 2:						PHONE:	FAX:
Phone	(956) 791-3012	Fax	(956) 791-5863			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	EDNA CARRANZA				
County	WEBB	Region	07	Date Licensed	04/30/2004	Owner Information	
License #	009337					TEXAS PROVIDER CARE LLC	
Lic Expire	4/30/2022					2404 ROSARIO STREET	
Medicare 1:						LAREDO, TX 78043	
Medicare 2:						PHONE:	FAX:
Phone	(956) 791-5234	Fax	(956) 726-0145			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	JOSE JAIMES				
County	WEBB	Region	07	Date Licensed	06/30/1999	Owner Information	
License #	007243					TEXAS VISITING NURSE SERVICE LTD	
Lic Expire	6/30/2022					814 E TYLER AVE	
Medicare 1:						HARLINGEN, TX 78550	
Medicare 2:						PHONE:	FAX:
Phone	(956) 728-7905	Fax	(956) 791-0941			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Branch Agency	Administrator	VANESSA SANDOVAL				
County	WEBB	Region	07	Date Licensed	10/15/2003	Owner Information	
License #	008692					TORRES HOME HEALTH SERVICES, LC	
Lic Expire	10/31/2022					5415 SPRINGFIELD AVENUE SUITE 3A & 3B	
Medicare 1:	679490 HHA-18					LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 712-3579	Fax	(956) 712-3981			Services: Licensed and Certified Home Health Services	
Type:	Parent Agency	Administrator	MIGUEL TORRES				
County	WEBB	Region	07	Date Licensed	01/11/2007	Owner Information	
License #	010986					TORRES PRIMARY HOME CARE INC	
Lic Expire	1/31/2023					213 W. VILLAGE BLVD SUITE 4	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 712-3726	Fax	(956) 712-3730			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ROGER ROCHA				
County	WEBB	Region	07	Date Licensed	12/23/2014	Owner Information	
License #	016577					TOUCHED BY AN ANGEL HOME CARE INCORPORATED	
Lic Expire	12/31/2023					5102 BENGU BAY	
Medicare 1:						LAREDO, TX 78041	
Medicare 2:						PHONE:	FAX:
Phone	(956) 337-0136	Fax	(956) 723-4122			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CARMEN CEPEDA				
County	WEBB	Region	07	Date Licensed	03/07/2007	Owner Information	
License #	011405					JLG HEALTH GROUP, LLC	
Lic Expire	3/31/2022					3301 EAST FROST	
Medicare 1:	679506 HHA-18					LAREDO, TEXAS 78043	
Medicare 2:						PHONE:	FAX:
Phone	(956) 857-5900	Fax	(956) 718-2354			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	GRACIELA GARZA				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WEBB** Region 07 Date Licensed 10/14/2013
License # 015861 VANGUARD HEALTHCARE
Lic Expire 10/31/2023 6999 MCPHERSON ROAD STE 105
Medicare 1: 747298 HHA-18 LAREDO, TEXAS 78041
Medicare 2:
Phone 956 6869500 Fax 956 6869511

Owner Information

HANDS THAT HEAL HOME HEALTH LLC
P.O. BOX 451628
LAREDO, TEXAS 78045

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator SAMUEL CANTU JR

County **WEBB** Region 07 Date Licensed 10/03/2018
License # 019073 VARA HOSPICE
Lic Expire 10/3/2022 3619 DAVIS AVENUE
Medicare 1: 971598 Hospice LAREDO, TX 78041
Medicare 2:
Phone (833) 663-8271 Fax 9564507251, EFFECTIVE 01012020

Owner Information

VARA HOSPICE, LLC
203 SABAL LOOP
LAREDO, TX 78045

PHONE: FAX:

Services: Hospice; Licensed Home Health Services; Personal Assistance Services
In-Patient Hospice: NO

Type: Parent Agency Administrator JOSE ALVARADO

County **WHARTON** Region 06 Date Licensed 06/21/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 315 N ALABAMA ROAD SUITE A
Medicare 1: WHARTON, TX 77488
Medicare 2:
Phone (979) 282-2629 Fax (979) 282-2647

Owner Information

E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator ANGELA CRAWFORD

County **WHARTON** Region 06 Date Licensed 06/21/2004
License # 008427 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 315 N ALABAMA ROAD SUITE A
Medicare 1: WHARTON, TX 77488
Medicare 2:
Phone (979) 282-2629 Fax (979) 282-2647

Owner Information

E MEDICAL GROUP INC
2803 7TH STREET
BAY CITY, TX 77414

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator ANGELA CRAWFORD

County **WHARTON** Region 06 Date Licensed 09/29/2021
License # 021089 HEALTH FOCUS GROUP INC
Lic Expire 9/29/2024 702 N RICHMOND RD STE A
Medicare 1: WHARTON, TEXAS 77488
Medicare 2:
Phone (979) 488-4260 Fax

Owner Information

HEALTH FOCUS GROUP INC

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Parent Agency Administrator CATHERINE COLLINS

County **WHARTON** Region 06 Date Licensed 06/20/2000
License # 001994 HOUSTON HOSPICE
Lic Expire 10/31/2022 1102 N. MECHANIC SUITE B
Medicare 1: EL CAMPO, TEXAS 77437
Medicare 2:
Phone (979) 578-0314 Fax (979) 578-0242

Owner Information

HOUSTON HOSPICE
1905 HOLCOMBE
HOUSTON, TX 77030-4123

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

Type: Alternate Delivery Site Administrator RANA MCCLELLAND

County **WHARTON** Region 06 Date Licensed 11/24/2014
License # 016538 SACRED CARE HOME HEALTH LLC
Lic Expire 11/30/2022 1506 N ALABAMA RD STE. B
Medicare 1: 747971 HHA-18 WHARTON, TEXAS 77488
Medicare 2:
Phone (979) 531-3068 Fax (979) 318-3899

Owner Information

SACRED CARE HOME HEALTH LLC
PO BOX 1268
WHARTON, TX 77488

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Parent Agency Administrator SHIRLEY BRISTOW

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WHARTON** Region 06 Date Licensed 01/13/2005
License # 008158 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 10358 US 59 HWY SUITE B
Medicare 1: WHARTON, TX 77488
Medicare 2:
Phone (979) 532-8584 Fax (979) 532-8574
Type: Branch Agency Administrator KATHRYN WIEDMAN

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WHARTON** Region 06 Date Licensed 10/18/2002
License # 008158 TEXAS HOME HEALTH SKILLED SERVICES
Lic Expire 10/31/2022 10358 US 59 HWY SUITE B
Medicare 1: 679233 HHA-18 WHARTON, TX 77488
Medicare 2:
Phone (979) 532-8584 Fax (979) 532-8574
Type: Parent Agency Administrator KATHRYN WIEDMAN

Owner Information

TEXAS HOME HEALTH SKILLED SERVICES, LP

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WHARTON** Region 06 Date Licensed 01/15/2015
License # 016604 VISITING ANGELS SOUTHEAST CENTRAL TEXAS
Lic Expire 1/31/2023 704 CHURCH STREET
Medicare 1: EAST BERNARD, TX 77435
Medicare 2:
Phone (979) 335-4025 Fax (979) 335-4121
Type: Parent Agency Administrator KIMBERLY HAAK

Owner Information

RVLK QUALITY CARE LLC

PO BOX 1321
EAST BERNARD, TX 77435

PHONE: FAX:

Services: Personal Assistance Services

County **WHEELER** Region 01 Date Licensed 03/12/1993
License # 002472 PARKVIEW HOSPITAL HOME HEALTH AGENCY
Lic Expire 3/31/2023 901 S SWEETWATER
Medicare 1: 677604 HHA-18 WHEELER, TX 79096
Medicare 2:
Phone (806) 826-1370 Fax (806) 826-1396
Type: Parent Agency Administrator MONICA KIDD

Owner Information

NORTH WHEELER COUNTY HOSPITAL DISTRICT

PO BOX 1030
WHEELER, TEXAS 79096

PHONE: FAX:

Services: Licensed and Certified Home Health Services

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC DO NOT USE

1934 MEDI PARK DRIVE
AMARILLO, TX 79106

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC DO NOT USE

1934 MEDI PARK DRIVE
AMARILLO, TX 79106

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WHEELER** Region 01 Date Licensed 04/06/2005
License # 008662 TEXAS HOME HEALTH
Lic Expire 9/30/2022 211 N MAIN
Medicare 1: 45Q7754003 SHAMROCK, TX 79079
Medicare 2:
Phone (806) 256-1100 Fax (806) 256-1101
Type: Branch Agency Administrator LINDSEY HENSON

Owner Information

KINDSTAR, INC

17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WICHITA** Region 01 Date Licensed 10/25/2015
License # 017332 1ST TEXAS HOME HEALTH
Lic Expire 10/31/2021 900 8TH ST. STE 520
Medicare 1: 679027 HHA-18 WICHITA FALLS, TEXAS 763016806
Medicare 2:
Phone (940) 763-9500 Fax (940) 763-9501
Type: Parent Agency Administrator LISA REYNA

Owner Information

INTEGRATED MANAGEMENT SOLUTIONS, INC
PO BOX 529
WHITESBORO, TX 76273
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 04/08/1997
License # 005429 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 1908 ELMWOOD NORTH AVENUE SUITE 101-103
Medicare 1: 459298 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 322-1391 Fax (940) 322-2967
Type: Parent Agency Administrator SKYLAR BLISARD

Owner Information

FIRST CHOICE COMMUNITY HOME CARE INC
1908 ELMWOOD NORTH, SUITE 101-103
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WICHITA** Region 01 Date Licensed 01/19/2021
License # 020349 ANGELS CARE HOSPICE
Lic Expire 6/11/2022 1908 N ELMWOOD N, STE 102
Medicare 1: 451610 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 500-2537 Fax (940) 784-7206
Type: Parent Agency Administrator HEATHER JONES-BURCH

Owner Information

E HOSPICE GROUP OF TEXAS NO 1, LLC
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 02/07/2011
License # 010691 ANGELS OF CARE PEDIATRIC HOME HEALTH
Lic Expire 8/31/2022 909 8TH STREET, STE 100
Medicare 1: WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 761-9986 Fax (903) 532-1401
Type: Branch Agency Administrator HEATHER RODGERS

Owner Information

AOC TX, LLC
P O BOX 338
HOWE, TX 75459
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 09/13/1996
License # 004895 AT HOME CARE LLC
Lic Expire 9/30/2024 1109 BROOK AVENUE
Medicare 1: 459071 WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 766-4663 Fax (940) 766-2236
Type: Parent Agency Administrator CHARLENE CLUTE

Owner Information

AT HOME CARE LLC
POBOX 1373
WICHITA FALLS, TX 76307
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 09/10/2002
License # 008104 BESTCARE HEALTH SERVICES INC
Lic Expire 9/30/2022 5800 KELL WEST BOULEVARD SUITE 500
Medicare 1: 679231 HHA-18 WICHITA FALLS, TX 76310
Medicare 2:
Phone (940) 692-9824 Fax (940) 692-4163
Type: Parent Agency Administrator ROBERT RICHEY

Owner Information

BESTCARE HEALTH SERVICES, INC
5800 KELL WEST BLVD SUITE 500
WICHITA FALLS, TX 76310
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WICHITA** Region 01 Date Licensed 09/02/2009
License # 012834 BESTCARE SPECIALTY SERVICES INC
Lic Expire 9/30/2024 5800 KELL BLVD SUITE 500
Medicare 1: WICHITA FALLS, TX 76310
Medicare 2:
Phone (940) 692-9826 Fax (940) 692-4163
Type: Parent Agency Administrator ROBERT RICHEY

Owner Information

BESTCARE SPECIALTY SERVICES INC
7215 BAKER BLVD
RICHLAND HILLS, TX 76118
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 01/28/2016
License # 017245 BEYONDFaITH HOSPICE OF WICHITA FALLS LLC
Lic Expire 1/31/2024 1702 KELL BLVD
Medicare 1: 741656 HOSPICE WICHITA FALLS, TX 76301
Medicare 2:
Phone (940) 696-8901 Fax (940) 696-8902
Type: Parent Agency Administrator MITZI THOMAS

Owner Information

BEYONDFaITH HOSPICE OF JACKSBORO, LLC
604 OAK STREET SUITE 105
GRAHAM, TEXAS 76450
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 07/03/2008
License # 002242 CAPROCK HOME HEALTH SERVICES INC
Lic Expire 9/30/2022 3917 CALL FIELD RD
Medicare 1: WICHITA FALLS, TEXAS 76308
Medicare 2:
Phone (940) 761-1119 Fax (940) 761-3240
Type: Branch Agency Administrator SHANNON STEIGLEDER

Owner Information

CAPROCK HOME HEALTH SERVICES INC
8806 UNIVERSITY AVENUE
LUBBOCK, TX 79423
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WICHITA	Region	01	Date Licensed	10/31/2015	Owner Information
License #	017180					CTWF LLC
Lic Expire	10/31/2023					PO BOX 5042
Medicare 1:						WICHITA FALLS, TX 76307
Medicare 2:						PHONE:
Phone	(940) 723-5273	Fax	(940) 723-5277			FAX:
Type:	Parent Agency	Administrator	LACEY MORGAN			Services: Personal Assistance Services
County	WICHITA	Region	01	Date Licensed	07/01/1988	Owner Information
License #	001997					ELECTRA HOSPITAL DISTRICT
Lic Expire	6/30/2022					PO BOX 1112
Medicare 1:	677142 HHA-18					ELECTRA, TX 76360
Medicare 2:						PHONE:
Phone	(940) 495-2900	Fax	(866) 936-2025			FAX:
Type:	Parent Agency	Administrator	REBECCA MCCAIN			Services: Licensed and Certified Home Health Services
County	WICHITA	Region	01	Date Licensed	10/06/2015	Owner Information
License #	017233					EH OF FORT WORTH, LP
Lic Expire	10/31/2023					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	679665 HHA-18					DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	940 6912273	Fax	940 6913364			FAX:
Type:	Parent Agency	Administrator	KRISTI PHILLIPS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WICHITA	Region	01	Date Licensed	09/28/2013	Owner Information
License #	015831					EH OF FORT WORTH, LP
Lic Expire	9/30/2023					6688 N CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	678008 HHA-18					DALLAS, TEXAS
Medicare 2:						PHONE:
Phone	940 6912273	Fax	940 6913364			FAX:
Type:	Parent Agency	Administrator	LINDA FARRIS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WICHITA	Region	01	Date Licensed	03/01/2011	Owner Information
License #	014102					FALLS HOME HEALTH SERVICES INC
Lic Expire	2/28/2023					1401 HOLLIDAY SUITE 216
Medicare 1:	677259 HHA-18					WICHITA FALLS, TX 76301
Medicare 2:						PHONE:
Phone	(940) 766-1990	Fax	(940) 766-0064			FAX:
Type:	Parent Agency	Administrator	ROBERT TERRY			Services: Licensed and Certified Home Health Services
County	WICHITA	Region	01	Date Licensed	10/31/2016	Owner Information
License #	017926					HEALING HANDS HEALTHCARE LLC
Lic Expire	10/31/2022					PO BOX 285
Medicare 1:	677101 HHA-18					HOLLIDAY, TX 76366
Medicare 2:						PHONE:
Phone	(940) 432-0588	Fax	(940) 432-0275			FAX:
Type:	Parent Agency	Administrator	SUMMER NAPIER			Services: Hospice; Licensed and Certified Home Health Services; Licensed Home Health Services In-Patient Hospice: NO
County	WICHITA	Region	01	Date Licensed	01/22/2018	Owner Information
License #	018568					HEALING HANDS PRIMARY HOME CARE LLC
Lic Expire	1/31/2022					901 INDIANA AVE SUITE # 665
Medicare 1:						WICHITA FALLS, TX 76301
Medicare 2:						PHONE:
Phone	(940) 432-0588	Fax	(940) 432-0275			FAX:
Type:	Parent Agency	Administrator	SUMMER NAPIER			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WICHITA	Region	01	Date Licensed		Owner Information
License #	015882					HIGH PLAINS SENIOR CARE INC
Lic Expire	12/31/2023					SAME
Medicare 1:						AMARILLO, TX 79102
Medicare 2:						PHONE:
Phone	(940) 716-4231	Fax	(940) 716-4233			FAX:
Type:	Branch Agency	Administrator	CHRIS ADCOCK			Services: Licensed Home Health Services; Personal Assistance Services
County	WICHITA	Region	01	Date Licensed		Owner Information
License #	015882					HIGH PLAINS SENIOR CARE INC
Lic Expire	12/31/2023					SAME
Medicare 1:						AMARILLO, TX 79102
Medicare 2:						PHONE:
Phone	(940) 716-4231	Fax	(940) 716-4233			FAX:
Type:	Branch Agency	Administrator	CHRIS ADCOCK			Services: Licensed Home Health Services; Personal Assistance Services
County	WICHITA	Region	01	Date Licensed	09/22/1988	Owner Information
License #	001947					HOSPICE OF WICHITA FALLS INC
Lic Expire	9/30/2023					PO BOX 4804
Medicare 1:	451526 HOSPICE					WICHITA FALLS, TX 76308
Medicare 2:						PHONE:
Phone	(940) 691-0982	Fax	(940) 687-1294			FAX:
Type:	Parent Agency	Administrator	ALISA ECHOLS			Services: Hospice In-Patient Hospice: YES
County	WICHITA	Region	03	Date Licensed	11/25/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(940) 767-1611	Fax	(940) 767-1613			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	WICHITA	Region	03	Date Licensed	11/25/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES, LLC
Lic Expire	8/31/2022					
Medicare 1:						PHONE:
Medicare 2:						FAX:
Phone	(940) 767-1611	Fax	(940) 767-1613			Services: Hospice In-Patient Hospice: NO
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			
County	WICHITA	Region	03	Date Licensed	11/25/2015	Owner Information
License #	009235					INTERNATIONAL TUTORING SERVICES LLC
Lic Expire	8/31/2022					PO BOX 4060 ATTN: REGULATORY
Medicare 1:						MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(940) 767-1611	Fax	(940) 767-1613			FAX:
Type:	Alternate Delivery Site	Administrator	REBECCA JEFFERSON			Services: Hospice In-Patient Hospice: NO
County	WICHITA	Region	01	Date Licensed	11/01/2003	Owner Information
License #	008793					F C OF TEXAS INC
Lic Expire	10/31/2023					3220 KELLER SPRINGS ROAD, SUITE 108
Medicare 1:	677297 HHA-18					CARROLLTON, TEXAS 75006
Medicare 2:						PHONE:
Phone	(940) 696-9239	Fax	(940) 696-9678			FAX:
Type:	Parent Agency	Administrator	RHONDA SCHREIBER			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WICHITA	Region	01	Date Licensed	09/01/2016	Owner Information	
License #	017913					EUREKA HEALTHCARE, INC	
Lic Expire	8/31/2022					27101 PUERTA REAL SUITE 450	
Medicare 1:						MISSION VIEJO, CA 92691	
Medicare 2:						PHONE:	FAX:
Phone	(940) 696-5700	Fax	(940) 696-5702			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	JONATHAN "TRAVIS" JONES				
County	WICHITA	Region	01	Date Licensed	08/15/2018	Owner Information	
License #	017766					EUREKA HEALTHCARE, INC	
Lic Expire	8/31/2022					27101 PUERTA REAL SUITE 450	
Medicare 1:	671790					MISSION VIEJO, CA 92691	
Medicare 2:						PHONE:	FAX:
Phone	(940) 696-5700	Fax	(940) 696-5702			Services:	Hospice
Type:	Alternate Delivery Site	Administrator	JONATHAN "TRAVIS" JONES			In-Patient Hospice:	NO
County	WICHITA	Region	01	Date Licensed	09/20/2009	Owner Information	
License #	012938					INTEGRACARE OF WICHITA FALLS, LLC	
Lic Expire	9/30/2023					12900 FOSTER SUITE 400	
Medicare 1:	677249 HHA-18					OVERLAND PARK, TX 66213	
Medicare 2:						PHONE:	FAX:
Phone	(940) 720-0514	Fax	(940) 720-0713			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	SAMUEL WHATLEY				
County	WICHITA	Region	01	Date Licensed	09/02/2008	Owner Information	
License #	012422					COMPASS HOSPICE, INC	
Lic Expire	9/30/2022					2559 S W GRAPEVINE PARKWAY SUITE 300	
Medicare 1:	451716 HOSPICE					GRAPEVINE, TX 76051-4149	
Medicare 2:						PHONE:	FAX:
Phone	(940) 716-9035	Fax	(940) 716-9094			Services:	Hospice
Type:	Parent Agency	Administrator	KAREN NOACK			In-Patient Hospice:	NO
County	WICHITA	Region	01	Date Licensed	03/03/2017	Owner Information	
License #	017942					NOSIDRAH ENTERPRISES LLC	
Lic Expire	3/31/2023					4502 LAKE PARK DRIVE	
Medicare 1:						WICHITA FALLS, TX 76302	
Medicare 2:						PHONE:	FAX:
Phone	(940) 782-9089	Fax	(940) 293-9953			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	KRISTIN HARDISON				
County	WICHITA	Region	01	Date Licensed	05/21/2018	Owner Information	
License #	007334					OUTREACH HEALTH COMMUNITY CARE SERVICES, LP	
Lic Expire	5/31/2024					1919 S SHILOH RDSTE 102 LB 28	
Medicare 1:						GARLAND, TX 75042	
Medicare 2:						PHONE:	FAX: (972) 792-6739
Phone	940 7660571	Fax	940 7664878			Services:	Licensed Home Health Services; Personal Assistance Services
Type:	Branch Agency	Administrator	BRANDI LOVE				
County	WICHITA	Region	01	Date Licensed	10/21/2019	Owner Information	
License #	019654					PRESBYTERIAN MANOR, INC	
Lic Expire	10/21/2021					4600 TAFT BLVD	
Medicare 1:						WICHITA FALLS, TX 76308	
Medicare 2:						PHONE:	(940) 691-1710 FAX: (940) 691-3742
Phone	(940) 691-1710	Fax	(940) 691-3742			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	KRISTOPHER AWTREY				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WICHITA** Region 01 Date Licensed 05/16/1995
License # 003390 ROLLING MEADOWS HOME HEALTH AGENCY
Lic Expire 5/31/2023 3006 MCNEIL
Medicare 1: WICHITA FALLS, TX 76309
Medicare 2:
Phone (940) 691-7511 Fax (940) 696-5154
Type: Parent Agency Administrator ANGELA MCCOY

Owner Information

WICHITA FALLS RETIREMENT FOUNDATION
3006 MCNEIL
WICHITA FALLS, TX 76309
PHONE: (940) 691-7511 FAX: (940) 696-5154
Services: Licensed Home Health Services; Personal Assistance Services

County **WICHITA** Region 03 Date Licensed 12/20/2011
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 2405 KEMP BLVD, SUITE A
Medicare 1: 45-1688 WICHITA FALLS, TX 763095354
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WICHITA** Region 01 Date Licensed 12/03/2013
License # 015894 VISITING ANGELS
Lic Expire 12/31/2024 1812 ROSE STREET
Medicare 1: WICHITA FALLS, TEXAS 76301
Medicare 2:
Phone (940) 257-6265 Fax (940) 257-6534
Type: Parent Agency Administrator LORI WINDAL

Owner Information

WOODS HOMECARE INC
1401 HOLLIDAY STE #330
WICHITA FALLS, TX 76301
PHONE: FAX:
Services: Personal Assistance Services

County **WICHITA** Region 01 Date Licensed 04/01/1988
License # 001943 WICHITA HOME HEALTH SERVICE INC
Lic Expire 3/31/2022 4245 KEMP BLVD SUITE 120
Medicare 1: 457047 HHA-18 WICHITA FALLS, TX 76308
Medicare 2:
Phone (940) 322-7113 Fax (940) 766-6025
Type: Parent Agency Administrator CRYSTAL EVERETT

Owner Information

WICHITA HOME HEALTH SERVICE, INC
3202 SAM HOUSTON DRIVE
VICTORIA, TX 77904
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services;
Personal Assistance Services

County **WILBARGER** Region 01 Date Licensed 01/07/2002
License # 005429 ANGELS CARE HOME HEALTH
Lic Expire 4/30/2022 4001 WILBARGER STREET
Medicare 1: VERNON, TX 76384
Medicare 2:
Phone (940) 553-1300 Fax (940) 553-1305
Type: Branch Agency Administrator CONNIE GRAVES

Owner Information

FIRST CHOICE COMMUNITY HOME CARE INC
1908 ELMWOOD NORTH, SUITE 101-103
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WILBARGER** Region 01 Date Licensed 05/14/2014
License # 001947 HOSPICE OF WICHITA FALLS
Lic Expire 9/30/2023 5020 WILBARGER STREET
Medicare 1: VERNON, TX 76384
Medicare 2:
Phone (940) 691-0982 Fax (940) 552-2247
Type: Alternate Delivery Site Administrator ALISA ECHOLS

Owner Information

HOSPICE OF WICHITA FALLS INC
PO BOX 4804
WICHITA FALLS, TX 76308
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **WILBARGER** Region 01 Date Licensed 03/29/1995
License # 003251 HOSPITAL HOME HEALTH OF WILBARGER GENERAL HOSPITAL
Lic Expire 3/31/2022 920 HILLCREST DRIVE
Medicare 1: 458423 HHA-18 VERNON, TX 76384
Medicare 2:
Phone (940) 553-2825 Fax (940) 553-2978
Type: Parent Agency Administrator LUIS RODRIGUEZ

Owner Information

WILBARGER COUNTY HOSPITAL DISTRICT
920 HILLCREST DRIVE
VERNON, TX 76384
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County	WILBARGER	Region	01	Date Licensed	07/26/2011	Owner Information			
License #	014404					VERNON HOME HEALTH CARE AGENCY, LLC			
Lic Expire	7/31/2024					12900 FOSTER ST #400			
Medicare 1:	457124 HHA-18					OVERLAND PARK, KS 66213			
Medicare 2:						PHONE:		FAX:	
Phone	(940) 552-5351					Services: Licensed and Certified Home Health Services; Licensed Home Health Services			
Type:	Parent Agency								
		Administrator							
		SAMUEL WHATLEY							
County	WILLACY	Region	07	Date Licensed	06/22/2017	Owner Information			
License #	018125					AHAPPY HOME HOME CARE LLC			
Lic Expire	6/30/2024					34481 FM 1421			
Medicare 1:						SAN BENITO, TX 78586			
Medicare 2:						PHONE:		FAX:	
Phone	(956) 690-4252					Services: Personal Assistance Services			
Type:	Parent Agency								
		Administrator							
		ROXIE SANCHEZ							
County	WILLACY	Region	07	Date Licensed	10/17/2016	Owner Information			
License #	007243					TEXAS VISITING NURSE SERVICE LTD			
Lic Expire	6/30/2022					814 E TYLER AVE			
Medicare 1:						HARLINGEN, TX 78550			
Medicare 2:						PHONE:		FAX:	
Phone	(956) 690-4092					Services: Licensed Home Health Services; Personal Assistance Services			
Type:	Branch Agency								
		Administrator							
		VANESSA SANDOVAL							
County	WILLIAMSON	Region	05	Date Licensed	07/27/2018	Owner Information			
License #	019424					FAMILY CARE NETWORK LLC			
Lic Expire	6/14/2024								
Medicare 1:									
Medicare 2:						PHONE:	(512) 354-2332	FAX:	(512) 549-2358
Phone	(512) 354-2332					Services: Personal Assistance Services			
Type:	Parent Agency								
		Administrator							
		JOHN WALTON							
County	WILLIAMSON	Region	05	Date Licensed	09/15/2014	Owner Information			
License #	016597					LAKE AREA HOME HEALTH, INC			
Lic Expire	9/30/2022					1011 WESTLAKE DRIVE #201			
Medicare 1:	457986 HHA-18					AUSTIN, TX 78746			
Medicare 2:						PHONE:		FAX:	
Phone	(512) 259-8444					Services: Licensed and Certified Home Health Services			
Type:	Parent Agency								
		Administrator							
		MARTHA BURGESS							
County	WILLIAMSON	Region	05	Date Licensed	06/02/2016	Owner Information			
License #	017486					PRIMO HEALTHCARE HOLDINGS, LLC			
Lic Expire	6/30/2022								
Medicare 1:	679057								
Medicare 2:						PHONE:		FAX:	
Phone	(817) 543-2900					Services: Licensed and Certified Home Health Services			
Type:	Parent Agency								
		Administrator							
		MARTHA BURGESS							
County	WILLIAMSON	Region	05	Date Licensed	03/06/2015	Owner Information			
License #	016720					QUALITY FIRST HOME HEALTH CARE, LLC			
Lic Expire	3/31/2023					715 DISCOVERY BLVD, STE 511			
Medicare 1:	747977 HHA-18					CEDAR PARK, TEXAS 78613			
Medicare 2:						PHONE:		FAX:	
Phone	(830) 387-5090					Services: Licensed and Certified Home Health Services			
Type:	Parent Agency								
		Administrator							
		MARTHA BURGESS							

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	08/01/2017	Owner Information	
License #	018337			ACCENTCARE HOME HEALTH OF TAYLOR		TEXAS HOME HEALTH GROUP OF TAYLOR, LLC	
Lic Expire	7/31/2023			567 CHRIS KELLEY BLVD. SUITE 201		3118 NORTH MAIN STREET STE 107	
Medicare 1:	677035 HHA-18			HUTTO, TX 786342086		TAYLOR, TX 76574	
Medicare 2:						PHONE:	FAX:
Phone	(512) 755-8005	Fax	(512) 352-3004			Services:	Licensed and Certified Home Health Services
Type:	Parent Agency	Administrator	JENNIFER RAMIREZ				
County	WILLIAMSON	Region	05	Date Licensed	05/11/2020	Owner Information	
License #	019927			ACTIKARE RESPONSIVE INHOME CARE		BELIOR INC	
Lic Expire	5/11/2022			16760 RONALD REAGAN BLVD #614			
Medicare 1:				LEANDER, TX 78641		PHONE:	FAX:
Medicare 2:						Services:	Personal Assistance Services
Phone	(512) 798-3049	Fax					
Type:	Parent Agency	Administrator	REBECCA APO				
County	WILLIAMSON	Region	03	Date Licensed		Owner Information	
License #	018805			ADVANCED HOME HEALTH SERVICES		ADVANCED HH, LLC	
Lic Expire	11/30/2024			3201 SOUTH AUSTIN AVENUE, SUITE 110		113 N. MAIN	
Medicare 1:	67Q9671001			GEORGETOWN, TEXAS 78626		HALLETTSVILLE, TX 75038	
Medicare 2:						PHONE:	FAX:
Phone	(855) 775-5455	Fax	(512) 271-2701			Services:	Licensed and Certified Home Health Services; Licensed Home Health Services
Type:	Branch Agency	Administrator	MELISSA CERECERES				
County	WILLIAMSON	Region	05	Date Licensed	03/09/2020	Owner Information	
License #	019773			ALTUS HOSPICE		ENVOY HOSPICE, LLC	
Lic Expire	10/25/2023			285 SE INNER LOOP, STE. 102		500 FAULCONER DRIVE, STE. 200	
Medicare 1:	671714			GEORGETOWN, TX 78626		CHARLOTTESVILLE, VA 22903	
Medicare 2:						PHONE:	FAX:
Phone	(512) 960-3843	Fax	(512) 614-2932			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	HEATHER COURTNEY				
County	WILLIAMSON	Region	05	Date Licensed	03/09/2020	Owner Information	
License #	019773			ALTUS HOSPICE		ENVOY HOSPICE, LLC	
Lic Expire	10/25/2023			285 SE INNER LOOP, STE. 102		500 FAULCONER DRIVE, STE. 200	
Medicare 1:	671714			GEORGETOWN, TX 78626		CHARLOTTESVILLE, VA 22903	
Medicare 2:						PHONE:	FAX:
Phone	(512) 960-3843	Fax	(512) 614-2932			Services:	Hospice In-Patient Hospice: NO
Type:	Parent Agency	Administrator	HEATHER COURTNEY				
County	WILLIAMSON	Region	05	Date Licensed	12/27/2021	Owner Information	
License #	021294			ALWAYS BEST CARE AUSTIN		GREEN SENIOR CARE LLC	
Lic Expire	12/27/2024			13625 POND SPRINGS ROAD SUITE 102			
Medicare 1:				AUSTIN, TX 78729		PHONE:	FAX:
Medicare 2:						Services:	Licensed Home Health Services; Personal Assistance Services
Phone	(206) 355-1315	Fax					
Type:	Parent Agency	Administrator	LORI GREEN				
County	WILLIAMSON	Region	05	Date Licensed	04/11/2016	Owner Information	
License #	017349			AMADA SENIOR CARE AUSTIN		WESTERN CARE INC	
Lic Expire	4/30/2022			1104 S MAYS STE 117		1104 S MAYS STE 117	
Medicare 1:				ROUND ROCK, TX 78664		ROUND ROCK, TX 78664	
Medicare 2:						PHONE:	FAX:
Phone	(512) 580-5120	Fax	(512) 580-5116			Services:	Personal Assistance Services
Type:	Parent Agency	Administrator	TANYA BRIGHT				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	09/27/2000	Owner Information	
License #	007439					ANGEL HEALTHCARE, LP	
Lic Expire	9/30/2021					PO BOX 28982	
Medicare 1:						AUSTIN, TEXAS 78755	
Medicare 2:						PHONE:	FAX:
Phone	(512) 453-6449	Fax	(512) 453-6490			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	DAVID P. SIDDALL				
County	WILLIAMSON	Region	05	Date Licensed	05/23/2001	Owner Information	
License #	007626					APICON HOME HEALTH AGENCY INC	
Lic Expire	5/31/2024					1800 ROUND ROCK AVENUE	
Medicare 1:	679088 HHA-18					ROUND ROCK, TX 78681-4024	
Medicare 2:						PHONE:	FAX:
Phone	(512) 249-0899	Fax	(512) 249-0892			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	CECILIA OBILOM				
County	WILLIAMSON	Region	05	Date Licensed	09/18/2015	Owner Information	
License #	017036					APICON PERSONAL CARE ASSISTANT AND COMMUNITY CARE SERVICES INC	
Lic Expire	12/22/2019					1850 ROUND ROCK AVENUE SUITE 6	
Medicare 1:						ROUND ROCK, TX 78681	
Medicare 2:						PHONE:	FAX:
Phone	(512) 740-7466	Fax	(512) 610-0679			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	CECILIA OBILOM				
County	WILLIAMSON	Region	05	Date Licensed	07/28/2021	Owner Information	
License #	020938					AXL STAFFING, INC	
Lic Expire	7/28/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 855-7772	Fax	(512) 218-0904			Services: Licensed Home Health Services	
Type:	Parent Agency	Administrator	CATHY MARIA HERNANDEZ				
County	WILLIAMSON	Region	05	Date Licensed	12/23/2021	Owner Information	
License #	021292					SCOTT & WHITE MEMORIAL HOSPITAL	
Lic Expire	12/23/2024					2401 SOUTH 31ST STREET	
Medicare 1:						TEMPLE, TX 76508	
Medicare 2:						PHONE:	FAX:
Phone	(512) 509-7200	Fax	(512) 509-7201			Services: Hospice	
Type:	Parent Agency	Administrator	KRISTA CARR			In-Patient Hospice: NO	
County	WILLIAMSON	Region	05	Date Licensed	07/28/2021	Owner Information	
License #	020939					BLUE WATER HOSPICE, LLC	
Lic Expire	7/28/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 872-2955	Fax				Services: Hospice	
Type:	Parent Agency	Administrator	JENNIFER PRESCOTT			In-Patient Hospice: NO	
County	WILLIAMSON	Region	05	Date Licensed		Owner Information	
License #	015971					WACO BLUEBONNET HOLDINGS, INC	
Lic Expire	10/31/2023					2020 N. VALLEY MILLS DR	
Medicare 1:						WACO, TX 78710	
Medicare 2:						PHONE:	FAX:
Phone	(512) 708-0821	Fax	(512) 388-6006			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	MARK WALSH			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	03	Date Licensed		Owner Information
License #	010526					BRENTWOOD HOSPICE, LLC
Lic Expire	6/30/2021					1250 EAST COPELAND ROAD, SUITE #260
Medicare 1:						ARLINGTON, TX 76011
Medicare 2:						PHONE:
Phone	(512) 610-9500	Fax	(512) 610-9503			FAX:
Type:	Alternate Delivery Site	Administrator	SHANNON POUNCEY			Services: Hospice Alternative Delivery Site (ADS)
						In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	08/31/2017	Owner Information
License #	018389					BEYONDFAITH HOMECARE & REHAB OF DALLAS LLC
Lic Expire	8/31/2023					5340 LEGACY SRIVE STE 150
Medicare 1:	747625 HHA-18					PLANO, TX 75024
Medicare 2:						PHONE:
Phone	(747) 250-7502	Fax	(747) 250-7502			FAX:
Type:	Parent Agency	Administrator	DONALD THOMPSON			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WILLIAMSON	Region	05	Date Licensed	01/10/2000	Owner Information
License #	007220					CARING HEALTH SERVICES INC
Lic Expire	1/31/2023					P.O. BOX 1357
Medicare 1:						GEORGETOWN, TEXAS 78627
Medicare 2:						PHONE:
Phone	(512) 863-4748	Fax	(512) 869-2900			FAX: (512) 868-3668
Type:	Parent Agency	Administrator	BILLY CUMMINGS			Services: Licensed Home Health Services; Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	12/16/2015	Owner Information
License #	017185					CHRISTY GRACE HEALTH CENTER INC
Lic Expire	12/31/2024					2000 SOUTH INTERSTATE 35, SUITE Q&C
Medicare 1:						ROUND ROCK, TX 78681
Medicare 2:						PHONE:
Phone	(512) 586-9963	Fax	(512) 271-8358			FAX:
Type:	Parent Agency	Administrator	OYEN IYAMU			Services: Licensed Home Health Services; Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	05/08/2019	Owner Information
License #	019370					COMFORT HEALTH PROVIDER LLC
Lic Expire	5/8/2023					
Medicare 1:						PHONE:
Medicare 2:						FAX: (512) 379-0230
Phone	(713) 530-5349	Fax	(512) 379-0230			Services: Personal Assistance Services
Type:	Parent Agency	Administrator	TOYIN BAKARE			
County	WILLIAMSON	Region	05	Date Licensed	11/02/2021	Owner Information
License #	021177					COMFORTS OF HOME HEALTHCARE LLC
Lic Expire	11/2/2024					803 NELSON RANCH RD
Medicare 1:						CEDAR PARK, TX 78613
Medicare 2:						PHONE:
Phone	(512) 547-7490	Fax				FAX:
Type:	Parent Agency	Administrator	METTA MCNEESE			Services: Hospice
						In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	01/22/2020	Owner Information
License #	019790					DDHC ENTERPRISES LLC
Lic Expire	1/22/2022					7600 CHEVY CHASE DRIVE, SUITE 300
Medicare 1:						AUSTIN, TEXAS 78752
Medicare 2:						PHONE:
Phone	(512) 400-6064	Fax				FAX:
Type:	Parent Agency	Administrator	ASHLEY MCCLARY			Services: Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	07	Date Licensed		Owner Information
License #	019094					ELYSIAN HOSPICE SAN ANTONIO LLC
Lic Expire	8/1/2022					2537 GOLDEN BEAR DRIVE
Medicare 1:						CARROLLTON, TX 75006
Medicare 2:						PHONE:
Phone	512 4594663	Fax	512 438 2731			FAX:
Type:	Alternate Delivery Site	Administrator	LATASHA HOLLIS			Services: Hospice In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	07/01/2015	Owner Information
License #	016937					EH HOME HEALTH OF AUSTIN, LLC
Lic Expire	6/30/2023					6688 N. CENTRAL EXPRESSWAY, SUITE 1300
Medicare 1:	679647 HHA-18					DALLAS, TEXAS 75206
Medicare 2:						PHONE:
Phone	512 7631393	Fax	512 7631419			FAX:
Type:	Parent Agency	Administrator	CATHERINE IVINS			Services: Licensed and Certified Home Health Services; Licensed Home Health Services
County	WILLIAMSON	Region	05	Date Licensed	03/08/2021	Owner Information
License #	020019					EXCELLENT HOME HEALTH
Lic Expire	6/26/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 998-1324	Fax				FAX:
Type:	Parent Agency	Administrator	BRISLY NTOH			Services: Hospice; Licensed Home Health Services; Personal Assistance Services In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	12/31/2021	Owner Information
License #	021303					FAITHFUL JOURNEY HOMECARE, LLC
Lic Expire	12/31/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	432 8896741	Fax				FAX:
Type:	Parent Agency	Administrator	JULISA SAN MIGUEL			Services: Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	11/08/2021	Owner Information
License #	021189					GENESIS HEALTH AT HOME LLC
Lic Expire	11/8/2024					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 516-3466	Fax	(877) 554-0690			FAX:
Type:	Parent Agency	Administrator	DANIEL JEZREEL			Services: Licensed Home Health Services; Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	09/15/2011	Owner Information
License #	014348					SECOND GEN VENTURES INCORPORATED
Lic Expire	4/29/2022					2700 SHELL ROAD
Medicare 1:	747887 HHA-18					GEORGETOWN, TX 78628
Medicare 2:						PHONE:
Phone	(512) 843-0117	Fax	(512) 843-0127			FAX:
Type:	Parent Agency	Administrator	ERIC CORUM			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	02/20/2004	Owner Information
License #	008925					GILEAD HEALTH CARE INC
Lic Expire	2/28/2024					2300 GREENHILL DR SUITE 500
Medicare 1:	679474 HHA-18					ROUND ROCK, TX 78664
Medicare 2:						PHONE:
Phone	(512) 323-5858	Fax	(512) 323-5860			FAX:
Type:	Parent Agency	Administrator	OLUFUNMILAYO OGUNLEYE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	12/28/2016	Owner Information	
License #	017819					GILEAD HOSPICE LLC	
Lic Expire	12/31/2022					2300 GREENHILL DRIVE SUITE 530	
Medicare 1:	741701 HOSPICE					ROUND ROCK, TX 78664	
Medicare 2:							
Phone	(512) 215-5238	Fax	(512) 215-5254			PHONE:	FAX:
Type:	Parent Agency	Administrator	OLUFUNMILAYO OGUNLEYE			Services: Hospice	
						In-Patient Hospice: NO	
County	WILLIAMSON	Region	05	Date Licensed	01/13/2021	Owner Information	
License #	020454					GLORIOUS HEALTHCARE SERVICES LLC	
Lic Expire	1/13/2023					113 MUENSTER DR	
Medicare 1:						HUTTO, TX 78634	
Medicare 2:							
Phone	(240) 501-5142	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	MIRABEL FONJI			Services: Personal Assistance Services	
County	WILLIAMSON	Region	05	Date Licensed	09/18/2015	Owner Information	
License #	017038					GLADYS EZIMAKO	
Lic Expire	1/5/2022					1205 WATER SPANIEL WAY	
Medicare 1:						ROUND ROCK, TX 78664	
Medicare 2:							
Phone	(512) 212-1108	Fax	(512) 212-1168			PHONE:	FAX:
Type:	Parent Agency	Administrator	GLADYS EZIMAKO			Services: Personal Assistance Services	
County	WILLIAMSON	Region	05	Date Licensed	01/21/2005	Owner Information	
License #	009538					HEAVENLY CAREGIVER SERVICES INC	
Lic Expire	1/31/2023					13266 POND SPRINGS RD	
Medicare 1:						AUSTIN, TX 78729	
Medicare 2:							
Phone	(512) 432-5503	Fax	(512) 340-0556			PHONE:	FAX:
Type:	Parent Agency	Administrator	ALICE LATINO			Services: Licensed Home Health Services; Personal Assistance Services	
County	WILLIAMSON	Region	05	Date Licensed	12/03/2020	Owner Information	
License #	020371					HEAVENLY HOME CARE, LLC	
Lic Expire	12/3/2022					145 SULPHUR RIVER LOOP	
Medicare 1:						HUTTO, TEXAS 78634	
Medicare 2:							
Phone	512 6423404	Fax				PHONE:	FAX:
Type:	Parent Agency	Administrator	OGECHI EZIMAKO			Services: Personal Assistance Services	
County	WILLIAMSON	Region	05	Date Licensed	11/15/2013	Owner Information	
License #	015984					MURPHY FAMILY INVESTMENTS INC	
Lic Expire	11/30/2024					2851 JOE DIMAGGIO BLVD #26	
Medicare 1:						ROUND ROCK, TX 78665	
Medicare 2:							
Phone	(512) 374-1414	Fax	(512) 374-1469			PHONE:	FAX:
Type:	Parent Agency	Administrator	TYSON MURPHY			Services: Personal Assistance Services	
County	WILLIAMSON	Region	05	Date Licensed	12/01/2017	Owner Information	
License #	018479					GRACE PARTAKERS HOMECARE LLC	
Lic Expire	11/30/2023					3327 HIDALGO LOOP	
Medicare 1:						ROUND ROCK, TX 78665	
Medicare 2:							
Phone	(512) 992-5210	Fax	(512) 201-4390			PHONE:	FAX:
Type:	Parent Agency	Administrator	ADEDOLAPO ADEKOYA			Services: Personal Assistance Services	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	03/25/2021	Owner Information	
License #	020646					GRIGG HOLDINGS, INC	
Lic Expire	3/25/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(210) 965-5300	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BRANDON GRIGG				
County	WILLIAMSON	Region	05	Date Licensed	02/02/2018	Owner Information	
License #	018591					BOUDINE & ASSOCIATES LLC	
Lic Expire	2/28/2025					633 PINNACLE DRIVE	
Medicare 1:						GEORGETOWN, TX 78626	
Medicare 2:						PHONE:	FAX:
Phone	(512) 942-5284	Fax	(512) 942-5284			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	BO DONOHOO				
County	WILLIAMSON	Region	05	Date Licensed	11/01/2017	Owner Information	
License #	018417					RTA CARE GROUP CORPORATION	
Lic Expire	10/31/2021					930 S BELL # 203	
Medicare 1:						CEDAR PARK, TX 78613	
Medicare 2:						PHONE:	FAX:
Phone	(512) 222-6196	Fax	(512) 580-3462			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	RONALD TAYLOR				
County	WILLIAMSON	Region	05	Date Licensed	01/20/2011	Owner Information	
License #	013855					CLP REGENCY OF TEXAS, LLC	
Lic Expire	1/30/2023					10 CADILLAC DRIVE STE 400	
Medicare 1:	671628 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(512) 246-7127	Fax	(512) 246-7048			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KEVIN HOLLINGER			In-Patient Hospice: NO	
County	WILLIAMSON	Region	05	Date Licensed	01/20/2011	Owner Information	
License #	013855					CLP REGENCY OF TEXAS, LLC	
Lic Expire	1/30/2023					10 CADILLAC DRIVE, SUITE 400	
Medicare 1:	671628 HOSPICE					BRENTWOOD, TN 37027	
Medicare 2:						PHONE:	FAX:
Phone	(512) 246-7127	Fax	(512) 246-7048			Services: Hospice; Licensed Home Health Services	
Type:	Parent Agency	Administrator	KEVIN HOLLINGER			In-Patient Hospice: NO	
County	WILLIAMSON	Region	07	Date Licensed		Owner Information	
License #	014286					SIXRSIG LLC	
Lic Expire	8/31/2024					85 NE LOOP 410 STE 607	
Medicare 1:	4665818					SAN ANTONIO, TX 78216	
Medicare 2:						PHONE:	FAX:
Phone	(512) 856-5668	Fax	(512) 856-5668			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	FRANK HART			In-Patient Hospice: NO	
County	WILLIAMSON	Region	05	Date Licensed		Owner Information	
License #	019564					JOL HOSPICE KYLE, LLC	
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100	
Medicare 1:						LEANDER, TEXAS 78641	
Medicare 2:						PHONE:	FAX:
Phone	15127813921	Fax	(512) 597-0883			Services: Hospice	
Type:	Alternate Delivery Site	Administrator	KATIE TREVINO			In-Patient Hospice: NO	

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed		Owner Information
License #	019564					JOL HOSPICE KYLE, LLC
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100
Medicare 1:						LEANDER, TEXAS 78641
Medicare 2:						PHONE:
Phone	(512) 786-4198	Fax	(512) 597-0883			FAX:
Type:	Alternate Delivery Site	Administrator	MARIE SOMMERVILLE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed		Owner Information
License #	019564					JOL HOSPICE KYLE, LLC
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100
Medicare 1:						LEANDER, TEXAS 78641
Medicare 2:						PHONE:
Phone	15127813921	Fax	(512) 597-0883			FAX:
Type:	Alternate Delivery Site	Administrator	KATIE TREVINO			Services: Hospice In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed		Owner Information
License #	019564					JOL HOSPICE KYLE, LLC
Lic Expire	8/1/2024					2006 S BAGDAD RD, STE 100
Medicare 1:						LEANDER, TEXAS 78641
Medicare 2:						PHONE:
Phone	(512) 786-4198	Fax	(512) 597-0883			FAX:
Type:	Alternate Delivery Site	Administrator	MARIE SOMMERVILLE			Services: Hospice Alternative Delivery Site (ADS) In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	09/08/2005	Owner Information
License #	009947					BETHANY HOSPICE, LLC
Lic Expire	9/30/2023					P.O. BOX 4060, ATTN: REGULATORY
Medicare 1:	671517 HOSPICE					MOORESVILLE, NC 28117
Medicare 2:						PHONE:
Phone	(512) 868-0505	Fax	(512) 868-0622			FAX:
Type:	Parent Agency	Administrator	LISA WILLINGHAM			Services: Hospice In-Patient Hospice: NO
County	WILLIAMSON	Region	05	Date Licensed	06/12/2019	Owner Information
License #	019418					KINESIS HOME HEALTH CARE LLC
Lic Expire	6/12/2023					
Medicare 1:	747985					
Medicare 2:						PHONE:
Phone	(512) 551-9159	Fax	NA			FAX:
Type:	Parent Agency	Administrator	HILDA CASTILLO			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	08/11/2016	Owner Information
License #	017570					LOVELY SAINTS HOME CARE INC
Lic Expire	8/31/2018					1508 HIDDEN SPRINGS PATH
Medicare 1:						ROUND ROCK, TX 78665
Medicare 2:						PHONE:
Phone	(512) 998-1276	Fax	(512) 494-5724			FAX:
Type:	Parent Agency	Administrator	MAUREEN OKOYE			Services: Personal Assistance Services
County	WILLIAMSON	Region	05	Date Licensed	11/23/2020	Owner Information
License #	020341					MAGNOLIAS HOME HEALTH AGENCY LLC
Lic Expire	11/23/2022					
Medicare 1:						
Medicare 2:						PHONE:
Phone	(512) 551-9905	Fax	(512) 551-9905			FAX:
Type:	Parent Agency	Administrator	LATASHA MACK			Services: Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	12/30/2005	Owner Information	
License #	010220					OVATIONS HEALTHCARE SERVICES, INC	
Lic Expire	12/31/2022					3000 JOE DIMAGGIO BLVD.M STE#9	
Medicare 1:						ROUND ROCK, TX 78665	
Medicare 2:						PHONE:	FAX:
Phone	(512) 771-6193	Fax	(512) 692-9142			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	OJ DOUGLAS IGWE				
County	WILLIAMSON	Region	07	Date Licensed		Owner Information	
License #	018649					PALOMA HOSPICE AND PALLIATIVE CARE	
Lic Expire	2/28/2022					1227 WOODSEY CT	
Medicare 1:	671695 Hospice					SOUTHLAKE, TX 76092	
Medicare 2:						PHONE: () - 1	FAX:
Phone	(210) 988-1680	Fax	(210) 988-1740			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	ALEX STEVENS				
County	WILLIAMSON	Region	05	Date Licensed	07/26/2012	Owner Information	
License #	015251					VINEYARD HEALTH SERVICES LLC	
Lic Expire	7/31/2022					SAME AS PHYSICAL ADDRESS	
Medicare 1:						CEDAR PARK, TX 78613	
Medicare 2:						PHONE:	FAX:
Phone	(512) 238-0222	Fax	(512) 238-0212			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MARIA ELENA GUTIERREZ				
County	WILLIAMSON	Region	05	Date Licensed	05/01/2019	Owner Information	
License #	019485					ROLLING HILLS HEALTHCARE, INC	
Lic Expire	5/1/2024						
Medicare 1:	671631						
Medicare 2:						PHONE:	FAX:
Phone	(512) 343-5555	Fax	(512) 628-6183			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Parent Agency	Administrator	GRANT GALLINGER				
County	WILLIAMSON	Region	05	Date Licensed		Owner Information	
License #	019485					ROLLING HILLS HEALTHCARE, INC	
Lic Expire	5/1/2024						
Medicare 1:							
Medicare 2:						PHONE:	FAX:
Phone	(512) 343-5555	Fax	(512) 412-6205			Services: Hospice	
						In-Patient Hospice: NO	
Type:	Alternate Delivery Site	Administrator	GRANT GALLINGER				
County	WILLIAMSON	Region	05	Date Licensed	03/04/2016	Owner Information	
License #	017507					TJ DARILEK II INC	
Lic Expire	3/31/2022					2681 GATTIS SCHOOL RD SUITE 250	
Medicare 1:						ROUND ROCK, TX 78664	
Medicare 2:						PHONE:	FAX:
Phone	(512) 531-9453	Fax	(512) 853-9387			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	SYDNEY GREENWALT				
County	WILLIAMSON	Region	05	Date Licensed	03/21/2014	Owner Information	
License #	016224					ROYALTY CARE HOME HEALTH SERVICES INC	
Lic Expire	3/31/2022					3000 JOE DIMAGGIO BLVD., STE#30	
Medicare 1:	747022 HHA-18					ROUND ROCK, TX 78665	
Medicare 2:						PHONE:	FAX:
Phone	(512) 244-4254	Fax	(512) 255-0314			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	FEBRONIA LWENJE				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County	WILLIAMSON	Region	05	Date Licensed	09/30/2009	Owner Information	
License #	012877		SENIOR HELPERS			HILL COUNTRY CAREGIVERS INC	
Lic Expire	9/30/2023		1201 SAM BASS ROAD			1201 SAM BASS ROAD	
Medicare 1:			ROUND ROCK, TX 78681			ROUND ROCK, TX 78681	
Medicare 2:						PHONE:	FAX:
Phone	(512) 388-4357	Fax	(512) 597-3109			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	MOIRE HAYES				
County	WILLIAMSON	Region	05	Date Licensed	11/03/2021	Owner Information	
License #	021184		SENIORS HELPING SENIORS			MIH SENIORS HOME CARE, LLC	
Lic Expire	11/3/2024		1738 WESTEND PLACE			P.O. BOX 2379	
Medicare 1:			ROUND ROCK, TEXAS 78681			ROUND ROCK, TX 78680	
Medicare 2:						PHONE:	FAX:
Phone	512 4099855	Fax				Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	KARINA FRANCO RODRIGUEZ				
County	WILLIAMSON	Region	05	Date Licensed	01/13/2021	Owner Information	
License #	020460		SHUNAMMITE HOME CARE LLC			SHUNAMMITE HOME CARE LLC	
Lic Expire	1/13/2023		1648 BAYLAND ST			1648 BAYLAND ST	
Medicare 1:			ROUND ROCK, TEXAS 78664			ROUND ROCK, TX 78664	
Medicare 2:						PHONE: (512) 297-8312	FAX:
Phone	(512) 297-8312	Fax				Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	ANNA KAMGA				
County	WILLIAMSON	Region	05	Date Licensed	07/02/2019	Owner Information	
License #	019459		SPRING HILLS HOME CARE ROUND ROCK			SPRING HILLS HOME CARE SERVICES ROUND ROCK LLC	
Lic Expire	7/2/2023		4050 SUNRISE ROAD			515 PLAINFIELD AVENUE, SUITE 200	
Medicare 1:			ROUND ROCK, TX 78665			ROUND ROCK, TX 78665	
Medicare 2:						PHONE:	FAX:
Phone	(737) 234-5508	Fax	(737) 234-5510			Services: Personal Assistance Services	
Type:	Parent Agency	Administrator	ANDRE GOMEZ				
County	WILLIAMSON	Region	05	Date Licensed	03/15/2006	Owner Information	
License #	010520		STANDARDS HOME HEALTH			STANDARD REGIONAL HOME HEALTH, INC	
Lic Expire	5/3/2023		4801 UNIVERSITY BLVD, SUITE 400			111 WEST 2ND STREET	
Medicare 1:	457506 HHA-18		ROUND ROCK, TEXAS 78665			CAMERON, TEXAS 76520	
Medicare 2:						PHONE:	FAX:
Phone	(512) 402-7820	Fax	(512) 402-7821			Services: Licensed and Certified Home Health Services; Licensed Home Health Services	
Type:	Parent Agency	Administrator	RICARDO GARCIA				
County	WILLIAMSON	Region	05	Date Licensed	03/30/2017	Owner Information	
License #	017978		STRIVE HEALTH SERVICES LLC			STRIVE HEALTH SERVICES LLC	
Lic Expire	3/31/2023		1915 S. AUSTIN AVE. STE 108			1915 S AUSTIN AVE STE 108	
Medicare 1:			GEORGETOWN, TX 78626			GEORGETOWN, TX 78626	
Medicare 2:						PHONE:	FAX:
Phone	(512) 688-5694	Fax	(512) 688-5695			Services: Licensed Home Health Services; Personal Assistance Services	
Type:	Parent Agency	Administrator	SIERRAH EDMONDS				
County	WILLIAMSON	Region	05	Date Licensed	04/21/2021	Owner Information	
License #	020710		SYNERGY HOMECARE ROUND ROCK			LEANING SHOULDERS LLC	
Lic Expire	4/21/2024		1 CHISHOLM TRAIL, SUITE 450				
Medicare 1:			ROUND ROCK, TEXAS 78681			PHONE:	FAX:
Medicare 2:						Services: Personal Assistance Services	
Phone	(818) 239-6573	Fax					
Type:	Parent Agency	Administrator	SAHAR MAHMOOD				

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 10/05/2004
License # 009343 TEXAS HOME HEALTH
Lic Expire 10/31/2023 1111 N INTERSTATE 35 #204
Medicare 1: 457821 HHA-18 ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 238-6000 Fax (512) 238-9559
Type: Parent Agency Administrator DENA BARTZ

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 10/06/2005
License # 009343 TEXAS HOME HEALTH
Lic Expire 10/31/2023 1111 N INTERSTATE 35 #204 NWB
Medicare 1: 45Q7821001 ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 238-6000 Fax (512) 238-9559
Type: Branch Agency Administrator DENA BARTZ

Owner Information

KINDSTAR, INC
17855 N. DALLAS PARKWAY DR. #200
DALLAS, TX 75284

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 09/27/2013
License # 015885 THERACARE HOME HEALTH
Lic Expire 9/30/2024 525 ROUND ROCK WEST DRIVE SUITE A170
Medicare 1: 679293 HHA-18 ROUND ROCK, TX 78681241
Medicare 2:
Phone (512) 459-4663 Fax (512) 459-4665
Type: Parent Agency Administrator ERIKA ALONZO

Owner Information

CANTEX HOME HEALTH AUSTIN LLC
525 ROUND ROCK WEST DRIVE, SUITE#A170
ROUND ROCK, TX 78681

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WILLIAMSON** Region 06 Date Licensed 09/01/2004
License # 009281 TOUCH OF CLASS
Lic Expire 8/31/2022 1516 PALM VALLEY BLVD BLDG A
Medicare 1: ROUND ROCK, TX 78664
Medicare 2:
Phone (512) 716-3903 Fax (512) 716-3935
Type: Branch Agency Administrator JANET BOWLES

Owner Information

TOUCH OF CLASS

PHONE: FAX:

Services: Licensed Home Health Services; Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 12/20/2019
License # 019882 TRADITIONS HEALTH
Lic Expire 12/20/2023 2681 GATTIS SCHOOL ROAD, SUITE 180
Medicare 1: 741557 ROUND ROCK, TEXAS 78664
Medicare 2:
Phone (512) 368-7275 Fax (866) 908-8704
Type: Parent Agency Administrator NICOLE MCMAHAN

Owner Information

TRADITIONS HOSPICE OF ROUND ROCK, LLC
PO BOX 9980
COLLEGE STATION, TX 77842

PHONE: FAX:

Services: Hospice; Licensed Home Health Services
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 07/18/2017
License # 018176 TRANQUILITY HOSPICE CARE INC
Lic Expire 7/31/2024 2700 SHELL ROAD
Medicare 1: 741722 HOSPICE GEORGETOWN, TX 78628
Medicare 2:
Phone (512) 688-5607 Fax (512) 436-0802
Type: Parent Agency Administrator BEEBEE HU

Owner Information

TRANQUILITY HOSPICE CARE, INC
2700 SHELL ROAD
GEORGETOWN, TX 78628-9237

PHONE: FAX:

Services: Hospice
In-Patient Hospice: NO

County **WILLIAMSON** Region 05 Date Licensed 02/17/2016
License # 017276 VALERIAN HOME HEALTH AND HOSPICE, LLC
Lic Expire 2/28/2024 4701 CAMPUS VILLAGE DRIVE
Medicare 1: 747935 HHA-18;74 ROUND ROCK, TX 78665
Medicare 2:
Phone (512) 248-0016 Fax (888) 983-1560
Type: Parent Agency Administrator THEODORE WITTEK

Owner Information

VALERIAN HOME HEALTH AND HOSPICE LLC
8310-1 CAPITAL TEXAS HIGHWAY STE#275
AUSTIN, TX 78731-1026

PHONE: FAX:

Services: Hospice; Licensed and Certified Home Health Services
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **WILLIAMSON** Region 05 Date Licensed 12/08/2010
License # 014003 VISITING ANGELS
Lic Expire 12/31/2022 707 S. MAIN ST. SUITE 201
Medicare 1: GEORGETOWN, TX 78626
Medicare 2:
Phone 877 9075078 Fax 512 8634188
Type: Parent Agency Administrator RYAN SEARIGHT

Owner Information
RYNOMAN INC
707 S MAIN ST. #201
GEORGETOWN, TEXAS 78626
PHONE:
FAX:
Services: Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 01/01/2016
License # 017320 WESLEYAN HOME HEALTH
Lic Expire 12/31/2023 139 ESTRELLA CROSSING
Medicare 1: 457709 HHA-18 GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (512) 869-5800 Fax (512) 869-2494
Type: Parent Agency Administrator MAMIE LISTER

Owner Information
WESLEYAN HOMES INC
PO BOX 486
GEORGETOWN, TX 78627
PHONE: (512) 868-1205 FAX: (512) 868-1039
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **WILLIAMSON** Region 05 Date Licensed 08/01/2011
License # 014240 WESLEYAN HOSPICE
Lic Expire 7/31/2023 139 ESTRELLA CROSSING
Medicare 1: 671546 HOSPICE GEORGETOWN, TEXAS 78628
Medicare 2:
Phone (877) 863-8848 Fax (512) 863-3117
Type: Parent Agency Administrator MAMIE LISTER

Owner Information
WESLEYAN HOMES INC
PO BOX 486
GEORGETOWN, TX 78627
PHONE: (512) 868-1205 FAX: (512) 868-1039
Services: Hospice
In-Patient Hospice: NO

County **WILSON** Region 07 Date Licensed 03/28/1994
License # 002830 CONNALLY MEMORIAL HOME HEALTH
Lic Expire 3/31/2023 1303 HOSPITAL BLVD
Medicare 1: 458056 HHA-18 FLORESVILLE, TEXAS 78114
Medicare 2:
Phone (830) 393-1540 Fax (830) 393-1550
Type: Parent Agency Administrator CAITLYN THAYER

Owner Information
WILSON COUNTY MEMORIAL HOSPITAL DISTRICT
1303 HOSPITAL BLVD
FLORESVILLE, TX 78114
PHONE: (830) 393-3122 FAX: (830) 393-8626
Services: Licensed and Certified Home Health Services; Personal Assistance Services

County **WILSON** Region 07 Date Licensed 06/30/2017
License # 018199 SPEECH STRONG INC
Lic Expire 6/30/2021 1816 10TH ST.
Medicare 1: FLORESVILLE, TX 78114
Medicare 2:
Phone (210) 802-4808 Fax (210) 802-4809
Type: Parent Agency Administrator KRISTY SILVA

Owner Information
SPEECH STRONG INC
5886 DE ZAVALA ROAD #102-493
SAN ANTONIO, TX 78249
PHONE:
FAX:
Services: Licensed Home Health Services

County **WISE** Region 03 Date Licensed 03/08/2013
License # 015420 A DIFFERENT KIND OF PERFECT PEDIATRIC THERAPY LLC
Lic Expire 3/31/2021 1555 W HWY 380 SUITE #2
Medicare 1: DECATUR, TX 76234
Medicare 2:
Phone (817) 823-9077 Fax (817) 887-3695
Type: Parent Agency Administrator ERIN BARNES

Owner Information
A DIFFERENT KIND OF PERFECT PEDIATRIC THERAPY LLC
P.O. BOX 2138
DECATUR, TEXAS 76234
PHONE:
FAX:
Services: Licensed Home Health Services

County **WISE** Region 03 Date Licensed 10/11/2005
License # 010041 ANGELS CARE HOME HEALTH
Lic Expire 10/31/2023 106 S WASHBURN ST
Medicare 1: 457786 HHA-18 DECATUR, TX 76234
Medicare 2:
Phone (940) 627-6888 Fax (940) 627-5174
Type: Parent Agency Administrator SAMANTHA MOORE

Owner Information
E MEDICAL GROUP OF NORTH TEXAS INC
2301 FM 1187, STE 203
MANSFIELD, TX 76063
PHONE:
FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **WISE** Region 04 Date Licensed 08/20/2007
License # 011650 GOJO HOME HEALTH
Lic Expire 8/31/2021 602 E WHALEY
Medicare 1: 747087 HHA-18 LONGVIEW, TX 75601
Medicare 2:
Phone (940) 683-3300 Fax (940) 683-3302

Owner Information

34 HHA INC
PO BOX 1298
BRIDGEPORT, TX 76426

PHONE: FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

Type: Parent Agency Administrator CYNTHIA CALLOWAY

County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213

PHONE: () - 512 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JAMIE SMITH

County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213

PHONE: () - 512 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JAMIE SMITH

County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213

PHONE: () - 512 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JAMIE SMITH

County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213

PHONE: () - 512 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JAMIE SMITH

County **WISE** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 1300 HALSELL SUITE 101
Medicare 1: BRIDGEPORT, TX 76426
Medicare 2:
Phone (940) 683-8171 Fax (940) 683-2475

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213

PHONE: () - 512 FAX:

Services: Licensed and Certified Home Health Services; Licensed Home Health Services

Type: Branch Agency Administrator JAMIE SMITH

County **WISE** Region 03 Date Licensed 03/13/2013
License # 015695 RENEW HOME HEALTH
Lic Expire 3/31/2024 1816 S FM 51 SUITE 600
Medicare 1: DECATUR, TX 76234
Medicare 2:
Phone (940) 626-8063 Fax (940) 626-8067

Owner Information

MAXUS HEALTHCARE PARTNERS LLC
1050 FOREST PARK BLVD
FORT WORTH, TX 76110

PHONE: FAX:

Services: Licensed Home Health Services

Type: Branch Agency Administrator PHILIP CRISWELL

County	WISE	Region	03	Date Licensed	11/25/2015	Owner Information
License #	017150		RIGHT AT HOME			2GETHER RESOURCES GROUP LLC
Lic Expire	11/30/2023		800 HIGHWAY 287 NORTH SUITE E			PO BOX 517
Medicare 1:			RHOME, TX 76078			RHOME, TEXAS 76078
Medicare 2:						PHONE:
Phone	(817) 636-6100	Fax	(817) 636-6102			FAX:
Type:	Parent Agency	Administrator	PILAR SUAREZ			Services: Personal Assistance Services
County	WISE	Region	03	Date Licensed	05/07/2009	Owner Information
License #	007938		SOLARIS HOSPICE INC			SOLARIS HOSPICE, INC
Lic Expire	3/31/2023		91 BARNETT SHALE DRIVE			2250 S FM 51 SUITE 400
Medicare 1:	451688		BRIDGEPORT, TX 76426			DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011	Fax	(940) 627-3160			FAX:
Type:	Alternate Delivery Site	Administrator	LEANNE PETERSON			Services: Hospice In-Patient Hospice: NO
County	WISE	Region	03	Date Licensed	04/01/2002	Owner Information
License #	007938		SOLARIS HOSPICE INC			SOLARIS HOSPICE, INC
Lic Expire	3/31/2023		1415 S FM 51			2250 S FM 51 SUITE 400
Medicare 1:	451688 HOSPICE		DECATUR, TEXAS 76234			DECATUR, TX 76234
Medicare 2:						PHONE:
Phone	(940) 627-1011	Fax	(940) 627-3160			FAX:
Type:	Parent Agency	Administrator	LEANNE PETERSON			Services: Hospice In-Patient Hospice: NO
County	WOOD	Region	04	Date Licensed	07/30/2018	Owner Information
License #	017642		CARING HEARTS HOSPICE			L S AND S S INC
Lic Expire	6/30/2022		201 W BROAD STREET STE 100			1837 W MAIN
Medicare 1:			MINEOLA, TX 75773			GUN BARREL CITY, TX 75156
Medicare 2:						PHONE:
Phone	(903) 638-8141	Fax	(903) 340-8527			FAX:
Type:	Alternate Delivery Site	Administrator	DANNY WEEMS			Services: Hospice In-Patient Hospice: NO
County	WOOD	Region	04	Date Licensed	10/31/2011	Owner Information
License #	002514		HEART'SWAY HOSPICE OF NORTHEAST TEXAS			HOSPICE LONGVIEW INC
Lic Expire	4/30/2024		300 NORTH MAIN SUITE A&B			PO BOX 5608
Medicare 1:			WINNSBORO, TX 75494			LONGVIEW, TEXAS 75608
Medicare 2:						PHONE:
Phone	(903) 342-9100	Fax	(903) 342-9108			FAX:
Type:	Alternate Delivery Site	Administrator	POLLY MAINES			Services: Hospice In-Patient Hospice: NO
County	WOOD	Region	04	Date Licensed	07/27/2010	Owner Information
License #	013491		REFLECTIONS HOSPICE OF TEXAS LLC			REFLECTIONS HOSPICE OF TEXAS LLC
Lic Expire	7/31/2022		502 EAST GOODE STREET			P.O. BOX
Medicare 1:	671673 HOSPICE		QUITMAN, TEXAS 75783			QUITMAN, TX 75783
Medicare 2:						PHONE:
Phone	(903) 763-8225	Fax	(903) 763-8218			FAX:
Type:	Parent Agency	Administrator	JESSICA PEEK			Services: Hospice In-Patient Hospice: NO
County	WOOD	Region	04	Date Licensed	05/02/2018	Owner Information
License #	018735		UT HEALTH EAST TEXAS HOME HEALTH SERVICES			EAST TEXAS HOME HEALTH SERVICES LLC
Lic Expire	2/28/2022		117 NORTH WINNSBORO			ONE BURTON HILLS BOULEVARD, STE#250
Medicare 1:	67Q7037003		QUITMAN, TX 75783			NASHVILLE, TN 37215-6195
Medicare 2:						PHONE:
Phone	(903) 763-3181	Fax	(903) 856-0084			FAX:
Type:	Branch Agency	Administrator	KIMBRA BOGUE			Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **YOAKUM** Region 01 Date Licensed 09/27/2002
License # 008127 YOAKUM COUNTY HOSPITAL HOME HEALTH
Lic Expire 9/30/2023 412 MUSTANG AVENUE
Medicare 1: 679220 HHA-18 DENVER CITY, TX 79323
Medicare 2:
Phone (806) 592-3676 Fax (806) 592-3678
Type: Parent Agency Administrator SUANN PARRISH

Owner Information

YOAKUM COUNTY HOSPITAL
PO BOX 1130
DENVER CITY, TX 79323
PHONE: (806) 592-2121 FAX: (806) 456-6175
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 01 Date Licensed 01/17/2013
License # 015321 BEYONDFaITH HOSPICE LLC
Lic Expire 1/31/2023 604 OAK STREET SUITE 105
Medicare 1: 671777 HOSPICE GRAHAM, TX 76450
Medicare 2:
Phone (940) 521-9915 Fax 940 521 9119
Type: Parent Agency Administrator BECKY RICHARDSON

Owner Information

BEYONDFaITH HOSPICE, LLC
604 OAK STREET SUITE 105
GRAHAM, TX 76450-3070
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

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County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 457 OAK STREET
Medicare 1: GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-6999 Fax (940) 549-6296
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/01/2007
License # 011455 KINDRED AT HOME
Lic Expire 6/30/2022 104 NORTH AVENUE E
Medicare 1: OLNEY, TX 76374
Medicare 2:
Phone (940) 564-4696 Fax (940) 564-4695
Type: Branch Agency Administrator JAMIE SMITH

Owner Information

INTEGRACARE HOME HEALTH SERVICES, INC
12900 FOSTER SUITE 400
OVERLAND PARK, KS 66213
PHONE: () - 512 FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services

County **YOUNG** Region 03 Date Licensed 07/25/2007
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 115 E MAIN
Medicare 1: 45-1688 OLNEY, TX 76374
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

County **YOUNG** Region 03 Date Licensed 11/21/2002
License # 007938 SOLARIS HOSPICE INC
Lic Expire 3/31/2023 509 ELM STREET
Medicare 1: 45-1688 GRAHAM, TX 76450
Medicare 2:
Phone (940) 627-1011 Fax (940) 627-3160
Type: Alternate Delivery Site Administrator LEANNE PETERSON

Owner Information

SOLARIS HOSPICE, INC
2250 S FM 51 SUITE 400
DECATUR, TX 76234
PHONE: FAX:
Services: Hospice
In-Patient Hospice: NO

If you need to update information on your agency included in the directory, please contact the HHSC Agency Licensing branch at 512-438-2630.

County **YOUNG** Region 01 Date Licensed 07/31/1986
License # 001773 YOUNG COUNTY HOME HEALTH CARE
Lic Expire 7/31/2022 700 ELM STREET
Medicare 1: 677065 HHA-18 GRAHAM, TX 76450
Medicare 2:
Phone (940) 549-4039 Fax (940) 549-9814
Type: Parent Agency Administrator HARRY TALBOTT

Owner Information

YOUNG COUNTY HOME HEALTH CARE INC
2735 WIND RIVER LANE SUITE 153
DENTON, TX 76210
PHONE: FAX:
Services: Licensed and Certified Home Health Services

County **ZAPATA** Region 07 Date Licensed 05/10/2007
License # 004883 CHAMPION CARE INC
Lic Expire 9/30/2023 1911 N HIGHWAY 83
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 765-1111 Fax (956) 765-5084
Type: Branch Agency Administrator YOLINDA TREVINO

Owner Information

CHAMPION CARE INC
SAME AS PHYSICAL ADDRESS
LAREDO, TX 78040
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **ZAPATA** Region 07 Date Licensed 02/14/2018
License # 018618 DEL MAR PRIMARY HOME CARE LLC
Lic Expire 2/28/2025 802 N. US HWY 83
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 750-3099 Fax (956) 750-3199
Type: Parent Agency Administrator AMADO RAMIREZ

Owner Information

DEL MAR PRIMARY HOME CARE LLC
PO BOX 1093
ZAPATA, TEXAS 78076
PHONE: FAX:
Services: Personal Assistance Services

County **ZAPATA** Region 07 Date Licensed 07/07/2009
License # 012686 MI PUEBLO HOME HEALTH CARE LLC
Lic Expire 11/30/2024 1507 NORTH US HWY 83 SUITE 2
Medicare 1: 747501 HHA-18 ZAPATA, TX 78076
Medicare 2:
Phone 956 7650088 Fax 956 7650099
Type: Parent Agency Administrator MARISOL GONZALEZ

Owner Information

MI PUEBLO HOME HEALTH CARE, LLC
PO BOX 14998
ZAPATA, TEXAS 78076
PHONE: FAX:
Services: Licensed and Certified Home Health Services; Licensed Home Health Services; Personal Assistance Services

County **ZAPATA** Region 07 Date Licensed 06/30/1999
License # 007243 TEXAS VISITING NURSE SERVICE LTD
Lic Expire 6/30/2022 1301 N. US HWY 83, UNIT B
Medicare 1: ZAPATA, TX 78076
Medicare 2:
Phone (956) 765-9719 Fax (956) 765-3720
Type: Branch Agency Administrator VANESSA SANDOVAL

Owner Information

TEXAS VISITING NURSE SERVICE LTD
814 E TYLER AVE
HARLINGEN, TX 78550
PHONE: FAX:
Services: Licensed Home Health Services; Personal Assistance Services

County **ZAVALA** Region 07 Date Licensed 11/17/1994
License # 003516 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 2209 NORTH HIGHWAY 83
Medicare 1: CRYSTAL CITY, TX 78839
Medicare 2:
Phone (830) 374-9800 Fax (830) 374-9722
Type: Parent Agency Administrator VICTOR LOPEZ

Owner Information

LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed Home Health Services; Personal Assistance Services

County **ZAVALA** Region 07 Date Licensed 11/12/1990
License # 002170 LOPEZ HEALTH SYSTEMS INC
Lic Expire 11/30/2022 2209 NORTH HIGHWAY 83
Medicare 1: 677290 HHA-18 CRYSTAL CITY, TX 78839
Medicare 2:
Phone (830) 374-9800 Fax (830) 374-9722
Type: Parent Agency Administrator AMPARO LOPEZ

Owner Information

LOPEZ HEALTH SYSTEMS INC
2209 N HWY 83
CRYSTAL CITY, TX 78839
PHONE: (830) 374-9800 FAX: (830) 374-9722
Services: Licensed and Certified Home Health Services

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